

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: JUST 4 DEVELOPMENTAL LABORATORY	Type of Facility : Day ☒ Night ☐ Both ☐	Date of Visit: 9/23/2025
Facility Address: 2161 BUTLER STREET, MOBILE, AL, 36617, Mobile		Telephone #: (251) 421-5978
Ages: 4 Years to 5 Years	Staff in Charge (if applicable): Savannah Ruggs	Capacity: 54 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Health & Safety Guidelines</u> Deficiency	Date Corrected
Deficiency Summary	
Failed - Outdoor area, Inspection Form Comments: The right-side fence has several veins growing through the fence. The water drainpipe has a small hole a tripping hazard.	10/3/2025
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 written care plan is not present at the facility.	10/27/2025
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: One staff missing background check on file.	10/27/2025
Failed - Temperature between 68-82 degrees, Inspection Form Comments: There is no thermometer in the cafeteria.	10/3/2025
Failed - Required ratios maintained at all times, Inspection Form Comments: Two staff have forty-two children with only two staff. The required ratio is thirty-six/.	10/27/2025

Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: There is no CPR or First aid at the facility for two staff.	10/3/2025
Failed - Photo ID Verification, Staff Checklist Comments: There is no photo ID on file.	10/27/2025
Failed - Medical, Staff Checklist Comments: There is no medical report on file.	10/27/2025
Failed - TB Test Date and Results, Staff Checklist Comments: There is no tb test result on file.	10/27/2025
Failed - Infant -Child CPR Certification, Staff Checklist Comments: There is no CPR Certification.	10/27/2025
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: There is no First Aid Certificate.	10/27/2025
Failed - Ongoing Training, Staff Checklist Comments: There is no ongoing training on file.	27 10/29/2025 TW
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Failed - Photo ID Verification, Staff Checklist	10/27/2025

Comments: There is no photo ID

Failed - Medical, Staff Checklist 10/27/2025
Comments: There is no medical report on file.

Failed - TB Test Date and Results, Staff Checklist 10/27/2025
Comments: There is no tb test result on file.

Failed - Ongoing Training, Staff Checklist 10/27/2025
Comments: There is no ongoing training on file.

Failed - Photo ID Verification, Staff Checklist 10/29/2025
Comments: There is no photo ID on file.

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Comments: There is no medical report on file.

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Failed - Infant -Child CPR Certification, Staff Checklist 10/3/2025
Comments: There is no CPR on file.

Failed - Infant -Child First Aid Certificate, Staff Checklist 10/3/2025
Comments: There is no First Aid on file.

Failed - Ongoing Training, Staff Checklist 10/3/2025
Comments: There is no ongoing training on file.

Failed - Preadmission Form, Child Checklist 10/3/2025
Comments: There is no children preadmission form on file.

Failed - Immunization Certificate, Child Checklist 10/3/2025
Comments: There is no immunization card on file.

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Two staff do not have all required documentations., Ad Hoc Comments: NA	10/3/2025

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.

Savannah Puggo
Signature of Facility Representative

10/27/2025
Date

Savannah Puggo
2/23/26

TAVIA WOODS

10/27/2025

Signature of DHR Representative

Date

COPIES TO: _____

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

Facility Name: JUST 4 DEVELOPMENTAL LABORATORY

Date of Visit: 9/23/2025

SECTION B - DEFICIENCY INFORMATION (Continued)

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Savannah Puggo
Signature of Facility Representative

10/27/2025
Date

Savannah Puggo
2/23/26

TAVIA WOODS

Signature of DHR Representative

10/27/2025
Date

COPIES TO:

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.

Savannah Pogg 2/23/26