

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

SECTION A- IDENTIFYING INFORMATION

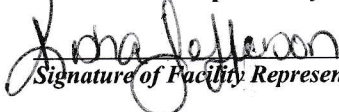
Facility Name: BOYS AND GIRLS CLUB- JAMES A LANE	Type of Facility : Day ☒ [X] Night ☐ [] Both ☐ []	Date of Visit: 7/27/2026
Facility Address: 103 ABINGDON AVENUE, HUNTSVILLE, AL 35801, Madison		Telephone #: (256) 536-1596
Ages: 5 Years to 18 Years	Staff in Charge (if applicable) Kisha Jefferson	Capacity: 277 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Health & Safety Guidelines</u> Deficiency	Date Corrected
Deficiency Summary	
The children are not being signed in and out at faciltiy., Ad Hoc Comments: NA	8/7/2026
The children are not being signed in and out with time and date., Ad Hoc Comments: NA	8/24/2026

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 N/A, as verification that deficiencies have been corrected.

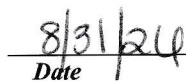
NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Health & Safety Guidelines. A facility approved 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

Signature of DHR Representative



Date

7/27/2026

Date

COPIES TO: _____

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CHILD CARE HEALTH & SAFETY GUIDELINES DEFICIENCY REPORT

Facility Name: BOYS AND GIRLS CLUB- JAMES A LANE

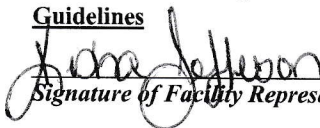
Date of Visit: 7/27/2026

SECTION B - DEFICIENCY INFORMATION (Continued)

<u>Health & Safety Guidelines</u> Deficiency	Date Corrected
Deficiency Summary	
The children are not being signed in and out at facility., Ad Hoc Comments: NA	8/7/2026
The children are not being signed in and out with time and date., Ad Hoc Comments: NA	8/24/2026

INSTRUCTIONS TO FACILITY: 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 N/A , as verification that deficiencies have been corrected.

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Signature of Facility Representative

TAVIA WOODS

8/31/26
Date

7/27/2026

Signature of DHR Representative

Date

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