

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

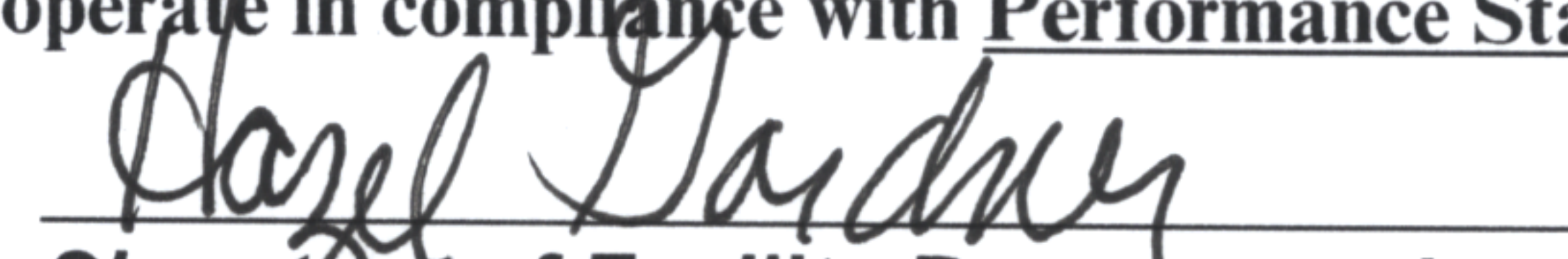
Facility Name: WATCH ME GROW CHILD DEV CENTER, INC.	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 4/22/2026
Facility Address: 1809 WOLF RIDGE ROAD, MOBILE, AL 36618, Mobile	Licensee: WATCH ME GROW CHILD DEV CENTER, INC.	Telephone #: (251) 344-9793
Ages: 6 Weeks to 12 Years	Director (if applicable): HAZEL GARDNER	Capacity: 91 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions; Inspection Form Comments: Broken sharp pieces of plastic from the sand and water tables covers.	4/22/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: wrong form	4/22/2026
Changing mat in Head Start Group A classroom has multiple holes in it. , Ad Hoc Comments: NA	4/22/2026

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 _____, 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

4/24/24

Date

LaDanika York

**Signature of DHR Licensing
Representative**

Date

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