

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: JAZZY'S PLACE	Type of Facility : Center [ ] Day [X]                      OST [ ] Night [X]                    Family [X] University [ ] Group [ ]	Date of Visit: 10/9/2025
Facility Address: 308 BREAMWOOD AVENUE, MOBILE, AL 36604, Mobile	Licensee: JASMINE JOHNSON	Telephone #: (251) 442-1034
Ages: 3 Weeks to 14 Years/3 Weeks to 14 Years	Director (if applicable):	Capacity: 5                      /                      5 Day                      Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: On the playground, swing-set have plastic chain covers have dirt stains.	9/8/2025
Failed - Fence at least 4 feet in height free from sharp protruding edges (except where prohibited by federal law), Inspection Form Comments: Wooden fence has broken areas at the bottom that poses as a scratch hazard and a potential escape route. The lattice skirting around the bottom of the house, on the playground is leaning and accessible to the children.	9/8/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: One staff member is missing required ongoing training certificated being uploaded in Alabama Pathways.	9/7/2025
Failed - References, Staff Checklist Comments: Substitute's file is missing 3 character reference forms.	9/8/2025

Failed - Written Verification of Standards Read, Staff Checklist 9/8/2025  
Comments: Licensee's file has incorrect Written Verification of Standards Read.

**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           N/A          , 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.

 <i>Signature of Facility Representative</i>	<u>10/28/25</u> Date
DEBORAH LANG-DIXON  <i>Signature of DHR Licensing Representative</i>	<u>10/21/25</u> Date

COPIES TO: Emailed and mailed copy to licensee Jasmine Johnson