

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: COLEMAN CENTER FOR EARLY LEARNING	Type of Facility : Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Both <input type="checkbox"/>	Date of Visit: 9/11/2025
Facility Address: 504 UNIVERSITY DRIVE, DOTHAN, AL 36303, Houston		Telephone #: (334) 983-6556
Ages: 6 Weeks to 5 Years	Staff in Charge (if applicable): Hillary EllisH	Capacity: 87 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Health & Safety Guidelines</u> Deficiency	Date Corrected
Deficiency Summary No deficiencies observed at this visit 9/11/2025.	
Failed - Center free of apparent hazards, Inspection Form Comments: The kitchen area has several cleaning supplies not locked. The classroom's entrance doors were open leading to the outside hallways.	8/5/2025
Failed - Barriers around heaters, radiators, fans, Inspection Form Comments: There is a fan in the pre-k room sitting on the shelf without a barrier.	8/5/2025
Failed - Staff able to see all children, Inspection Form Comments: The toddler room light was dim, during rest time.	8/5/2025
Failed - Children with food allergies should have a written plan with required components that is available and known by the child's teacher, Inspection Form Comments: One child does not have a written care plan.	9/11/2025
Failed - Medication not used beyond date of expiration, Inspection Form Comments: Eight children medical authorization are expired. Two	9/11/2025

children medical authorization are on the wrong forms.

Failed - Medication returned to parent or disposed of when no longer needed, Inspection Form 9/11/2025
Comments: The medication was not returned to parents or disposed.

Failed - Fire, Inspection Form 8/5/2025
Comments: The fire drill is not documented.

Failed - Tornado, Inspection Form 8/5/2025
Comments: The tornado drill is not documented.

Failed - Lockdown, Inspection Form 8/5/2025
Comments: The lockdown is not documented.

Failed - Relocation, Inspection Form 8/5/2025
Comments: The relocation is not documented.

Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form 9/11/2025
Comments: The staff's does have all suitability letters.

Failed - Transportation checklists, Inspection Form 8/5/2025
Comments: The transportation checklist is not complete.

Failed - Menu for meals and snacks/dated, Inspection Form 8/5/2025
Comments: The menu was not posted.

Failed - Medical, Staff Checklist 9/11/2025
Comments: The medical report is missing.

Failed - CA/N Clearance Form (Every Five Years), Staff Checklist 8/5/2025
Comments: CA/N Clearance is expired.

Failed - TB Test Date and Results, Staff Checklist 9/11/2025
Comments: The tb test result is missing from file.

Failed - Photo ID Verification, Staff Checklist 8/5/2025
Comments: The staff photo is missing from file.

Failed - Suitability Determination (Every 5 years), Staff Checklist 9/11/2025
Comments: The suitability letter is missing in the file.

Failed - Ongoing Training, Staff Checklist Comments: The ongoing training is missing.	9/11/2025
Failed - Verification of Education, Staff Checklist Comments: The education is missing.	8/5/2025
Failed - Health and Safety Training, Staff Checklist Comments: Child development is missing.	8/5/2025
Failed - Preadmission Form, Child Checklist Comments: The preadmission form is not complete.	8/21/2025
Failed - Medication Authorization, Child Checklist Comments: The medication authorization is not complete.	9/11/2025
Failed - Immunization Certificate, Child Checklist Comments: The immunization card is expired.	9/11/2025
The facility director admitted that a person without all required documentation is on the premises week. , Ad Hoc Comments: NA	7/18/2025

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

9-11-25
Date

Tavia Woods

Signature of DHR Representative

9/11/2025

Date

COPIES TO: _____

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CHILD CARE HEALTH & SAFETY GUIDELINES DEFICIENCY REPORT

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SECTION B - DEFICIENCY INFORMATION (Continued)

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PROCEDURES-DEFICIENCY REPORT

This form is to be used to record deficiencies observed by DHR Representative or admitted to by the facility's staff, during visits to facilities. The form may be used in conjunction with an evaluation form or at any time a deficiency is noted. The form should be completed and reviewed with the facility representative at the end of the visit. A copy of the form should be left at the facility or mailed to the facility after the visit. The original must be placed in the Department's file. The form is to be handwritten or printed so that it is readable. All sections are to be completed by the DHR representative 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 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.