

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ALECIA L MCCANTS	Type of Facility : Day ☒ Night ☐ Both ☐	Date of Visit: 10/29/2025
Facility Address: 1000 Hillcrest Rd., 340-B Mobile, AL 36695, Mobile		Telephone #: (251) 599-7621
Ages: 5 Days to 12 Days	Staff in Charge (if applicable): Alecia McCants	Capacity: 36 / NA Day Night

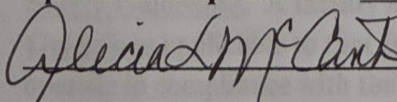
SECTION B - DEFICIENCY INFORMATION

<u>Health & Safety Guidelines</u> Deficiency	Date Corrected
Deficiency Summary	
Failed - Outdoor area adjoins or is safely accessible, Inspection Form Comments: The outdoor area was not safety accessible to the inside.	10/29/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff is missing transportation training.	11/3/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff is missing transportation training.	11/3/2025
Failed - Medical, Staff Checklist Comments: Staff medical report is not date.	11/3/2025

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

11/12/2025, 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

10/29/25
Date

TAVIA WOODS

10/29/2025

Signature of DHR Representative

Date

COPIES TO: _____

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

Facility Name: ALECIA L MCCANTS

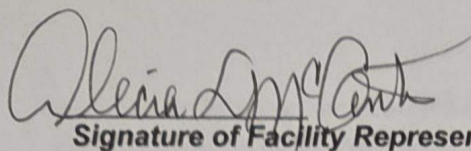
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SECTION B - DEFICIENCY INFORMATION (Continued)

<u>Health & Safety Guidelines</u> Deficiency	Date Corrected
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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 11/12/2025, as verification that deficiencies have been corrected.

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Signature of Facility Representative

TAVIA WOODS

10/29/25
Date

10/29/2025

Signature of DHR Representative

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.

AGE S 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