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 [X] 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:** 63 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Health & Safety Guidelines 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.	1/7/2026
Failed - Health and Safety Training, Staff Checklist Comments: The CRP and First aid training.	12/15/2025
Failed - Medical, Staff Checklist Comments: Medical report is missing.	1/13/2026
Failed - TB Test Date and Results, Staff Checklist Comments: TB test result	1/13/2026
Failed - Health and Safety Training, Staff Checklist Comments: The CRP and first aid training.	12/12/2025
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.	1/13/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: The staff do not have First Aid Certification.	1/9/2026
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.	1/13/2026
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

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	1/9/2026
The fire inspection is not clear., Ad Hoc Comments: NA	1/16/2026
The lunchroom window is open, children have access. There is cleaning supplies not under lock and key. , Ad Hoc Comments: NA	1/15/2026
The playground fence has several open spaces at the bottom., Ad Hoc Comments: NA	1/7/2026

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.**

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.

Danielle Davis — 1-7-2026

Signature of Facility Representative — *Date*

TAVIA WOODS — *1-07-2026*

Signature of DHR Representative — *Date*

COPIES TO: _____

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SECTION B - DEFICIENCY INFORMATION (Continued)

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Comments: NA

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[illegible] 1-7-2026

Signature of Facility Representative *Date*

TAVIA WOODS 1-7-26

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.