

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: SAFE HAVEN CHRISTIAN CHILDCARE CENTER	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 6/10/2026
Facility Address: 803 NORTH MLK JR DR, PRICHARD, AL 36610, Mobile	Licensee: SAFE HAVEN DEVELOPMENT OUTREACH, INC	Telephone #: (251) 457-6088
Ages: 6 Weeks to 18 Years	Director (if applicable):	Capacity: 75      /      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: A staff member has an expired Suitability Letter on file in the center.	6/16/2026
Failed - Medical, Staff Checklist Comments: A staff member has an expired medical on file in the center.	5/5/2026
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Failed - Preadmission Form, Child Checklist Comments: A child's preadmission is incomplete on file in the center.	5/5/2026
Failed - Preadmission Form, Child Checklist Comments: A child's preadmission form is incomplete on file in the center.	5/5/2026
Failed - Electrical outlets covered, Classroom Checklist / Classroom 1 Comments: In the infant room there are two exposed outlets without plug covers.	4/29/2026
Failed - Hazardous substances locked, Classroom Checklist /	4/29/2026

Classroom 2	
Comments: In the Toddler classroom there are hazardous substances not under lock and key or combination lock.	
Failed - Diapering area, Classroom Checklist / Classroom 1	5/21/2026
Comments: In the infant room the changing pad is ripped in several places.	
Failed - Waterproof mattress, sheets, Classroom Checklist / Classroom 1	5/21/2026
Comments: In the infant room there is a mattress that is torn down to the foam.	
In the hallway of the center there are two cabinets with hazardous substances not under lock and key or combination lock., Ad Hoc	4/29/2026
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 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**

LESLIE WILLIAMS

\_\_\_\_\_  
Date

06/16/2026

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: Venice James