DHR-DFC-1926

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name:	Type of Facility:	Date of Visit:
Leacie Jones	Day ☑ Night ☐ Family ☑ Group ☐ Center ☐ S.A.P. ☐	4 / 25 / 24 (month / day / year)
Facility Address: 25 Pilgrim Rest Road Jackson, AL 36545	**Licensee:** Leacie Jones	**Telephone #:** (773 451-0354
Ages: 1yr (day) to 12yrs X (night) to X	**Director** *(if applicable)*: N/A	**Capacity:** 6 (day) / X (night)

SECTION B - DEFICIENCY INFORMATION

Column 1 — Performance Standard Deficiency **HAZARDS MUST BE CORRECTED IMMEDIATELY**	*Column 2* — Date Corrected by Licensee
* ① Trash can is over filled and spilled onto the playground.	① LJ 4/25/24
* ② Three (3) active and beds on the playground.	② L.J 4/25/24
③ Thorn vines are growing at the bottom of the fence, on the playground.	③ L.J, 4/25/24
④ Two (2) exposed electrical outlets in home's	④ LJ 4/25/24

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 5/9/24, 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 Leacie Jones *Date* 4/25/24

Signature of DHR Licensing Representative Deborah Pigg *Date* 4/25/24

COPIES TO: Leacie Jones (Licensee) Leslie Wellborn

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ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT (Additional Page)

Facility Name: Leasie Jones **Date of Visit:** 4/25/24

SECTION B – DEFICIENCY INFORMATION (Continued)

Column 1 — **Performance Standard Deficiency** **HAZARDS MUST BE CORRECTED IMMEDIATELY**	*Column 2* Date Corrected by Licensee
entrance and One (1) exposed outlet in bath- room.	
* (5) Four cans of interior paint is sitting on the floor, next to the stove, accessible to children.	(5) LJ 4/25/24
(6) Most recent evaluation and deficiency report is not posted.	(6) LJ 4/25/24
(7) Most current license is not posted.	(7) LJ 4/25/24
(8) Staff records are noncompliant (see page 10, 11 + 12 of evaluation)	(8)
(9) Children's records are incomplete (see page B of evaluation).	(9)

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Signature of Facility Representative Leasie Jones *Date* 4/25/24

Signature of DHR Licensing Representative Deborah Dye Leslie Weller *Date* 4/25/24

COPIES TO: Leasie Jones Licensee