ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LOVING HANDS CHILDCARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 12/19/2025
Facility Address: 2655 LAKEVIEW CIRCLE, MILLBROOK, AL 36054, Elmore	Licensee: LATOYA SHAW	Telephone #: (256) 417-3573
Ages: 6 Weeks to 5 Years	Director (if applicable): N/A	Capacity: 5 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Tornado, Inspection Form Comments: Documentation of drills is not on file in the home.	12/16/2025
Failed - Lockdown, Inspection Form Comments: Documentation of drills is not on file in the home.	12/9/2025
Failed - Relocation, Inspection Form Comments: Documentation of drills is not on file in the home.	12/16/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: Staff is not enrolled in Alabama Pathways.	12/19/2025
Failed - References, Staff Checklist Comments: References for this new household member have been requested. Only one reference has been returned.	1/7/2026
Failed - Health and Safety Training, Staff Checklist Comments: Staff does not have CCDF Training on file in the home.	12/16/2025

Failed - Preadmission Form, Child Checklist Comments: The child's preadmission form is incomplete.	12/16/2025
Failed - Preadmission Form, Child Checklist Comments: The child's preadmission form is incomplete.	12/16/2025
Failed - Preadmission Form, Child Checklist Comments: The child's preadmission form is incomplete.	12/16/2025
Failed - Preadmission Form, Child Checklist Comments: The child's preadmission form is incomplete.	12/16/2025
Failed - Immunization Certificate, Child Checklist Comments: The child does not have a current immunization certificate on file in the home.	12/16/2025

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.

_____ 01/07/2026_____

Signature of Facility Representative Date

ROBIN BUSSIE

_____ _____**01072026**_____

Signature of DHR Licensing Representative Date

COPIES TO: ___Licensee_____