

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: JENNA LOU'S	Type of Facility : Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 8/27/2025
Facility Address: 176 BOYKIN ROAD, WOODLAND, AL 36280, Randolph	Licensee: TRACEY BALDWIN	Telephone #: (256) 610-3037
Ages: 6 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 12 NA 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 - Medical, Staff Checklist Comments: Medical is expired.		Pending Correction
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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 09/10/2025, 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.

Nacey Baldwin
Signature of Facility Representative

8-27-25
Date

robin bussie

Signature of DHR Licensing

08/27/2025
Date

Representative

COPIES TO: _____ Licensee _____