

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: TOMMIE JANE YOUTH & DEV. CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 4/2/2026
Facility Address: 16904 AL HWY 20, HILLSBORO, AL 35643, Lawrence	Licensee: VENTRICE ELLIOTT	Telephone #: (256) 637-6300
Ages: 3 Weeks to 12 Years	Director (if applicable): VENTRICE ELLIOTT	Capacity: 74 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There were no deficiencies noted during today's visit.	
Failed - Soft material prohibited in infant's sleeping environment, no pillows, quilts, comforters, etc., Inspection Form Comments: Blanket was in crib with infant.	3/13/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Missing.	4/1/2026
Failed - Immunization Certificate, Child Checklist Comments: Expired	3/27/2026

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.

