

**ALABAMA DEPARTMENT OF HUMAN RESOURCES**  
**CHILD CARE HEALTH & SAFETY GUIDELINES DEFICIENCY REPORT**

**SECTION A- IDENTIFYING INFORMATION**

|                                                                          |                                                                                                                                         |                                          |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>Facility Name:</b><br>JUST 4 DEVELOPMENTAL<br>LABORATORY              | <b>Type of Facility :</b><br>Day <input checked="" type="checkbox"/><br>Night <input type="checkbox"/><br>Both <input type="checkbox"/> | <b>Date of Visit:</b><br>8/25/2026       |
| <b>Facility Address:</b><br>2161 BUTLER STREET, MOBILE, AL 36617, Mobile |                                                                                                                                         | <b>Telephone #:</b><br>(251) 421-5978    |
| <b>Ages:</b><br>4 Years to 5 Years                                       | <b>Staff in Charge (if applicable):</b><br>Savannah Ruggs                                                                               | <b>Capacity:</b><br>54 / NA<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| <b><u>Health &amp; Safety Guidelines</u><br/>Deficiency</b>                                                                                                                          | <b>Date Corrected</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Deficiency Summary</b>                                                                                                                                                            |                       |
| Failed - Outdoor area, Inspection Form<br>Comments: The outdoor area has several construction materials hazards on the playground. The playground is not accessible.                 | Pending Correction    |
| Failed - Most recent Health department inspection report and food permit or written permission for catering food, Inspection Form<br>Comments: The health inspection is not current. | Pending Correction    |
| Failed - Infant -Child CPR Certification, Staff Checklist<br>Comments: The infant CPR certificate is expired,                                                                        | Pending Correction    |
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Comments: The infant child first aid certificate is expired.                                                        | Pending Correction    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: The health and safety training are expired.                                                                        | Pending Correction    |
| Failed - Infant -Child CPR Certification, Staff Checklist<br>Comments: The infant CPR card is expired                                                                                | Pending Correction    |

|                                                                                                                        |                    |
|------------------------------------------------------------------------------------------------------------------------|--------------------|
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Comments: The infant child first aid card is expired. | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: The health and safety training are expired.          | Pending Correction |
| Failed - Infant -Child CPR Certification, Staff Checklist<br>Comments: The infant child CRP card is expired.           | Pending Correction |
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Comments: The infant child first aid card is expired. | Pending Correction |
| Failed - Infant -Child CPR Certification, Staff Checklist<br>Comments: The infant Child CRP card is expired.           | Pending Correction |
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Comments: The infant child first aid card is expired. | Pending Correction |
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| Failed - Infant -Child CPR Certification, Staff Checklist<br>Comments: The infant child CPR card is expired.           | Pending Correction |
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| Failed - Health and Safety Training, Staff Checklist<br>Comments: The health and safety training are expired.          | Pending Correction |
| Failed - Infant -Child CPR Certification, Staff Checklist<br>Comments: The infant child CPR card is expired.           | Pending Correction |
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Comments: The infant child first aid is expired.      | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: The health and safety training are expired.          | Pending Correction |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist                                                       | Pending Correction |

|                                                                                                                                         |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Comments: Staff ca/n clearance form is missing.                                                                                         |                    |
| Failed - Preadmission Form, Child Checklist<br>Comments: The preadmission form is not complete.                                         | Pending Correction |
| Failed - Immunization Certificate, Child Checklist<br>Comments: The immunization certification is missing.                              | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>Comments: The preadmission form is not complete.                                         | Pending Correction |
| Failed - Immunization Certificate, Child Checklist<br>Comments: The immunization card is missing.                                       | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>Comments: The preadmission form is not complete.                                         | Pending Correction |
| Failed - Indoor thermometer (child safe), Classroom Checklist /<br>Moving room<br>Comments: There is no thermometer in the moving room. | Pending Correction |
| Two staff do not have all required documentations., Ad Hoc<br>Comments: NA                                                              | Pending Correction |

**INSTRUCTIONS TO PERSON IN CHARGE:** 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 9/8/2026 , 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 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 Health & Safety Guidelines.

