

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: MS. D AFTERSCHOOL PROGRAM	Type of Facility : Day ☒ Night ☐ Both ☐	Date of Visit: 1/7/2026
Facility Address: 2800 BERKLEY AVE, MOBILE, AL, 36617, Mobile		Telephone #: (251) 423-3958
Ages: 5 Years to 12 Years	Staff in Charge (if applicable): Mechell Tutt	Capacity: 17 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Health & Safety Guidelines</u> Deficiency	Date Corrected
Deficiency Summary	
Failed - Outdoor area, Inspection Form Comments: The two gates are not latching. The fence has open spaces at the bottom. There is one active ant bed by the concrete on the children's playground.	12/5/2025
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: Two staff do not have CPR and First aid certifications during visit.	1/7/2026
Failed - Fire, Inspection Form Comments: The drills are not document.	12/3/2025
Failed - Tornado, Inspection Form Comments: The drills are not document.	12/3/2025
Failed - Lockdown, Inspection Form Comments: The drills are not document.	12/3/2025

Failed - Relocation, Inspection Form
Comments: The drills are not document.

Pending Correction

Failed - Health and Safety Training, Staff Checklist
Comments: The CRP and First aid training.

Pending Correction

Failed - Medical, Staff Checklist
Comments: Medical report is missing.

Pending Correction

Failed - TB Test Date and Results, Staff Checklist
Comments: TB test result

Pending Correction

Failed - Health and Safety Training, Staff Checklist
Comments: The CRP and first aid training.

Pending Correction

Failed - Ongoing Training, Staff Checklist
Comments: The CPR and First Training.

1/7/2026

Failed - Ongoing Training, Staff Checklist
Comments: The CPR and First Training.

1/7/2026

Failed - Infant -Child CPR Certification, Staff Checklist
Comments: The staff do not have CPR Certification.

Pending Correction

Failed - Infant -Child First Aid Certificate, Staff Checklist
Comments: The staff do not have First Aid Certification.

Pending Correction

Failed - Medical, Staff Checklist
Comments: Staff did not have medical on file.

1/7/2026

Failed - TB Test Date and Results, Staff Checklist
Comments: Staff did not have tb test result on file.

Pending Correction

Failed - Infant -Child CPR Certification, Staff Checklist
Comments: Staff do not have CPR certification.

1/7/2026

Failed - Infant -Child First Aid Certificate, Staff Checklist
Comments: Staff do not have first aid Certification.

1/7/2026

Failed - Health and Safety Training, Staff Checklist
Comments: Staff do not have CPR and First training.

1/7/2026

The playground fence has several open spaces at the bottom., Ad
Hoc
Comments: NA

Pending Correction

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 1/20/26, 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 the Health & Safety Guidelines.

Camille Woods
Signature of Facility Representative

1-7-2026
Date

TAVIA WOODS

1/7/2026

Signature of DHR Representative

Date

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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

SECTION B - DEFICIENCY INFORMATION (Continued)

<u>Health & Safety Guidelines</u> Deficiency	Date Corrected
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Failed - Relocation, Inspection Form Comments: The drills are not document.	Pending Correction
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Failed - Medical, Staff Checklist Comments: Medical report is missing.	Pending Correction
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1/7/2026

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1/7/2026

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Pending Correction

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1/7/2026

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Pending Correction

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1/7/2026

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Comments: Staff do not have first aid Certification.

1/7/2026

Failed - Health and Safety Training, Staff Checklist
Comments: Staff do not have CPR and First training.

1/7/2026

There are four children preadmission complete., Ad Hoc
Comments: NA

12/3/2025

The fence has open space through the play area at the bottom. The
two gates are not latching., Ad Hoc
Comments: NA

Pending Correction

The fire inspection is not clear., Ad Hoc
Comments: NA

Pending Correction

The lunchroom window is open, children have access. There is
cleaning supplies not under lock and key., Ad Hoc
Comments: NA

Pending Correction

There are four children preadmission complete., Ad Hoc
Comments: NA

12/3/2025

The fence has open space through the play area at the bottom. The
two gates are not latching., Ad Hoc
Comments: NA

Pending Correction

The fire inspection is not clear., Ad Hoc
Comments: NA

Pending Correction

The lunchroom window is open, children have access. There is
cleaning supplies not under lock and key., Ad Hoc
Comments: NA

Pending Correction

The playground fence has several open spaces at the bottom., Ad
Hoc
Comments: NA

Pending Correction

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 1/20/2026, as verification that deficiencies have been corrected.

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Carrie Woods
Signature of Facility Representative

1-7-2026
Date

LAVIA WOODS

Signature of DHR Representative

1/7/2026
Date

COPIES TO: _____

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

Facility Name: MS. D AFTERSCHOOL PROGRAM

Date of Visit: 1/7/2026

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.