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:
MT. ARARAT LEARNING AND DEVELOPMENT CTR.	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	7/9/2026
Facility Address:	Licensee:	Telephone #:
7172 OLD MILITARY ROAD, THEODORE, AL 36582, Mobile	MT. ARARAT MISSIONARY BAPTIST CHURCH	(251) 653-6201
Ages:	Director (if applicable):	Capacity:
6 Weeks to 12 Years	SHYTIRIA PARKER	90 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
NO DEFICIENCIES OBSERVED AT THE TIME OF VISIT.	
6/3/26 Hazardous chemicals not under lock and key or combination lock in the Three's, EHS Toddler C, and private side Toddlers classrooms, Ad Hoc Comments: NA	6/3/2026
6/3/26 Staff purse not under lock and key or combination lock. , Ad Hoc Comments: NA	6/3/2026
6/3/26 There are plug covers missing in the Three's, EHS Toddler C, and Private Side Toddlers classrooms., Ad Hoc Comments: NA	6/3/2026
6/3/26 The infant classroom has dangling cords, causing a tripping hazard. , Ad Hoc Comments: NA	7/1/2026
6/3/26 Infant/Toddler class out of ratio on the playground. , Ad Hoc Comments: NA	7/1/2026
6/3/26 There is visible fabric coming from under the mulch on the playground, causing a tripping hazard.., Ad Hoc Comments: NA	7/9/2026
6/3/26 There is wrapped up fencing and a metal pole on the playground that is accessible to the children, causing safety risk., Ad Hoc Comments: NA	7/9/2026

6/3/26 Infant/Toddler classes were not being supervised at all times on the playground. , Ad Hoc Comments: NA	7/1/2026
6/3/26 There were not second portions available for children asking for additional servings at lunch. , Ad Hoc Comments: NA	7/1/2026
6/3/26 The hallway door leading to the playground was propped open. , Ad Hoc Comments: NA	7/1/2026

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.

_____ 7/9/26

Signature of Facility Representative Date

LaDanika York

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____