ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LEGACY CHILD LIFE LEARNING & DEV. CTR.	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 8/5/2026
Facility Address: 1060 GOVERNMENT STREET, MOBILE, AL 36604, Mobile	Licensee: LEVETTA HARRIS	Telephone #: (251) 441-1901
Ages: 6 Weeks to 13 Years	Director (if applicable): LEVETTA HARRIS	Capacity: 47 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - 0 up to 18 months 1 to 5, Inspection Form Comments: In the 6 weeks to 18 months classroom there were six children to one teacher.	8/5/2026
Failed - Medical, Staff Checklist Comments: A staff member has an expired medical on file in the center.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: A child's preadmission is incomplete on file in the center.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: A child's preadmission form is incomplete on file in the center.	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 ___08/19/2026___, 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 <u>Performance Standards</u>.

Levetta Harris	8/5/26
Signature of Facility Representative	Date
LESLIE WILLIAMS	**08/05/2026**
Signature of DHR Licensing Representative	Date

COPIES TO: **__Levetta Harris___**