

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: JACKIE'S HOME DAY CARE	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 7/15/2026
Facility Address: 325 KROY DRIVE, MONTGOMERY, AL 36117, Montgomery	Licensee: JACQUELINE JAMES	Telephone #: (334) 676-3136
Ages: 6 Weeks to 10 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
ALL DEFICIENCIES CORRECTED THROUGH ARISE ON 8/13/2026.	
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: Lysol spray, hair products, and etc. were not under lock and key in the bedrooms. Medication not under lock and key in bedroom. A knife remained unsecured following use making it accessible to the children.	7/10/2026
Failed - Electrical outlets covered, Inspection Form Comments: Electrical outlet uncovered near the kitchen table.	6/5/2026
Failed - Tools and machinery inaccessible, Inspection Form Comments: Vacuum Cleaner accessible to the children in the living room area.	7/10/2026
Failed - Each child 12-18 months sleeps alone in a crib play pen or low cot, Inspection Form Comments: Toddler was asleep on the couch.	7/29/2026
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: There were at least three live ant beds on the playground. There are broken tree limbs on the playground, tree scrubs on the fence in	8/13/2026

several areas, grass on the playground is overgrown, and there are several openings at the top of the fence and one in the middle along the back fence. There were coal ashes in the barbecue grill on the playground. An operable car was also parked within the playground area. Tree limbs on the tree are hanging very low.

Failed - Tools and machinery inaccessible to children, Inspection Form 7/10/2026
Comments: Lawnmowers, and other equipment are behind and unlock fence on the playground.

Failed - All poison kept in locked area, Inspection Form 6/5/2026
Comments: Paint spray was not in a locked area on the patio.

Failed - Each child signed in and signed out with a written signature or a biometric ID, Inspection Form 7/10/2026
Comments: The child in care wasn't sign-in and hasn't been signing in/signing out since enrollment on 06/02/2026.

Failed - Suitability Determination (Every 5 years), Staff Checklist 8/13/2026
Comments: Incorrect suitability letter is on file.

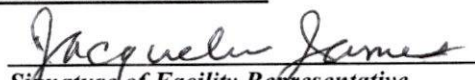
Failed - Infant -Child CPR Certification, Staff Checklist 7/10/2026
Comments: Infant-Child CPR Certification is expired.

Failed - Infant -Child First Aid Certificate, Staff Checklist 7/10/2026
Comments: Infant-Child First Aid Certificate is expired.

Failed - Suitability Determination (Every 5 years), Staff Checklist 8/13/2026
Comments: Incorrect suitability letter is on file.

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 N/A, 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

8/13/2026

Date

Received

AUG 20 2026

Child Care Services Division

AMY HORN

Signature of DHR Licensing Representative

8/13/2026

Date

COPIES TO: _____ LICENSEE _____