

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A- IDENTIFYING INFORMATION

Facility Name: ANN D JONES	Type of Facility : Center [] Day [X] Night []	Date of Visit: 06/24/2025
	OST [] Family [] University [] Group [X]	
Facility Address: 408 JOHNNIE MAE WARREN AV, TROY, AL 36081, Pike	Licensee: ANN JONES	Telephone #: (334) 566-1653
Ages: 8 Weeks to 12 Years	Director (if applicable):	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
NO DEFICIENCIES OBSERVE AT THE TIME OF VISIT.	
Failed - Ongoing Training, Staff Checklist Comments: Missing documentation	06/24/2025
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Failed - Ongoing Training, Staff Checklist	06/24/2025

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Comments: Missing documentation	
Failed - Ongoing Training, Staff Checklist Comments: Missing documentation	06/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing Signatures	06/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing Signature	06/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	06/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	06/24/2025
Failed - Immunization Certificate, Child Checklist Comments: Expired	06/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	06/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	06/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	06/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	06/24/2025

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.

Ann D. Jones
Signature of Facility Representative

6/2/25
Date

Amy Horn

Signature of DHR Licensing Representative

6/27/25
Date

COPIES TO: mailed to licensee
6/27/25

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