ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: JOLLEY'S DAYCARE CENTER INC.	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 11/13/2025
Facility Address: 101 CORLEY STREET, CULLMAN, AL 35058, Cullman	Licensee: ASHLEY JOLLEY	Telephone #: (256) 595-0222
Ages: 3 Weeks to 12 Years	Director (if applicable):	Capacity: 128 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
Failed - Immunization Certificate, Child Checklist Comments: expired.	11/14/2025
Failed - Immunization Certificate, Child Checklist Comments: missing	11/14/2025
Failed - Containers labeled, Classroom Checklist / School Kids Comments: blue spray bottle with clear substance not labeled.	11/13/2025
Failed - Electrical outlets covered, Classroom Checklist / Toddler Room Comments: Exposed outlets in surge protector by refrigerators.	11/13/2025
Failed - Hazardous substances locked, Classroom Checklist / Toddler Room Comments: Lysol spray on top shelf not locked away.	11/13/2025

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 NA **, 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.

Angelia Marlow — 11.13.25

Signature of Facility Representative — Date

JAIME BOWMAN — **11/13/25**

Signature of DHR Licensing Representative — Date

COPIES TO: Angelia Marlow