

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                   |                                                                                                                   |                                                  |
|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Facility Name:<br>JEMISON HEAD START CENTER                       | Type of Facility : Center [X]<br>Day [X]      OST [ ]<br>Night [ ]      Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>4/10/2026                      |
| Facility Address:<br>1891 HWY 191, JEMISON, AL,<br>35085, Chilton | Licensee:<br>FAMILY GUIDANCE<br>CENTER OF ALABAMA,<br>INC.                                                        | Telephone #:<br>(205) 437-9787                   |
| Ages:<br>6 Weeks to 5 Years                                       | Director (if applicable):<br>KEMBERLYN DEAN                                                                       | Capacity:<br>40      /      NA<br>Day      Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>                                                                                                                                                 | Date Corrected by<br>Licensee |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>Deficiency Summary</b><br>Failed - Fence or wall free of sharp edges, Inspection Form      4/10/2026<br>Comments: The under-pinning on the left side of the building has<br>several broken areas with sharp edges and pose a hazard. |                               |

**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 \_\_\_\_\_X\_\_\_\_\_, 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

JESSICA VICE

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

  
Date

04/10/2026

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_ Center \_\_\_\_\_