ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LULLABIES AND LAUGHTER CDC, LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/18/2026
Facility Address: 860 REDMONT DRIVE, TUSCALOOSA, AL 35404, Tuscaloosa	Licensee: KANESA WITHERSPOON	Telephone #: (205) 722-2478
Ages: 0 Weeks to 12 Years	Director (if applicable): KANESA WITHERSPOON	Capacity: 40 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: Three staff	Pending Correction
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: incomplete	Pending Correction
Failed - Records on file at time of employment, Inspection Form Comments: Two staff	Pending Correction
Failed - Drinking water without added sweeteners or carbonation readily available throughout the day, Inspection Form Comments: water not provided outside	9/3/2026
Failed - No physical restraint as punishment, Inspection Form Comments: one child in the 12–18-month class restrained in a feeding chair (not eating).	9/3/2026
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: plastic liners exposed under mulch	9/3/2026
Failed - Center free of apparent hazards, Inspection Form Comments: one uneven tile in the preschool room (tripping hazard)	9/3/2026
Failed - Two feet between occupied cribs, Inspection Form Comments: incomplete	9/3/2026
Failed - Foods that may cause choking prepared appropriately for	9/3/2026

the child, Inspection Form Comments: corn dogs	
Failed - Individual records on each child on file on first day of attendance, Inspection Form Comments: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: complete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Medication locked, Classroom Checklist / Little Explorers Comments: Vaseline	9/3/2026
Failed - Cribs/2 feet of space between occupied cribs, Classroom Checklist / Little Dreamers Comments: incomplete	9/3/2026

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before _____, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department

and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Vanessa Williams — 9/18/2026

Signature of Facility Representative — Date

BRANDUL PERINE

Signature of DHR Licensing Representative — Date

COPIES TO: _____