Signature of DHR Representative *Date*

COPIES TO: _____

ALABAMA DEPARTMENT OF HUMAN RESOURCES

CHILD CARE HEALTH & SAFETY GUIDELINES DEFICIENCY REPORT

Facility Name: BOYS AND GIRLS CLUB- JAMES A LANE **Date of Visit:** 7/27/2026

SECTION B - DEFICIENCY INFORMATION (Continued)

Health & Safety Guidelines Deficiency	Date Corrected
Deficiency Summary	
The children are not being signed in and out at faciltiy., Ad Hoc Comments: NA	Pending Correction
The children are not being signed in and out with time and date., Ad Hoc Comments: NA	Pending Correction

INSTRUCTIONS TO FACILITY: Column 2, Date Corrected **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 Health & Safety Guidelines. A facility approved by the Department must meet Health & Safety Guidelines applicable to that facility at all times. It is the responsibility of the facility to operate in compliance with the Health & Safety Guidelines

Signature of Facility Representative 7/28/26 *Date*

TAVIA WOODS 7/27/2026

Signature of DHR Representative *Date*

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