ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: YOUTH OF DESTINY HOLY CHURCH MINSTRIES	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 5/20/2026
Facility Address: 5109 Overlook Rd, Mobile, AL, USA, MOBILE, AL 36618, Mobile	Licensee: DARLENE WALKER	Telephone #: (251) 423-3958
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 74 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Written Verification of Standards Read, Staff Checklist Comments: 5/20/26 Wrong form	6/1/2026
Failed - Medical, Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026
Failed - Verification of Education, Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: 5/20/26 Missing documentation -wrong one	6/1/2026
Failed - Medical, Staff Checklist Comments: 5/20/26 Incomplete	6/1/2026
Failed - Photo ID Verification, Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: 5/20/26 Expired	6/1/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: 5/20/26 Missing documentation -Wrong form	6/1/2026
Failed - Medical, Staff Checklist Comments: 5/20/26 Expired	6/1/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026
Failed - Ongoing Training, Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026
Failed - Health and Safety Training, Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026

Failed - Ongoing Training, Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026
Failed - References, Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: 5/20/26 Missing documentation -wrong form	6/1/2026
Failed - Ongoing Training, Staff Checklist Comments: 5/20/26 Missing documentation	6/1/2026
Failed - Preadmission Form, Child Checklist Comments: 5/20/26 Incomplete...Missing parent signature	6/1/2026
5/20/26 Center director missing seven (7) ongoing training., Ad Hoc Comments: NA	6/1/2026
5/20/26 Center director missing 11 health and safety training., Ad Hoc Comments: NA	6/1/2026

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.

Darlene Walker — **05/20/2026**

Signature of Facility Representative — Date

LaDanika York — **05/20/2026**

Signature of DHR Licensing Representative — Date

COPIES TO: _____