

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

SECTION A- IDENTIFYING INFORMATION

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| Facility Name: PRESHUS JEWELS DEVELOPMENT CENTER | Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group [] | Date of Visit: 7/23/2025 |
| Facility Address: 3225 WOODLEY ROAD, MONTGOMERY, AL 36116, Montgomery | Licensee: NEKIA PARKS | Telephone #: (334) 538-8757 |
| Ages: 6 Weeks to 8 Years/7 Days to 2 Weeks | Director (if applicable): | Capacity: 6 / 6 Day Night |

SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i> | Date Corrected by Licensee |
|---|-------------------------------|
| Deficiency Summary | |
| Failed - Home free of apparent hazardous conditions, Inspection Form Comments: LYSOL, HAND SANITIZER & AIR FRESHENER BEADS NOT UNDER LOCK & KEY OR COMBINATION LOCK. | 7/23/2025 |
| Failed - Licensee and each caregiver has current infant-child CPR and first aid certificate copies on file in home, Inspection Form Comments: EXPIRED | Pending Correction |
| Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: ASHES INSIDE OF GRILL | Pending Correction |
| Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: NONE OF THE FACILITY STAFF IS ENROLLED IN ALABAMA PATHWAY'S REGISTRY. | Pending Correction |
| Failed - Each child signed in and signed out with a written signature or a biometric ID, Inspection Form | 7/23/2025 |

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CHILD CARE
SERVICES DIVISION

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| Comments: ONE CHILD WAS NOT SIGNED OUT UPON DEPARTURE | |
| Failed - Daily schedule posted that includes 60 minutes of physical activity, Inspection Form Comments: NO POSTED | 7/23/2025 |
| Failed - Ongoing Training, Staff Checklist Comments: MISSING DOCUMENTATION | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist Comments: MISSING DOCUMENTATION | Pending Correction |
| Failed - Current Driver's License, Staff Checklist Comments: EXPIRED | Pending Correction |
| Failed - Preadmission Form, Child Checklist Comments: MISSING DOCUMENTATION | Pending Correction |
| The home has an expired Fire Inspection., Ad Hoc Comments: NA | Pending Correction |

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 8/11/25, 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]
Signature of Facility Representative

Amy Horn [Signature]
Signature of DHR Licensing Representative

[Signature]
Licensee

7/28/25
Date

7/23/25
Date

COPIES TO: _____