ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
DEARBORN YMCA TOULMINVILLE BRANCH	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	7/22/2026
Facility Address:	Licensee:	Telephone #:
551 Summerville Street, Mobile, AL 36608, Mobile	DEARBORN YMCA, INC.	(251) 432-4768
Ages:	Director (if applicable):	Capacity:
6 Weeks to 14 Years		52 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
CORRECTED DEFICIENCIES VERIFIED THROUGH ARISE.	
Failed - Public notice form, Inspection Form Comments: Missing documentation	7/22/2026
Failed - Most recent licensing evaluation, Inspection Form Comments: Missing documentation	7/22/2026
Failed - Most recent fire inspection report within 5 years, Inspection Form Comments: Expired	8/14/2026
Failed - Name of director/staff in charge, Inspection Form Comments: Missing documentation	7/22/2026
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: No staff are enrolled in pathways	8/12/2026
Failed - Health and Safety Training, Staff Checklist Comments: Missing 1-11	8/20/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	8/3/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	7/30/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	7/30/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	7/22/2026

Failed - Preadmission Form, Child Checklist Comments: Incomplete	7/30/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	8/3/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	8/3/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	8/3/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	8/3/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	7/30/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / EHS Infants Comments: Missing	7/22/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / EHS Toddler Comments: Missing	7/22/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / Preschool Comments: Missing	7/22/2026

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.



_____ 10/14/26

Signature of Facility Representative Date

LaDanika York

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____