

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: DEARBORN YMCA TOULMINVILLE BRANCH	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 6/3/2026
Facility Address: 551 Summerville Street, Mobile, AL 36608, Mobile	Licensee: DEARBORN YMCA, INC.	Telephone #: (251) 432-4768
Ages: 6 Weeks to 14 Years	Director (if applicable):	Capacity: 52 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
6/3/26 In the Toddlers classroom, there were hazardous chemicals not under lock and key or combination lock., Ad Hoc Comments: NA	Pending Correction
6/3/26 The EHS 24-36 months classroom was missing a plug cover., Ad Hoc Comments: NA	Pending Correction
6/3/26 In the School-age classroom, there were hazardous chemicals not under lock and key or combination lock., Ad Hoc Comments: NA	Pending Correction
6/3/26 In the School-age classroom, staff purse was not under lock and key or combination lock. , Ad Hoc Comments: NA	Pending Correction
6/3/26 Two staff present without complete files. , Ad Hoc Comments: NA	Pending Correction

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

LaDanika York

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____