

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: PFC HOWARD JOHNSON,II ACADEMY&CHILDCARE	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 9/23/2026
Facility Address: 102 BORDER CIRCLE, E., MOBILE, AL 36608, Mobile	Licensee: QUEZSELLE ZURICHERIA HOWARD, INC.	Telephone #: (251) 725-1904
Ages: 6 Weeks to 18 Years/6 Weeks to 18 Years	Director (if applicable): GLORIA JOHNSON	Capacity: 119 / 41 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There are thorny vines growing along the fence of both playgrounds.	9/30/2026
Failed - Medical, Staff Checklist Comments: A staff member is missing TB results on her medical on file in the center.	9/30/2026
Failed - Medical, Staff Checklist Comments: A staff member has an expired medical on file in the center.	9/30/2026
Failed - Medical, Staff Checklist Comments: A staff member is missing a TB result on file in the center.	9/30/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / All stars Comments: The classroom is missing an indoor child safe thermometer.	9/23/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / TinyTots Comments: The child safe thermometer is not working due to batteries.	9/23/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / Busybee Comments: The child safe thermometer is not working due to	9/23/2026

batteries.

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.

Geiselle Edwards
Signature of Facility Representative

09/30/2026
Date

LESLIE WILLIAMS
Signature of DHR Licensing Representative

09/30/2026
Date

COPIES TO: Geiselle Edwards