

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: WATCH ME GROW CHILD DEV CENTER, INC.	Type of Facility: Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 04/10/2025
Facility Address: 1809 WOLF RIDGE ROAD, MOBILE, AL 36618, Mobile	Licensee: WATCH ME GROW CHILD DEV CENTER, INC.	Telephone #: (251) 344-9793
Ages: 6 Weeks to 12 Years	Director (if applicable): HAZEL GARDNER	Capacity: 0 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<p>Deficiency Summary</p> <p>Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: There are several hazardous conditions on the playground, ie. exposed roots, concrete, standing water</p> <p>Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There are several large exposed tree roots on the playground creating a tripping hazard</p> <p>Failed - Concrete/asphalt not used under equipment, Inspection Form Comments: The hill where the climbing/playstructure is located has an exposed concrete barrier around it</p> <p>Failed - Area well-drained, Inspection Form Comments: There is standing water on the middle playground</p> <p>Failed - Required ratios maintained at all times, Inspection Form Comments: Upon arrival in the infant room there were 7 infants and 1 teacher</p> <p>Failed - 0 up to 18 months 1 to 5, Inspection Form Comments: Upon arrival in the infant room there were 7 infants and 1 teacher</p>	

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

Mary Chambers

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____