

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A- IDENTIFYING INFORMATION

Facility Name: JUST LIKE HOME LEARNING	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 10/10/2025
Facility Address: 1981 23RD AVE SW, LANETT, AL 36863, Chambers	Licensee: LAKEISHA WASHINGTON	Telephone #: (334) 476-2086
Ages: 0 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
All deficiencies corrected effective 10/10/2025.	
Failed - Fire, Inspection Form Comments: Drills not documented for 2025.	7/15/2025
Failed - Tornado, Inspection Form Comments: Drills not documented for 2025.	8/20/2025
Failed - Lockdown, Inspection Form Comments: Drills not documented for 2025.	7/15/2025
Failed - Relocation, Inspection Form Comments: Drills not documented for 2025.	8/20/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: All staff is not enrolled and using Alabama Pathways.	9/3/2025
Failed - Medical, Staff Checklist Comments: Provider does not have current medical.	7/15/2025
Failed - Ongoing Training, Staff Checklist Comments: The provider does not have the required 20 hours of ongoing training.	7/15/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have the required 6 hours of ongoing training.	7/15/2025
Failed - Preadmission Form, Child Checklist Comments: Preadmission Form is incomplete.	7/15/2025

Failed - Preadmission Form, Child Checklist Comments: Preadmission form is incomplete.	7/15/2025
Failed - Immunization Certificate, Child Checklist Comments: Immunization Certificate is not current.	7/15/2025

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 N/A, 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.

Signature of Facility Representative

Date

robin bussie

10/10/2025

Signature of DHR Licensing Representative

Date

COPIES TO: _____ Licensee _____