

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

SECTION A - IDENTIFYING INFORMATION

| | | |
|--|---|---|
| Facility Name: JELKS JENNIFER | Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group [] | Date of Visit: 1/8/2026 |
| Facility Address: 604Elm street, TALLASSEE, AL 36078, Elmore | Licensee: BRIGHTERDAY CHILD DEVELOPMENT CENTER | Telephone #: (334) 283-2626 |
| Ages: 6 Weeks to 12 Years | Director (if applicable): | Capacity: 15 NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY* | Date Corrected by Licensee |
|--|-----------------------------------|
| Deficiency Summary | |
| ONE STAFF CPR, FIRST AID, Allegation | 1/8/2026 |
| Comments: SUPERVISION AT ALL TIMES, Allegation | 1/8/2026 |
| Comments: YOUNGER THAN AGE 2½ YEARS, Allegation | 1/8/2026 |
| Comments: Medication is not under lock and key and is being used without proper medication forms., Ad Hoc | 1/8/2026 |
| Comments: NA | |

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.



1/8/2026

Signature of Facility Representative

Date

JESSICA VICE

1/8/2026

Signature of DHR Licensing Representative

Date

COPIES TO: _____ Director _____