\_\_\_\_\_  
*Signature of Facility Representative*

TAVIA WOODS

\_\_\_\_\_  
*Date*

8/25/2026

\_\_\_\_\_  
*Signature of DHR Representative*

\_\_\_\_\_  
*Date*

COPIES TO: \_\_\_\_\_

**ALABAMA DEPARTMENT OF HUMAN RESOURCES**  
**CHILD CARE HEALTH & SAFETY GUIDELINES DEFICIENCY REPORT**

**Facility Name:** JUST 4 DEVELOPMENTAL LABORATORY

**Date of Visit:** 8/25/2026

**SECTION B - DEFICIENCY INFORMATION (Continued)**

| <u>Health &amp; Safety Guidelines</u><br>Deficiency                                                                                                                                  | Date Corrected     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>Deficiency Summary</b>                                                                                                                                                            |                    |
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| Failed - Infant -Child CPR Certification, Staff Checklist                                                                                                                            | Pending Correction |

Comments: The infant child CRP card is expired.

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Comments: The infant child first aid card is expired.

Pending Correction

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Comments: The infant Child CRP card is expired.

Pending Correction

Failed - Infant -Child First Aid Certificate, Staff Checklist  
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Pending Correction

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Comments: The health and safety training are expired.

Pending Correction

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Pending Correction

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Pending Correction

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Pending Correction

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Comments: The infant child CPR card is expired.

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Comments: The infant child first aid is expired.

Pending Correction

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Comments: The health and safety training are expired.

Pending Correction

Failed - CA/N Clearance Form (Every Five Years), Staff Checklist  
Comments: Staff ca/n clearance form is missing.

Pending Correction

Failed - Preadmission Form, Child Checklist  
Comments: The preadmission form is not complete.

Pending Correction

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Comments: The immunization certification is missing.

Pending Correction

|                                                                                                                                         |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Failed - Preadmission Form, Child Checklist<br>Comments: The preadmission form is not complete.                                         | Pending Correction |
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\_\_\_\_\_  
*Signature of Facility Representative*

TAVIA WOODS

\_\_\_\_\_  
*Date*

8/25/2026

\_\_\_\_\_  
*Signature of DHR Representative*

\_\_\_\_\_  
*Date*

COPIES TO:

## **PROCEDURES-DEFICIENCY REPORT**

*This form is to be used to record deficiencies observed by DHR Representative or admitted to by the facility's staff, during visits to facilities. The form may be used in conjunction with an evaluation form or at any time a deficiency is noted. The form should be completed and reviewed with the facility representative at the end of the visit. A copy of the form should be left at the facility or mailed to the facility after the visit. The original must be placed in the Department's file. The form is to be handwritten or printed so that it is readable. All sections are to be completed by the DHR representative unless otherwise noted. Additional pages may be used if needed. Note number of pages, such as page 1 of 3.*

### **SECTION A-IDENTIFYING INFORMATION**

FACILITY NAME-Record name of the facility.

TYPE OF FACILITY-Check all that apply.

DATE OF VISIT-Date of completion of deficiency report.

FACILITY ADDRESS-Street address of the facility, not P. O. Box or mailing address.

TELEPHONE #-Telephone number of the facility, including area code.

STAFF IN CHARGE-Name of person in charge during visit.

AGES-Age range of children.

CAPACITY-Number of children according to capacity requirements.

### **SECTION B-DEFICIENCY INFORMATION**

Column 1-HEALTH & SAFETY GUIDELINES DEFICIENCY-Describe the deficiency observed; for example: child-staff ratio in the three-year-old group, children's records incomplete.

Column 2-DATE CORRECTED BY FACILITY REPRESENTATIVE should record the date each deficiency is corrected and his/her initials in Column 2. A copy of the deficiency report with corrections noted must be sent to DHR on or before the date indicated. If a follow-up visit is conducted by the DHR representative and deficiencies have not been corrected, or if additional deficiencies are observed during the follow-up visit, a new deficiency report must be completed, listing any deficiencies listed on the previous report which has not been corrected and any new deficiencies observed. If no copy is received from the facility, the DHR representative may make a copy of the original form in the file for use during a follow-up visit. If the facility fails to submit the deficiency report by the date indicated, the DHR representative may contact the facility by telephone as a reminder. Such contact should be noted in the Department's file.

SIGNATURE OF FACILITY REPRESENTATIVE- Staff member in charge may sign. If the facility representative refuses to sign the Deficiency Report, the DHR representative should indicate this on the signature line, "Facility representative refused to sign" or "No staff member in charge with authority to sign" and note the date.

COPIES TO – Indicates distribution. A copy should be sent to the facility. A record of distribution of copies, including interdepartmental copies must be maintained. The original must be maintained in the Department's file.