

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: DELIVERANCE CHILDCARE & LEARNING ACADEMY	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 1/22/2026
Facility Address: 107 2ND AVE, ATMORE, AL 36502, Escambia	Licensee: RYB&W FOUNDATION	Telephone #: (251) 368-1623
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 88 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Transportation checklists used as required, Inspection Form Comments: Transportation checklist not used as required.	2/5/2026
Failed - Checklist kept on file for the current year plus two additional years, Inspection Form Comments: Check list should be on file for current year plus two additional years.	1/22/2026
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: Current vehicle safety check is no on file.	1/23/2026
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: One staff person does not have a current medical and TB on file.	1/26/2026

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**.

Signature of Facility Representative

Date

KAREN JACKSON-MOULTON

2/5/26

Signature of DHR Licensing Representative

Date

COPIES TO: _____