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

SECTION A- IDENTIFYING INFORMATION

Facility Name: MS. D AFTERSCHOOL PROGRAM	**Type of Facility :** Day [X] Night [ ] Both [ ]	**Date of Visit:** 9/17/2026
Facility Address: 2800 BERKLEY AVE, MOBILE, AL, 36617, Mobile		**Telephone #:** (251) 423-3958
Ages: 5 Years to 12 Years	**Staff in Charge** *(if applicable)*: Mechell Tutt	**Capacity:** 63 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Health & Safety Guidelines Deficiency	**Date Corrected**
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: The front gate latch is bent.	Pending Correction
Failed - Posted in a conspicuous place, Inspection Form Comments: The emergency plan id not posted.	Pending Correction
Failed - Most recent evaluation, Inspection Form Comments: The evaluation is not posted.	Pending Correction
Failed - Most recent subsidy report, Inspection Form Comments: The deficiency report is not posted.	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: The infant and child CRP certification is expired.	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: The infant and child first aid certificate is expired.	Pending Correction

Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: The suitability letter is expired.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: The ongoing training is expired.	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: The is no photo ID on file.	Pending Correction
Failed - Medical, Staff Checklist Comments: There is no medical report on file.	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: There is no tb test result on file.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: There is no ongoing training on file.	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 10/1/2026 **, 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.

Mechell L. Sutt — 9/17/2024

Signature of Facility Representative — ***Date***

TAVIA WOODS — *9/17/2026*

Signature of DHR Representative — ***Date***

COPIES TO: _____

ALABAMA DEPARTMENT OF HUMAN RESOURCES

CHILD CARE HEALTH & SAFETY GUIDELINES DEFICIENCY REPORT

Facility Name: MS. D AFTERSCHOOL PROGRAM **Date of Visit:** 9/17/2026

SECTION B - DEFICIENCY INFORMATION (Continued)

Health & Safety Guidelines **Deficiency**	**Date Corrected**
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Failed - Ongoing Training, Staff Checklist Comments: There is no ongoing training on file.	Pending Correction

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 10/1/2026, as verification that deficiencies have been corrected.

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Mechell F. Datt — 09/17/2026

Signature of Facility Representative — ***Date***

TAVIA WOODS — *9/17/2026*

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.