ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TOMMIE JANE YOUTH & DEV. CENTER	Type of Facility:Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 06/05/2025
Facility Address: 16904 AL HWY 20, HILLSBORO, AL 35643, Lawrence	Licensee: VENTRICE ELLIOTT	Telephone #: (256) 637-6300
Ages: 3 Weeks to 12 Years	Director (if applicable): VENTRICE ELLIOTT	Capacity: 74 Day / NA Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee

Deficiency Summary

Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form
Comments: one staff needs current Health & Safety
Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form
Comments: some staff need 12 hours In service current
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form — 7/9/25
Comments: need current CPR/1ST AIDE
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form
Comments: see above
Failed - Outdoor play area enclosed by a fence or wall at least 4 feet in height, Inspection Form
Comments: fence is not secured and has a gap
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form — 6/7/25
Comments: the fence is not secure to adjacent property fence leaving a gap between the two fences
Failed - Verification of Education, Staff Checklist — 6/5/25
Comments: there is no "date graduated" on transcript
Failed - Ongoing Training, Staff Checklist
Comments: 4 of 12 In Service hours observed
Failed - Medical, Staff Checklist

Comments: no medical observed
Failed - Ongoing Training, Staff Checklist
Comments: observed 10 of 12 hours In Service
Failed - TB Test Date and Results, Staff Checklist
Comments: no TB skin test with results
Failed - Infant -Child CPR Certification, Staff Checklist 7/9/25
Comments: no current CPR 1st Aide
Failed - Infant -Child First Aid Certificate, Staff Checklist 7/9/25
Comments: no staff with current CPR 1st Aide
Failed - Interstate CA/N if applicable (within 5 years), Staff Checklist N/A
Comments: needs an Interstate CA/N completed and returned
Failed - Health and Safety Training, Staff Checklist N/A
Comments: no Health & Safety training hours

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 _____, 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 _____

Lea Rae Gaines

Signature of DHR Licensing Representative _____ Date _____

COPIES TO: _____