

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: DEARBORN YMCA CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 7/21/2026
Facility Address: 321 N. WARREN STREET, MOBILE, AL 36603, Mobile	Licensee: DEARBORN YMCA, INC.	Telephone #: (251) 432-4768
Ages: 6 Weeks to 14 Years/6 Weeks to 14 Years	Director (if applicable): GEORGIA BAKER	Capacity: 180 / 12 Day Night

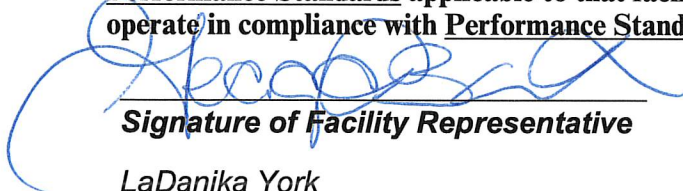
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Not all staff are enrolled.	8/12/2026
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Broken equipment with standing water on the playground.	7/21/2026
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Broken down vehicle parked on playground.	7/21/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Expired	8/10/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hours	7/28/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Expired	8/10/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 8 hours	7/28/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 6.5 hours	7/28/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Expired	8/31/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist	8/20/2026

Comments: Expired	
Failed - Medical, Staff Checklist	7/30/2026
Comments: Incomplete	
Failed - Ongoing Training, Staff Checklist	7/27/2026
Comments: Missing 7 hours	
Failed - Medical, Staff Checklist	8/3/2026
Comments: Expired	
Failed - Medical, Staff Checklist	7/27/2026
Comments: Incomplete	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist	8/10/2026
Comments: Missing documentation	
Failed - Preadmission Form, Child Checklist	7/30/2026
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	7/30/2026
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	7/30/2026
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	7/30/2026
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	7/30/2026
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	7/30/2026
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	7/30/2026
Comments: Incomplete	

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 8/31/2026, 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 Performance Standards.


Signature of Facility Representative

LaDanika York

8/31/2026
Date

08/31/2026

Signature of DHR Licensing Representative

Date

COPIES TO: _____ Facility _____