

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: UMS-WRIGHT CHILD CARE CENTER	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST [] Night [] Family [] University [] Group []	Date of Visit: 11/12/2025
Facility Address: 65 N MOBILE STREET, MOBILE, AL 36607, Mobile	Licensee: UMS-WRIGHT CORPORATION	Telephone #: (251) 470-9046
Ages: 3 Years to 5 Years	Director (if applicable): SUSANNA COLE	Capacity: 130 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Containers labeled, Classroom Checklist / 139 Comments: Container not labelled	11/12/2025
Room 151, there is a container of butt paste and a bottle of anti-bacterial hand soap not under lock and key or combination lock., Ad Hoc Comments: NA	11/12/2025
Room 150, there is a bottle of spic & span cleaner, dish liquid and hand soap not under lock & key or combination lock., Ad Hoc Comments: NA	11/12/2025
Room 153, there is a container of lysol spray and hand soap not under lock and key or combination lock., Ad Hoc Comments: NA	11/12/2025
Room 159, there is a bottle of hand soap not under lock & key or combination lock., Ad Hoc Comments: NA	11/12/2025
Room 156, there is a container not labelled., Ad Hoc Comments: NA	11/12/2025
Room 154, there is a staff purse, wet ones and a container not labelled., Ad Hoc Comments: NA	11/12/2025
Room 152, there are containers of wet ones, hand sanitizers, shaving cream and etc. not under lock & key or combination lock., Ad Hoc Comments: NA	11/12/2025

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 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 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.

Susanna Cole
Signature of Facility Representative

Nov. 12, 2025
Date

AMY HORN
Signature of DHR Licensing Representative

11/12/05
Date

COPIES TO: Director