

4. Ad Hoc Deficiency

S No.	Deficiency
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*Claire Lewis*  
Provider's Signature

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: JUST LIKE HOME ACADEMY PHASE 2, LLC	Type of Facility : Center [X] Day [X]      OST [ ] Night [X]    Family [ ] University [ ] Group [ ]	Date of Visit: 2/12/2026
Facility Address: 3010 DARTMOUTH AVENUE, BESSEMER, AL 35020, Jefferson	Licensee: JUST LIKE HOME ACADEMY PHASE 2, LLC	Telephone #: (205) 425-2097
Ages: 3 Years to 18 Years/	Director (if applicable): CIARRA LEWIS	Capacity: 31      /      31 Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b> Failed - Immunization Certificate, Child Checklist Comments: expired 1/12/26	Pending Correction

**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.

Ciara Lewis  
**Signature of Facility Representative**

2/13/2026  
Date

JOY FRAZIER

02/13/2026

\_\_\_\_\_  
**Signature of DHR Licensing  
Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_ Director \_\_\_\_\_