DHR-DFC-1926

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: Caring Hands	**Type of Facility:** Day ☒ Night ☐ Family ☐ Group ☒ Center ☐ S.A.P. ☐	**Date of Visit:** 03 / 28 / 2024 (month / day / year)
Facility Address: 190 Lee Rd 8170 Phenix City, AL 36870	**Licensee:** Tamikka Woods	**Telephone #:** (334) 307-8290
Ages: 12mos to 12yrs (day) N/A to N/A (night)	**Director** *(if applicable)*: N/A	**Capacity:** 12 (day) / N/A (night)

SECTION B - DEFICIENCY INFORMATION

Column 1 — Performance Standard Deficiency *"HAZARDS MUST BE CORRECTED IMMEDIATELY"*	*Column 2* Date Corrected by Licensee
1. Home and Staff records are incomplete see page 10 of the evaluation.	* JW 3/28/24

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 04/11/2024, 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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative Tamikka Woods *Date* 3/28/24

Signature of DHR Licensing Representative Rob Bussie *Date* 03/28/2024

COPIES TO: licensee
Copy mailed 04/01/2024 RBB

Rec'd by email 04/22/2024 RBB