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: 9/22/2026
Facility Address: 120 PORTER ANDREWS ROAD, OZARK, AL 36360, Dale	Licensee: CONNIE WILLINGHAM	Telephone #: (334) 726-4672
Ages: 0 Weeks to 12 Years	Director (if applicable):	Capacity: 6 / NA Day Night

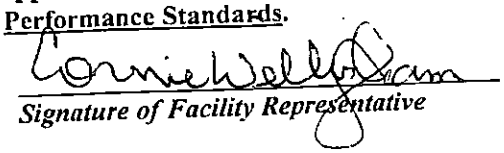
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary NO DEFICIENCIES OBSERVED AT THE TIME OF VISIT.	
Failed - Immunization Certificate, Child Checklist Comments: MISSING DOCUMENTATION	9/22/2026
Failed - Immunization Certificate, Child Checklist Comments: MISSING DOCUMENTATION	9/22/2026
Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION	9/3/2026

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 _____N/A_____, 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: **09/22/2026**

AMY HORN

Signature of DHR Licensing Representative — Date: **09/22/2026**

COPIES TO: _____LICENSEE_____