

**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: 3/5/2026
Facility Address: 300 MLK JR. BLVD, TUSCALOOSA, AL, 35401, Tuscaloosa		
Facility Address: (205) 759-4284		
Staff in Charge (if applicable): LaKeda Smith	Capacity: 126 / NA Day / Night	Ages: 5 Years to 14 Years

SECTION B - DEFICIENCY INFORMATION

<u>Health & Safety Guidelines</u>		Date Corrected
Deficiency		
Deficiency Summary		
No deficiencies observed on this visit.		
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form	Failed - TB Test Date and Results, Staff Checklist	3/5/2026
Comments: The three wooden benches have several edges that are chips at the top and bottom,	Comments: The tb test result is missing.	
Failed - TB Test Date and Results, Staff Checklist	Failed - Ongoing Training, Staff Checklist	3/5/2026
Comments: The tb test result is missing.	Comments: The staff is missing some training.	
Failed - Ongoing Training, Staff Checklist	Failed - Ongoing Training, Staff Checklist	2/13/2026
Comments: The staff does not have all ongoing training.	Comments: The staff does not have all ongoing training.	
Failed - TB Test Date and Results, Staff Checklist	Failed - TB Test Date and Results, Staff Checklist	3/5/2026
Comments: The tb test result is missing.	Comments: The tb test result is missing.	
Failed - Ongoing Training, Staff Checklist	Failed - Ongoing Training, Staff Checklist	3/5/2026
Comments: The staff is missing some training.	Comments: The staff is missing some of the ongoing training.	
Failed - Ongoing Training, Staff Checklist	Failed - Ongoing Training, Staff Checklist	2/13/2026
Comments: The medical form is not complete.	Comments: The staff is missing some of the ongoing training.	
Failed - Medical, Staff Checklist	Failed - Ongoing Training, Staff Checklist	3/5/2026
Comments: The tb test result is missing.	Comments: The staff is missing some of the ongoing training.	
Failed - Medical, Staff Checklist	Failed - Ongoing Training, Staff Checklist	3/5/2026
Comments: The tb test result is missing.	Comments: The staff does not have all the ongoing training.	
Failed - TB Test Date and Results, Staff Checklist	Failed - Preadmission Form, Child Checklist	2/13/2026
Comments: The tb test result is missing.	Comments: The preadmission form is not complete.	
Failed - TB Test Date and Results, Staff Checklist	Failed - Indoor thermometer (child safe), Classroom Checklist	2/19/2026

Signature of Facility Representative

Date

Shelby Smith

operate in compliance with the Health & Safety Guidelines

Guidelines applicable to that facility at all times. It is the responsibility of the facility to Safety Guidelines. A facility approved by the Department must meet Health & Safety these requirements are to be interpreted to allow anyone to operate in violation of Health & and/or failure to correct the listed deficiencies can be the basis for adverse action. None of NOTICE: Any misleading or any false statements or reports made to the Department verification that deficiencies have been corrected.

the Department of Human Resources on or before _____, as

put the date of correction and his/her initials in Column 2. This form must be returned to facility representative after each deficiency is corrected. The facility representative must INSTRUCTIONS TO FACILITY: Column 2, Date Corrected is to be completed by the

3/5/2026	Failed - TB Test Date and Results, Staff Checklist	Comments: The tb test result is missing.
3/5/2026	Failed - Ongoing Training, Staff Checklist	Comments: The staff is missing some training.
2/13/2026	Failed - Ongoing Training, Staff Checklist	Comments: The staff does not have all ongoing training.
3/5/2026	Failed - TB Test Date and Results, Staff Checklist	Comments: The tb test result is missing.
3/5/2026	Failed - Medical, Staff Checklist	Comments: The medical form is not complete.
2/13/2026	Failed - Ongoing Training, Staff Checklist	Comments: The staff is missing some of the ongoing training.
3/5/2026	Failed - Ongoing Training, Staff Checklist	Comments: The staff is missing some of the ongoing training.
3/5/2026	Failed - Ongoing Training, Staff Checklist	Comments: The staff is missing some of the ongoing training.
2/19/2026	Failed - Indoor thermometer (child safe), Classroom Checklist	Comments: There is no thermometer in the gym, / gym
3/5/2026	Failed - Indoor thermometer (child safe), Classroom Checklist	Comments: The indoor thermometer is not working.
3/5/2026	The staff does not have all required qualifications, Ad Hoc	Comments: NA

Comments: The three wooden benches have several edges that are chips at the top and bottom,

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.

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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>	<u>Deficiency</u>	<u>Date Corrected</u>
	No deficiencies observed on this visit.	
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,	3/5/2026
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Failed - Medical, Staff Checklist	Comments: The medical form is not complete.	3/5/2026

COPIES TO:

Signature of DHR Representative

TAVIA WOODS

Date

3/5/2026

Signature of Facility Representative

Date

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 _____, 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.

2/13/2026	Failed - Ongoing Training, Staff Checklist Comments: The staff is missing some of the ongoing training.
3/5/2026	Failed - Ongoing Training, Staff Checklist Comments: The staff is missing some of the ongoing training.
3/5/2026	Failed - Ongoing Training, Staff Checklist Comments: The staff does not have all the ongoing training.
2/13/2026	Failed - Preadmission Form, Child Checklist Comments: The preadmission form is not complete.
2/19/2026	Failed - Indoor thermometer (child safe), Classroom Checklist / gym Comments: There is no thermometer in the gym.
3/5/2026	Failed - Indoor thermometer (child safe), Classroom Checklist / LOL Classroom Comments: The indoor thermometer is not working.
3/5/2026	The staff does not have all required qualifications, Ad Hoc Comments: NA

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Facility Name: BENJAMIN BARNES YMCA Date of Visit: 3/5/2026

SECTION B - DEFICIENCY INFORMATION (Continued)

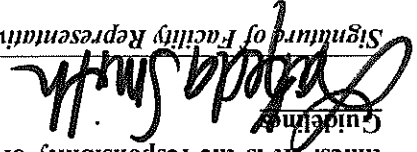
Date Corrected	Health & Safety Guidelines Deficiency	Deficiency Summary
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3/5/2026	Failed - TB Test Date and Results, Staff Checklist Comments: The tb test result is missing.	
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COPIES TO:

Signature of DHR Representative

TAVIA WOODS

Signature of Facility Representative



Date

3/5/2026

Date

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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.

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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 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 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.

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3/5/2026	2/19/2026	

Signature of Facility Representative

Date

[Handwritten Signature]

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3/5/2026	Failed - Indoor thermometer (child safe), Classroom Checklist	Comments: NA

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