ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: JO'LOUS CARING HANDS	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [X]	Date of Visit: 9/5/25
Facility Address: 141 PINEHILL ROAD, MONROEVILLE, AL, 36460, Monroe	Licensee: COSANDRA BURKE	Telephone #: (251) 362-1332
Ages: 0 Weeks to 10 Years	Director (if applicable):	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: NOT ALL STAFF IS REGISTERED IN ALABAMA PATHWAYS	Pending Correction
Failed - Number of children in the care of the licensee does not exceed licensed capacity, Inspection Form Comments: THERE WERE 13 CHILDREN PRESENT UPON ARRIVAL, CAPACITY IS 12	7/22/2025
Failed - Dangerous substances locked, Inspection Form Comments: THERE ARE HAZARDOUS SUBSTANCES NOT UNDER LOCK AND KEY IN THE KITCHEN (DISH SOAP)	9/5/2025
Failed - Stair/steps have handrails in child's reach, Inspection Form Comments: THERE IS NOT A HANDRAIL FOR STEPS USED BT CHILDREN TO ENTER THE FACILITY	9/5/2025
Failed - Diapering area washable cleaned and disinfected after each use, Inspection Form Comments: THE DIAPER CHANGING PAD HAS A TEAR	7/22/2025
Failed - Photo ID Verification, Staff Checklist Comments: NOT IN FILE	7/22/2025

Failed - Verification of Education, Staff Checklist Comments: NOT IN FILE	9/5/2025
Failed - Current Driver's License, Staff Checklist Comments: NOT IN FILE	7/22/2025
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: NOT IN FILE	7/22/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: NOT IN FILE	7/22/2025
Failed - Ongoing Training, Staff Checklist Comments: REQUIRES 6 HOURS OF PERFORMANCE STANDARD TRAINING	9/5/2025
Failed - Medical, Staff Checklist Comments: NOT IN FILE	9/5/2025
Failed - TB Test Date and Results, Staff Checklist Comments: NOT IN FILE	9/5/2025
Failed - References, Staff Checklist Comments: INCOMPLETE	9/5/2025
Failed - Infant -Child CPR Certification, Staff Checklist Comments: NOT IN FILE	7/22/2025
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: NOT IN FILE	7/22/2025
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: NOT IN FILE	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Dates on front and back of form incomplete, special needs section on the back and persons child may be releases to, phone numbers and addresses, are incomplete	9/5/2025

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 09/19/25, 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.

Kaylee Stallworth
Signature of Facility Representative

~~09/25/25~~ 9/5/25 KS
Date

Olivia Jackson

Signature of DHR Licensing Representative

~~9/25/25~~
09/05/25 9/5/25 OJ
Date

COPIES TO:Arise/Licensee_