

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

SECTION A- IDENTIFYING INFORMATION

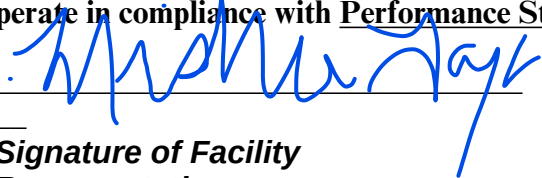
Facility Name: RAINBOW OUTREACH MINISTRIES	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/12/2026
Facility Address: 421 HOLCOMBE AVE, MOBILE, AL 36606, Mobile	Licensee: RAINBOW OUTREACH MINISTRIES	Telephone #: (251) 471-3110
Ages: 6 Weeks to 12 Years	Director (if applicable): NIKKIA RUGGS	Capacity: 156 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
All documents were submitted to the Department on 8.18.26	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: A staff member has an expired Suitability Determination on file in the center.	8/18/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: A staff member has an expired Suitability Determination on file in the center.	8/18/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: A staff member has an expired Suitability Determination on file in the center.	7/27/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: A staff member has an expired Suitability Determination on file in the center.	8/18/2026
Failed - Hazardous substances locked, Classroom Checklist / Preschool 1 Comments: There are hazardous substances not under lock and key or combination lock. (Germ-X)	7/21/2026
Failed - Electrical outlets covered, Classroom Checklist / Toddler 1 & 2 Comments: There is an exposed outlet in the classroom with no protective cover.	7/21/2026
Failed - Electrical outlets covered, Classroom Checklist / Infant 1 Comments: There is an exposed outlet in the classroom with no protective cover.	7/21/2026

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 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

Date

LESLIE WILLIAMS

08/18/2026

Signature of DHR Licensing Representative

Date

COPIES TO: Misha Taylor