

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

**SECTION A - IDENTIFYING INFORMATION**

|                                                                           |                                                                                                                   |                                       |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Facility Name:<br>LOWDEN FAMILY DAYCARE                                   | Type of Facility : Center [ ]<br>Day [X]      OST [ ]<br>Night [ ]      Family [X]<br>University [ ]<br>Group [ ] | Date of Visit:<br>12/5/2025           |
| Facility Address:<br>105 GRANDE CLUB DRIVE,<br>MAYLENE, AL, 35114, Shelby | Licensee:<br>LINDA LOWDEN                                                                                         | Telephone #:<br>(205) 821-4273        |
| Ages:<br>6 Weeks to 6 Years                                               | Director (if applicable):                                                                                         | Capacity:<br>6 / NA<br>Day      Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>  | Date Corrected by<br>Licensee         |
|------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Deficiency Summary</b>                                                                |                                       |
| Failed - Certificate of rabies vaccination, Inspection Form<br>Comments: MOLLY - EXPIRED | Pending Correction<br><u>12/16/25</u> |
| Failed - Ongoing Training, Staff Checklist<br>Comments: 16 of 20 hours completed         | Pending Correction<br><u>12/16/25</u> |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: MISSING                | Pending Correction<br><u>12/16/25</u> |
| Failed - Immunization Certificate, Child Checklist<br>Comments: Expired                  | Pending Correction<br><u>12/15/25</u> |
| Failed - Immunization Certificate, Child Checklist<br>Comments: expired                  | Pending Correction<br><u>12/15/25</u> |

**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 12/19/2025, 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.

Linda Lowden  
Signature of Facility Representative

12-16-25  
Date

SONYA LONG

12/5/25

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Signature of DHR Licensing Representative

\_\_\_\_\_  
Date