

**ALABAMA DEPARTMENT OF HUMAN RESOURCES  
CHILD CARE HEALTH & SAFETY GUIDELINES DEFICIENCY REPORT**

**SECTION A- IDENTIFYING INFORMATION**

<b>Facility Name:</b> Professional Education Consulting Group Inc	<b>Type of Facility :</b> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Both <input type="checkbox"/>	<b>Date of Visit:</b> 7/15/2025
<b>Facility Address:</b> 2210 Stringer Street, Dothan, AL 36303, Houston		<b>Telephone #:</b> (334) 355-0275
<b>Ages:</b> 5 Years to 13 Years	<b>Staff in Charge (if applicable):</b> Tracey Horn	<b>Capacity:</b> 33 / NA Day Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Health &amp; Safety Guidelines</u> Deficiency	Date Corrected
<b>Deficiency Summary</b> No deficiencies observed on this date.	
Failed - Outdoor play area free of apparent hazardous conditions, Inspection Form Comments: There are several hazardous in the outdoor play area, such as, a part of the electrical meter exposed, holes around the trees are a tripping hazard. The air conditioning unit does not have a barrier by the children entrance.	7/15/2025
Failed - Stairs/steps have handrails in child's reach, Inspection Form Comments: The step is steep with no handrail.	7/15/2025
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / Classroom A Comments: There are several items in classroom A is not anchored, such as musical equipment, speakers, and the podium.	6/18/2025
The stairs in classroom A does not have handrails for child's use on the left side. , Ad Hoc Comments: NA	6/18/2025





*unless otherwise noted. Additional pages may be used if needed. Note number of pages, such as page 1 of 3.*

**SECTION A IDENTIFYING INFORMATION**

**FACILITY NAME** Record name of the facility.

**TYPE OF FACILITY** Check all that apply.

**DATE OF VISIT** Date of completion of deficiency report.

**FACILITY ADDRESS** Street address of the facility, not P. O. Box or mailing address.

**TELEPHONE #** Telephone number of the facility, including area code.

**STAFF IN CHARGE** Name of person in charge during visit.

**AGES** Age range of children.

**CAPACITY** Number of children according to capacity requirements.

**SECTION B DEFICIENCY INFORMATION**

**Column 1-HEALTH & SAFETY GUIDELINES DEFICIENCY**-Describe the deficiency observed; for example: child:staff ratio in the three-year-old group, children's records incomplete.

**Column 2-DATE CORRECTED BY FACILITY REPRESENTATIVE** should record the date each deficiency is corrected and his/her initials in Column 2. A copy of the deficiency report with corrections noted must be sent to DHR on or before the date indicated. If a follow-up visit is conducted by the DHR representative and deficiencies have not been corrected, or if additional deficiencies are observed during the followup visit, a new deficiency report must be completed, listing any deficiencies listed on the previous report which has not been corrected and any new deficiencies observed. If no copy is received from the facility, the DHR representative may make a copy of the original form in the file for use during a followup visit. If the facility fails to submit the deficiency report by the date indicated, the DHR representative may contact the facility by telephone as a reminder. Such contact should be noted in the Department's file.

**SIGNATURE OF FACILITY REPRESENTATIVE** Staff member in charge may sign. If the facility representative refuses to sign the Deficiency Report, the DHR representative should indicate this on the signature line, "Facility representative refused to sign" or "No staff member in charge with authority to sign" and note the date.

**COPIES TO** – Indicates distribution. A copy should be sent to the facility. A record of distribution of copies, including interdepartmental copies must be maintained. The original must be maintained in the Department's file.