ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: IN HIS HANDS LEARNING ACADEMY	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 3/20/2026
Facility Address: 320 Mendel Parkway W, MONTGOMERY, AL 36117, Montgomery	Licensee: IN HIS HANDS LEARNING ACADEMY	Telephone #: (334) 322-6829
Ages: 6 Weeks to 5 Years	Director (if applicable): Shantavier Pressley	Capacity: 32 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: There is a blue and white swing set with a broken swing on the playground.	3/20/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 12 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing 12 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing 12 hours	3/20/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	3/20/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 12 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing 12 hours	Pending Correction
Failed - Ongoing Training, Staff Checklist	Pending Correction

Comments: missing 10 hours	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: missing	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: wrong form	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: wrong form	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: wrong form	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: wrong form	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: wrong form	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: wrong form	

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 __4/03/26_____, 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.

__Shantavier Pressley_____ _____

Signature of Facility Representative Date

KAMILA CROWELL

_____ ____**3-20-26**_____

Signature of DHR Licensing Representative Date

COPIES TO: ____director_____