ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
ANNIE'S TRUE LOVE CHILD DEV CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	1/7/2026
Facility Address: 2424 HACKBERRY LANE, HOOVER, AL 35226, Jefferson	Licensee: KYLA CARR	Telephone #: (205) 823-5899
Ages: 0 Weeks to 13 Years	Director (if applicable):	Capacity: 67 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: None of the facility staff members are enrolled in Alabama Pathway's registry.	10/31/2025
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: An overgrowth of weeds/ vines along the fenceline	11/4/2025
Failed - Health and Safety Training, Staff Checklist Comments: Expired	10/31/2025
Failed - Health and Safety Training, Staff Checklist Comments: Expired	10/28/2025
Failed - Health and Safety Training, Staff Checklist Comments: Expired	10/29/2025
Failed - Posted Daily schedule w/ 60 minutes of active play, Classroom Checklist / Cherries Comments: Does not include at least 60 min of active play	10/22/2025
Failed - Diapering area, Classroom Checklist / Sugar Plums Comments: Missing a diapering table	10/22/2025
Failed - Plastic-lined, covered container, Classroom Checklist / Sugar Plums Comments: Missing a plastic line container	10/28/2025
Failed - *Easel, Classroom Checklist / Lemons Comments: missing easel	10/22/2025

There was one child (3 yrs) grouped with the Toddler Classroom (18mos -2 1/2), Ad Hoc Comments: NA	10/22/2025

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 _____, 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.

_____ _____

Signature of Facility Representative Date

SHUNDR NEVELS

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____