ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: HAND IN HAND EARLY LEARNING PROGRAM	Type of Facility : Center [X] Day [X] Night [ ] OST [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 11/19/2025
Facility Address: 120 OSLO CIRCLE, BIRMINGHAM, AL 35211, Jefferson	Licensee: UNITED ABILITY	Telephone #: (205) 944-3939
Ages: 6 Weeks to 5 Years	Director (if applicable): KIM TURNER BRAASCH	Capacity: 141 Day , NA Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Per video footage viewed on October 14, 2025, On October 07, 2025, a four (4) year old child went into an unlocked supply closet and closed the door after coming in from the playground and was left unsupervised for approximately 5 minutes. , Ad Hoc Comments: NA	12/4/2025
There were exposed electrical outlets in a surge protector in the first three (3) year old room., Ad Hoc Comments: NA	10/13/2025

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.

Kim Braasch
Signature of Facility Representative

11/19/25
Date

JAIME BOWMAN **11/19/25**

Signature of DHR Licensing Representative Date

COPIES TO: ___Kim Braasch_____