

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: DEARBORN YMCA TOULMINVILLE BRANCH	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/9/2026
Facility Address: 551 Summerville Street, Mobile, AL 36608, Mobile	Licensee: DEARBORN YMCA, INC.	Telephone #: (251) 432-4768
Ages: 6 Weeks to 14 Years	Director (if applicable):	Capacity: 52 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

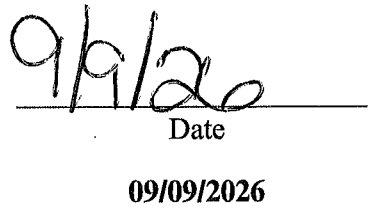
<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
RECORDS ON STAFF, Allegation	Pending Correction
Comments: On 09/01/26, there was a staff member in the afterschool classroom without a complete file. , Ad Hoc	Pending Correction
Comments: NA In the Toddler classroom, the staff purse was not under lock and key or combination lock. , Ad Hoc	Pending Correction
Comments: NA Hazardous chemicals not under lock and key or combination lock in the afterschool classroom., Ad Hoc	Pending Correction
Comments: NA	

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 09/25/26, 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



Date
09/09/2026

Signature of DHR Licensing Representative

Date

COPIES TO: ____ Facility _____