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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BOYS AND GIRLS CLUB- SEMINOLE	**Type of Facility :** Day [X] Night [ ] Both [ ]	**Date of Visit:** 06/27/2025
Facility Address: 125 EARL STREET, HUNTSVILLE, AL 35805, Madison		**Telephone #:** (256) 564-7018
Ages: 5 Years to 18 Years	**Staff in Charge** *(if applicable)*: Dyonna Singleton	**Capacity:** 126 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Health & Safety Guidelines Deficiency	**Date Corrected**
Deficiency Summary	
Failed - Each child signed in and signed out with a written signature or bio-metric ID, Inspection Form Comments: The Children are not sign in with signature.	07/01/2025
Failed - Medical, Staff Checklist Comments: The medical report is missing from the facility file.	07/01/2025

INSTRUCTIONS TO PERSON IN CHARGE: Column 2, Date Corrected 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 Health & Safety Guidelines. A facility approved by the Department must meet Health & Safety Guidelines applicable to that facility at all times. It is the responsibility of the facility to operate in compliance with Health & Safety Guidelines.

Signature of Facility Representative
Tavia Woods

6-27-25
Date
6-27-2025

Signature of DHR Representative

Date

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SECTION B - DEFICIENCY INFORMATION (Continued)

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INSTRUCTIONS TO FACILITY: Column 2, Date Corrected 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.

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Signature of Facility Representative — *Date* 6-27-25

Tavia Woods

Signature of DHR Representative — *Date* 6-27-2025

COPIES TO: