

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: ABC ENRICHMENT & LEARNING CENTER	Type of Facility : Center [X] Day [X]      OST [ ] Night [ ]    Family [ ] University [ ] Group [ ]	Date of Visit: 11/20/2025
Facility Address: 181 LONG ST, LYNN, AL, 35575, Winston	Licensee: PAM TAYLOR ANDERSON	Telephone #: (205) 893-5328
Ages: 4 Weeks to 14 Years	Director (if applicable): PAM TAYLOR ANDERSON	Capacity: 35      /      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
CHILD ABUSE/NEGLECT REPORT, Allegation Comments:	Pending Correction
ROUGH OR HARSH HANDLING, Allegation Comments:	Pending Correction
On 10/29/25, rough and harsh handling was used on two children ages 8 months and 15 months. The children's legs were jerked by a staff member.. , Ad Hoc Comments: NA	Pending Correction
On 10/29/25, physical abuse was used on a 15 month old child. The child was slapped in the face by a staff member., Ad Hoc Comments: NA	Pending Correction
The Director failed to report an incident to the Department within 24 hours and a written report within five days when the health, safety and welfare of a child was at risk., Ad Hoc Comments: NA	Pending Correction

**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**.

Am Taylor Anderson  
**Signature of Facility Representative**

11/20/25  
Date

CATRESSA ROZELL

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_