

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: JOANN COLLEY	Type of Facility : Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 9/26/2025
Facility Address: 5183 HWY 22 EAST, ALEXANDER CITY, AL 35010, Tallapoosa	Licensee: Joann Colley	Telephone #: (256) 329-9327
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 - Swimming pool 2 feet or more in depth enclosed by fence or solid wall at least 4 feet in height with no doors windows or other openings, Inspection Form Comments: The pool fence and gate on the deck at the bottom of the stairs is not four feet in height.	Pending Correction
Failed - Fluid milk served; no powdered milk used for drinking, Inspection Form Comments: The children were served juice for lunch.	9/26/2025
Failed - Ongoing Training, Staff Checklist Comments: The substitute does not have the required 6 hours of on-going training.	9/24/2025
Failed - Ongoing Training, Staff Checklist Comments: The assistant does not have the required 12 hours of on-going training.	9/24/2025
Failed - Ongoing Training, Staff Checklist Comments: The substitute does not have the required 6 hours of on-going training.	9/24/2025
Failed - Preadmission Form, Child Checklist Comments: Preadmission form is incomplete.	9/24/2025
Failed - Immunization Certificate, Child Checklist Comments: Immunization form is expired.	9/24/2025
Failed - Immunization Certificate, Child Checklist Comments: Child does not have a current immunization certificate.	9/24/2025
Failed - Immunization Certificate, Child Checklist	9/24/2025

Comments: Child does not have a current immunization form. Failed - Preadmission Form, Child Checklist	9/24/2025
Comments: Preadmission form is incomplete. Failed - Immunization Certificate, Child Checklist	9/24/2025
Comments: Child does not have an immunization certificate on file in the home. Failed - Preadmission Form, Child Checklist	9/24/2025
Comments: Preadmission form is incomplete. Failed - Preadmission Form, Child Checklist	9/26/2025
Comments: Preadmission form is incomplete. Failed - Preadmission Form, Child Checklist	9/26/2025

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 10/10/2025, 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.

Signature of Facility Representative

Date

robin bussie

09/26/2025

Signature of DHR Licensing Representative

Date

COPIES TO: _____Licensee_____