

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

SECTION A- IDENTIFYING INFORMATION

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|--|---|--|
| Facility Name: JOLLY BUNNYS DAYCARE LLC | Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group [] | Date of Visit: 10/10/2025 |
| Facility Address: 1400 HUEYTOWN RD, HUEYTOWN, AL, 35023, Jefferson | Licensee: PATRICIA Ann MCGRUE | Telephone #: (205) 475-1877 |
| Ages: 6 Weeks to 12 Years | Director (if applicable): PATRICIA Ann MCGRUE | Capacity: 22 / NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY* | <u>Date Corrected by Licensee</u> |
|--|-----------------------------------|
| <p>Deficiency Summary Failed - Stationary seating for child, each child seated while vehicle is moving, Inspection Form Comments: The seatbelts in the silver van are not functioning properly.</p> | |

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.

Patricia Mcgrue

Signature of Facility Representative

Jessica Vice

Signature of DHR Licensing Representative

Date

Date

COPIES TO: _____