

Received

JUN 11 2026

Child Care Services Division

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: JAKITA WARD	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 5/20/2026
Facility Address: 10486 ST HWY 95 N, ABBEVILLE, AL 36310, Henry	Licensee: JAKITA WARD	Telephone #: (334) 689-9116
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by</u> <u>Licensee</u>
Deficiency Summary	
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: Children's restroom: The bathroom cabinet containing items that says, "Keep Out of Reach of Children" are not under lock & key or combination lock.	5/20/2026
Failed - Electrical outlets covered, Inspection Form Comments: Hallway electrical outlet is not covered.	5/20/2026
Failed - Clear glass doors marked at child level, Inspection Form Comments: Clear door not marked at child's level	5/20/2026
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: Active ant bed	Pending Correction
Failed - All poison kept in locked area, Inspection Form Comments: Grill filled with used charcoal & ashes accessible to the children	5/20/2026
Failed - Most recent licensing evaluation posted, Inspection Form Comments: 2025 Evaluation is not posted	5/20/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing Documentation	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing Documentation	Pending Correction
Failed - Application, Staff Checklist Comments: Missing Documentation	Pending Correction
Failed - Medical, Staff Checklist	Pending Correction

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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

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.

AMY HORN

5-26-24

Date _____

5/20/2026

Date _____

COPIES TO: _____