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

**SECTION A- IDENTIFYING INFORMATION**

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|---|---|---|
| Facility Name:<br>NORTHWEST YMCA EARLY CHILDHOOD ED CENTER | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>4/22/2026 |
| Facility Address:<br>4600-A BLUESPRING ROAD, HUNTSVILLE, AL 35810, Madison | Licensee:<br>YMCA OF METROPOLITAN HUNTSVILLE INC | Telephone #:<br>(256) 852-6700 |
| Ages:<br>0 Weeks to 10 Years | Director (if applicable):<br>ADRIANNA NICHOLS | Capacity:<br>120 / NA<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| **Performance Standard Deficiency**<br>***HAZARDS MUST BE CORRECTED IMMEDIATELY**** | **Date Corrected by Licensee** |
|---|---|
| **Deficiency Summary** | |
| Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form<br>Comments: On 4/22/26, some staff were missing current ongoing and/or health and safety trainings uploaded into Alabama Pathways. | 5/18/2026 |
| Failed - Medical, Staff Checklist<br>Comments: On 4/22/26, the medical was expired. | 5/1/2026 |
| Failed - Hazardous substances locked, Classroom Checklist / Early Head Start A<br>Comments: On 4/22/26, sanitizing wipes were not under lock and key. | 4/22/2026 |
| Failed - Hazardous substances locked, Classroom Checklist / Early Head Start B<br>Comments: On 4/22/26, cleaning items were not under lock and key. | 4/22/2026 |
| Failed - Hazardous substances locked, Classroom Checklist / OSR Pre-K 1<br>Comments: On 4/22/26, a staff's personal bag with medication was on the floor in the classroom. | 4/22/2026 |

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|---|---|
| Failed - Hazardous substances locked, Classroom Checklist / OSR Pre-K 2<br>Comments: On 4/22/26, the cabinet with cleaning supplies was not locked. | 4/22/2026 |
| On 4/22/26, there was a pill/ medication on the table in the Preschool classroom. , Ad Hoc<br>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 _____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

*AJOIA MCGHEE* **5/18/26**

_____ _____

***Signature of DHR Licensing Representative*** Date

COPIES TO: _____Center_____