

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: <span style="font-size: 1.2em; font-family: cursive;">Legacy Ymca</span>	Type of Facility: Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Both <input type="checkbox"/>	Date of Visit: <span style="font-size: 1.2em; font-family: cursive;">10 / 18 / 24</span> <small>month / day / year</small>
Facility Address: <span style="font-size: 1.2em; font-family: cursive;">1501 - 4th Avenue SW Bessemer AL, 35022</span>		Telephone #: <span style="font-size: 1.2em; font-family: cursive;">205 426-1211</span>
Ages: <span style="font-size: 1.2em; font-family: cursive;">5yrs</span> / <span style="font-size: 1.2em; font-family: cursive;">14yrs</span> <small>day / night</small>	Staff in Charge (if applicable): <span style="font-size: 1.2em; font-family: cursive;">Melenna Erwin</span>	Capacity: <span style="font-size: 1.2em; font-family: cursive;">84</span> / <span style="font-size: 1.2em; font-family: cursive;">X</span> <small>day / night</small>

SECTION B - DEFICIENCY INFORMATION

Column 1 <u>Health &amp; Safety Guidelines</u> Deficiency	Column 2 Date Corrected
Health and safety has been met as of 10-18-24.	1

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 X, 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 Melenna and Date 10-18-24

Signature of DHR Representative Charlie Woods Date 10-18-24

COPIES TO: