

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

SECTION A- IDENTIFYING INFORMATION

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

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Certificate of rabies vaccination, Inspection Form Comments: MOLLY - EXPIRED	12/22/2025
Failed - Ongoing Training, Staff Checklist Comments: 16 of 20 hours completed	12/15/2025
Failed - Health and Safety Training, Staff Checklist Comments: MISSING	12/16/2025
Failed - Immunization Certificate, Child Checklist Comments: Expired	12/15/2025
Failed - Immunization Certificate, Child Checklist Comments: expired	12/15/2025

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 NA, 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

12-22-25
Date

SONYA LONG

12/22/2025

Signature of DHR Licensing Representative

Date