ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: JO'LOUS CARING HANDS	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [X]	Date of Visit: 3/3/2026
Facility Address: 141 PINEHILL ROAD, MONROEVILLE, AL 36460, Monroe	Licensee: COSANDRA BURKE	Telephone #: (251) 362-1332
Ages: 0 Weeks to 10 Years	Director (if applicable):	Capacity: 12 / 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 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: Staff information uploaded to Alabama Pathways is incomplete.	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	Pending Correction

Failed - Medical, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Lacks 2 hours of Performance Standard Training	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Top section of 2nd page is incomplete.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Top section of second page is incomplete.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Document not in file	Pending Correction

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 03/17/26, 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.

Sandra Burke — 03/03/26

Signature of Facility Representative — Date

OLIVIA JACKSON — 03/03/26

Signature of DHR Licensing Representative — Date

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