

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: MITCHELL'S PLACE	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 8/20/2026
Facility Address: 4778 OVERTON ROAD, BIRMINGHAM, AL 35210, Jefferson	Licensee: MITCHELL'S PLACE, INC.	Telephone #: (205) 957-0294
Ages: 2 Years to 11 Years	Director (if applicable):	Capacity: 106 / NA Day Night

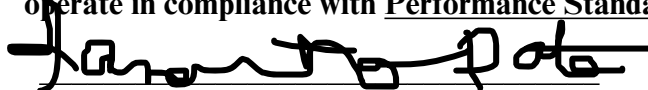
SECTION B - DEFICIENCY INFORMATION

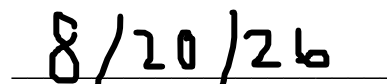
<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Ongoing Training, Staff Checklist Comments: Missing 6 hrs	8/20/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Not present in the file	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 6hrs	8/20/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 6 hrs	8/20/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 6 hrs	8/20/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 6 hrs	8/20/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 6 hrs	8/20/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Not present in the file	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Not present in file	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 6 hrs	8/20/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 6 hrs	8/20/2026
Failed - Medical, Staff Checklist Comments: Missing from the file	Pending Correction

Failed - TB Test Date and Results, Staff Checklist Comments: Missing from the file	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Missing from the file	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Missing from the file	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Medical, Staff Checklist Comments: Not signed	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Ladybug	8/20/2026
Comments: Cabinet door is not locked and missing the key.	
Failed - Indoor thermometer (child safe), Classroom Checklist / Flamingos	8/20/2026
Comments: Not working/displaying the temperature of the room	

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.


Signature of Facility Representative


Date

SHUNDR NEVELS

Signature of DHR Licensing Representative

Date

COPIES TO: _____