

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LIGHTHOUSE CHIL'D DEV. CENTER, LLC	Type of Facility : Center ☒ Day ☒ Night ☐ OST ☐ Family ☐ University ☐ Group ☐	Date of Visit: 9/11/2026
Facility Address: 3965 PARKWOOD RD, BESSEMER, AL 35022, Jefferson	Licensee: LIGHTHOUSE CHIL'D DEV. CENTER, LLC	Telephone #: (205) 434-2954
Ages: 6 Weeks to 10 Years	Director (if applicable): JOCELYN MAHAN JIMERSON	Capacity: 154 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency		Date Corrected by Licensee
HAZARDS MUST BE CORRECTED IMMEDIATELY*		
Deficiency Summary Per staff statement on 07/15/2026, a staff member in the Preschool Classroom left a child (4 years old) outside the front entrance door unattended during playground transition on 07/06/2026. The health, safety, and welfare of the child was at risk. , Ad Hoc Comments: NA The Kitchen door is propped open. , Ad Hoc Comments: NA Hazards accessible to children in the bathroom. , Ad Hoc Comments: NA	Pending Correction 7/28/2026	

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.

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

9/15/2026
Date

SHUNDR NEVELS

***Signature of DHR Licensing
Representative***

Date

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