

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: BENJAMIN BARNES YMCA	Type of Facility : Day [X] Night [] Both []	Date of Visit: 2/3/2026
Facility Address: 300 MLK JR. BLVD, TUSCALOOSA, AL, 35401, Tuscaloosa		Telephone #: (205) 759-4284
Ages: 5 Years to 14 Years	Staff in Charge (if applicable): Lakeda Smith	Capacity: 126 / NA Day / Night

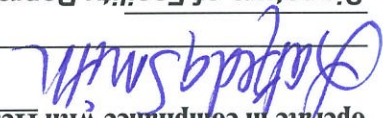
SECTION B - DEFICIENCY INFORMATION

<u>Health & Safety Guidelines</u>		Date Corrected
Deficiency Summary		
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form	Pending Correction	
Comments: The three wooden benches have several edges that are chips at the top and bottom,		
Failed - TB Test Date and Results, Staff Checklist	Pending Correction	
Comments: The tb test result is missing.		
Failed - Ongoing Training, Staff Checklist	Pending Correction	
Comments: The staff is missing some training.		
Failed - Ongoing Training, Staff Checklist	Pending Correction	
Comments: The staff is missing some training.		
Failed - Ongoing Training, Staff Checklist	Pending Correction	
Comments: The staff is missing some of the ongoing training.		
Failed - Ongoing Training, Staff Checklist	Pending Correction	
Comments: The staff is missing some of the ongoing training.		
Failed - Ongoing Training, Staff Checklist	Pending Correction	
Comments: The staff is missing some of the ongoing training.		
Failed - Ongoing Training, Staff Checklist	Pending Correction	
Comments: The medical form is not complete.		
Failed - Medical, Staff Checklist	Pending Correction	
Comments: The tb test result is missing.		
Failed - TB Test Date and Results, Staff Checklist	Pending Correction	
Comments: The staff does not have all ongoing training.		
Failed - Ongoing Training, Staff Checklist	Pending Correction	
Comments: The staff does not have all the ongoing training.		
Failed - Preadmission Form, Child Checklist	Pending Correction	
Comments: The preadmission form is not complete.		
Failed - Indoor thermometer (child safe), Classroom Checklist	Pending Correction	
Comments: There is no thermometer in the gym, / gym		

Failed - Indoor thermometer (child safe), Classroom Checklist	Pending Correction
Comments: The indoor thermometer is not working. / LOL Classroom	
The staff does not have all required qualifications, Ad Hoc	Pending Correction
Comments: NA	

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 2/17/2026, 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.

Signature of Facility Representative



TAVIA WOODS

2/3/2026

Date

Signature of DHR Representative

Date

COPIES TO: _____

ALABAMA DEPARTMENT OF HUMAN RESOURCES

CHILD CARE HEALTH & SAFETY GUIDELINES DEFICIENCY REPORT

Facility Name: BENJAMIN BARNES YMCA

Date of Visit: 2/3/2026

SECTION B - DEFICIENCY INFORMATION (Continued)

Deficiency Summary	
Deficiency	Date Corrected
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: The three wooden benches have several edges that are chips at the top and bottom, Failed - TB Test Date and Results, Staff Checklist Comments: The tb test result is missing.	Pending Correction
Failed - Ongoing Training, Staff Checklist	Pending Correction

Pending Correction	Comments: The staff does not have all ongoing training. Failed - Ongoing Training, Staff Checklist
Pending Correction	Comments: The staff does not have all ongoing training. Failed - TB Test Date and Results, Staff Checklist
Pending Correction	Comments: The tb test result is missing. Failed - Medical, Staff Checklist
Pending Correction	Comments: The medical form is not complete. Failed - Ongoing Training, Staff Checklist
Pending Correction	Comments: The staff is missing some of the ongoing training. Failed - Ongoing Training, Staff Checklist
Pending Correction	Comments: The staff is missing some of the ongoing training. Failed - Ongoing Training, Staff Checklist
Pending Correction	Comments: The staff is missing some of the ongoing training. Failed - Ongoing Training, Staff Checklist
Pending Correction	Comments: The staff does not have all the ongoing training. Failed - Preadmission Form, Child Checklist
Pending Correction	Comments: The preadmission form is not complete. Failed - Indoor thermometer (child safe), Classroom Checklist / gym
Pending Correction	Comments: There is no thermometer in the gym, Failed - Indoor thermometer (child safe), Classroom Checklist / LOL Classroom
Pending Correction	Comments: The indoor thermometer is not working. The staff does not have all required qualifications, Ad Hoc
Pending Correction	Comments: NA

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 _____, 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

Signature of Facility Representative

TAVIA WOODS

Date

2/3/2026

Signature of DHR Representative

Date

COPIES TO:

PROCEDURESDIFFICIENCY 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 IDENTIFYING INFORMATION

FACILITY NAMERecord name of the facility.

TYPE OF FACILITYCheck all that apply.

DATE OF VISITDate of completion of deficiency report.

FACILITY ADDRESSStreet address of the facility, not P. O. Box or mailing address.

TELEPHONE #Telephone number of the facility, including area code.

STAFF IN CHARGEName of person in charge during visit.

AGEAge range of children.

CAPACITYNumber of children according to capacity requirements.

SECTION DIFFICIENCY 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

additional deficiencies are observed during the followup 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

followup 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.