ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: WILL-N-HANDS	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 7/31/2025
Facility Address: 120 PORTER ANDREWS ROAD, OZARK, AL 36360, Dale	Licensee: CONNIE E. WILLINGHAM	Telephone #: (334) 726-4672
Ages: 0 Weeks to 12 Years	Director (if applicable):	Capacity: 6 / 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: None of the facility staff are enrolled in Alabama Pathways Registry.	Pending Correction August 8, 2025
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	Pending Correction August 8, 2025
Failed - Immunization Certificate, Child Checklist Comments: EXPIRED	Pending Correction August 8, 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 8/15/25**, as verification that deficiencies have been corrected.**

RECEIVED
AUG 15 2025
CHILD CARE
SERVICES DIVISION

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.

Connie Willyard
Signature of Facility Representative

8/8/2025
Date

Amy Horn Amy Horn
Signature of DHR Licensing Representative

8/1/25
Date

COPIES TO: mailed to licensee

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