ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
FIRST BAPTIST DAYCARE SITE II	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	5/19/2026
Facility Address: 1214 BALTIMORE STREET, MOBILE, AL 36605, Mobile	Licensee: FIRST BAPT. M.B. CH. OF BALTIMORE ST INC	Telephone #: (251) 438-9591
Ages: 6 Weeks to 12 Years	Director (if applicable): TAMMY MITCHELL	Capacity: 85 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
CORRECTED DEFICIENCIES VERIFIED THROUGH ARISE.	
Failed - Ongoing Training, Staff Checklist Comments: 5/19/26 Missing 12 hours	6/2/2026
Failed - Ongoing Training, Staff Checklist Comments: 5/19/26 Missing 12 hours	6/2/2026
Failed - Health and Safety Training, Staff Checklist Comments: 5/19/26 Missing 1-11	6/2/2026
Failed - Ongoing Training, Staff Checklist Comments: 5/19/26 Missing 12 hours	6/4/2026
Failed - Medical, Staff Checklist Comments: 5/19/26 Missing documentation	6/2/2026
Failed - TB Test Date and Results, Staff Checklist Comments: 5/19/26 Missing documentation	6/2/2026
Failed - Verification of Education, Staff Checklist Comments: 5/19/26 Missing documentation	6/2/2026
Failed - Ongoing Training, Staff Checklist Comments: 5/19/26 Missing documentation	6/3/2026
Failed - Health and Safety Training, Staff Checklist Comments: 5/19/26 Missing documentation	6/2/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	6/2/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	6/2/2026
Failed - Preadmission Form, Child Checklist	6/2/2026

Comments: Incomplete	
Failed - Immunization Certificate, Child Checklist	6/2/2026
Comments: Expired	
Failed - Immunization Certificate, Child Checklist	6/2/2026
Comments: Expired	
5/19/26 Bottles not labeled with each child's name on it. , Ad Hoc	6/2/2026
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

LaDanika York **06/04/26**

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____Facility_____