

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

SECTION A- IDENTIFYING INFORMATION

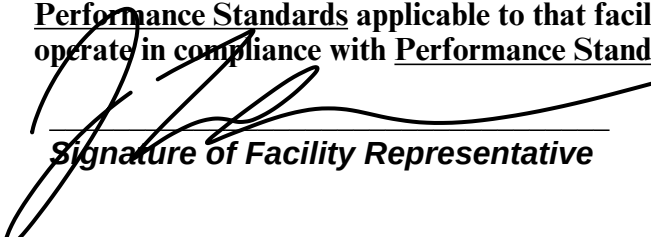
Facility Name: JALEX CHILD DEVELOPMENT CTR MONTEVALLO	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 3/25/2026
Facility Address: 1205 ASHVILLE RD STE 100, STE 100 MONTEVALLO, AL 35115, Shelby	Licensee: JALEX CHILD DEVELOPMENT CENTER, LLC	Telephone #: (205) 703-6543
Ages: 6 Weeks to 12 Years	Director (if applicable): JENNIFER DAVIS	Capacity: 54 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary On March 25, 2026, the facility is using two different forms of sign in/out sheets. One form in a paper sign in/out sheet and the other is an electronic form for parents. Neither form is complete. The paper copy reflects 14 children signed in. The electronic copy show all 16 children signed into the facility but msissing full written parent signatures. , Ad Hoc 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.



Signature of Facility Representative

3/26/2026

Date

BRIDGETTE SMITH

**Signature of DHR Licensing
Representative**

Date

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