

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: YMCA - LEGACY	Type of Facility : Day [X] Night [] Both []	Date of Visit: 7/29/2025
Facility Address: 1501 - 4TH AVENUE SW, BESSEMER, AL, 35022, Jefferson		Telephone #: (205) 426-1211
Ages: 5 Years to 14 Years	Staff in Charge (if applicable): McKenna Erwin	Capacity: 84 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Health & Safety Guidelines</u> Deficiency	Date Corrected
Deficiency Summary	
Failed - Temperature between 68-82 degrees, Inspection Form Comments: The small gym and classroom 2 do not have thermometer.	Pending Correction
Failed - Required ratios maintained at all times, Inspection Form Comments: The staff does not have all required qualifications for ratios to be met.	Pending Correction
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: There is one person with CPR and First aid training at the facility.	Pending Correction
Failed - Fire, Inspection Form Comments: Quarterly drill not document	Pending Correction
Failed - Tornado, Inspection Form Comments: Quarterly drill not document	Pending Correction
Failed - Lockdown, Inspection Form	Pending Correction

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Facility Name: YMCA - LEGACY

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SECTION B - DEFICIENCY INFORMATION (Continued)

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Failed - Fire, Inspection Form Comments: Quarterly drill not document	Pending Correction
Failed - Tornado, Inspection Form Comments: Quarterly drill not document	Pending Correction
Failed - Lockdown, Inspection Form Comments: Quarterly drill not document	Pending Correction
Failed - Relocation, Inspection Form Comments: Quarterly drill not document	Pending Correction
Failed - Medical, Staff Checklist Comments: There is not medical report.	Pending Correction
Failed - Photo ID Verification, Staff Checklist	Pending Correction

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 follow-up 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 follow-up 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.