

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: CARING HANDS	Type of Facility : Center [ ] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [X]	Date of Visit: 1/22/2026
Facility Address: 190 LEE RD 2170, PHENIX CITY, AL 36870, Lee	Licensee: TAMIKKA WOODS	Telephone #: (334) 207-8290
Ages: 12 Months to 12 Years	Director (if applicable): N/A	Capacity: 12        NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have the required 6 hours of ongoing training on file in the home or uploaded to Pathways.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: The staff does not have the required 12 hours of ongoing training on file in the home or uploaded to Pathways.	1/22/2026
Failed - Ongoing Training, Staff Checklist Comments: The staff does not have the required 6 hours of ongoing training on file in the home or uploaded to Pathways.	1/22/2026
Failed - Ongoing Training, Staff Checklist Comments: The staff does not have the required 6 hours of ongoing training on file in the home or uploaded to Pathways.	1/22/2026
Failed - Preadmission Form, Child Checklist Comments: The preadmission form has an incomplete address for the child's doctor.	1/22/2026
Failed - Immunization Certificate, Child Checklist Comments: The child does not have a current immunization certificate on file the home.	1/6/2026

**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**

02/05/2026, 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**

1/22/24  
Date

ROBIN BUSSIE

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

01/22/2026

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_ Licensee \_\_\_\_\_