

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

SECTION A- IDENTIFYING INFORMATION

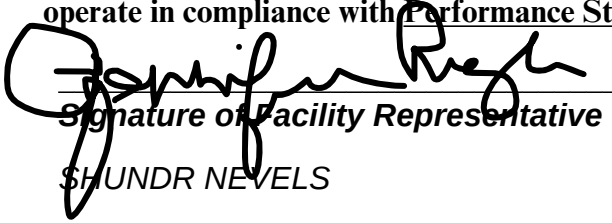
Facility Name: OUTBREAK CHRISTIAN MINISTRIES DAYCARE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 11/7/2025
Facility Address: 1365 GOVERNMENT ST., MOBILE, AL, 36604, Mobile	Licensee: JENNIFER PUGH	Telephone #: (251) 287-7059
Ages: 6 Weeks to 12 Years	Director (if applicable): JENNIFER PUGH	Capacity: 52 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Staff use clean disposable gloves for diapering each child/for each diaper change, Inspection Form Comments: Staff not wearing gloves while changing a baby's diaper	Pending Correction
Failed - For infants, clean bottom sheets daily or more often if needed, sheets fit snugly, Inspection Form Comments: Sheets do not fit snugly	Pending Correction
Failed - All children supervised at all times, Inspection Form Comments: One staff walked away from the Infants and returned	Pending Correction
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Wooden fence panels are missing in different areas	Pending Correction
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: Hazards in the hallway closet and Infant classroom not under lock and key/ combination lock	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing signature and date	Pending Correction

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, 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 _____, 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 Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.



Signature of Facility Representative
JENNIFER REGH

11/7/25

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____