

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: JOJO'S RAYS OF SUNSHINE DAYCARE	Type of Facility: Center [X] Day [X]      OST [ ] Night [ ]    Family [ ] University [ ] Group [ ]	Date of Visit: 05/09/2025
Facility Address: 1607 WOLVERINE DR. SE, DECATUR, AL, 35601, Morgan	Licensee: JOJO'S RAYS OF SUNSHINE LLC	Telephone #: (256) 466-4457
Ages: 6 Weeks to 5 Years	Director (if applicable): JOWHARAH WYNN	Capacity: 0      /      NA Day      Night

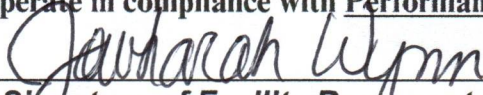
**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	Date Corrected by Licensee
<p><b>Deficiency Summary</b></p> <p>Failed - Menu for meals and snacks/dated, Inspection Form Comments: a dated menu for meals and snacks is not posted</p> <p>Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: staff do not have the current In Service hours required</p> <p>Failed - Center director meets qualifications, Inspection Form Comments: director needs 24 In Service hours</p> <p>Failed - Each child signed in and signed out with a written signature or bio-metric ID, Inspection Form Comments: there were 4 children that were not signed in by parent/guardian</p> <p>Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: gap in fence at the bottom</p> <p>Failed - Ongoing Training, Staff Checklist Comments: 12 In Service hours not current</p> <p>Failed - Ongoing Training, Staff Checklist Comments: 12 In Service hours not current</p> <p>Failed - Ongoing Training, Staff Checklist Comments: 2 In Service hours not current</p> <p>Failed - Ongoing Training, Staff Checklist Comments: 2 In Service hours not current</p> <p>Failed - Immunization Certificate, Child Checklist Comments: Immunization Certification not current</p>	


Failed - Immunization Certificate, Child Checklist  
 Comments: 2 In Service hours not current  
 Failed - Preadmission Form, Child Checklist  
 Comments: signature on page 1  
 Failed - Immunization Certificate, Child Checklist  
 Comments: Immunization Certificate is expired  
 Failed - Immunization Certificate, Child Checklist  
 Comments: Immunization Certificate is expired  
 Failed - Immunization Certificate, Child Checklist  
 Comments: Immunization Certificate expired  
 Failed - Immunization Certificate, Child Checklist  
 Comments: Immunization Certificate Expired  
 There is a large gap between bottom of fence and the ground on the  
 playground., Ad Hoc  
 Comments: NA  
 There are 4 children not signed in by parent/guardian., Ad Hoc  
 Comments: NA  
 One child's preadmission is incomplete., Ad Hoc  
 Comments: NA  
 Six children's Immunization Certifications are expired. , Ad Hoc  
 Comments: NA  
 The director's In Service hours are incomplete., Ad Hoc  
 Comments: NA  
 The staff's Inservice hours are incomplete., Ad Hoc  
 Comments: NA  
 A dated menu for snacks and meals is not posted., Ad Hoc  
 Comments: NA

**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**

5-15-25  
 \_\_\_\_\_  
 Date

Lea Rae Gaines   
 \_\_\_\_\_  
**Signature of DHR Licensing Representative**

5/15/25  
 \_\_\_\_\_  
 Date

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