

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: SEEDS OF JOY	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 4/21/2026
Facility Address: 515 HOLCOMBE AVENUE, MOBILE, AL 36606, Mobile	Licensee: SEEDS OF JOY	Telephone #: (251) 479-4540
Ages: 2 Months to 16 Years/2 Months to 16 Years	Director (if applicable): LATAISHA M COOK	Capacity: 47 / 15 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary Corrected all deficiencies through ARISE on 5/7/26 Failed - Most recent fire inspection report within 5 years, 5/7/2026 Inspection Form Comments: expired Failed - TB Test Date and Results, Staff Checklist 5/7/2026 Comments: Missing documentation Failed - Immunization Certificate, Child Checklist 5/7/2026 Comments: expired Failed - Hazardous substances locked, Classroom Checklist / 2 4/21/2026 1/2-4 Comments: Cabinet with cleaning supplies and first aid kit not under lock and key or combination lock. Failed - Hazardous substances locked, Classroom Checklist / 4/21/2026 Schoolers Comments: Cleaning supplies not under lock and key or combination lock. Staff purses not under lock and key or combination lock., Ad Hoc 4/21/2026 Comments: NA Changing mat in Toddler classroom has multiple holes in it. , Ad 4/21/2026 Hoc Comments: NA	

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

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____