

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: ALBERTA HEAD START/EARLY HEAD START	Type of Facility: Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 05/30/2025
Facility Address: 2200 2ND STREET E, TUSCALOOSA, AL, 35404, Tuscaloosa	Licensee: COMMUNITY SERVICE PROGRAMS OF W. AL	Telephone #: (205) 556-2613
Ages: 6 Weeks to 5 Years	Director (if applicable):	Capacity: 120 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
<p>Deficiency Summary</p> <p>Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There is a part missing from the climbing apparatus that will allow a child to fall (from a distance) at the top.</p> <p>Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: There are anchors coming out of the border around the playground equipment.</p> <p>Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / Classroom 2 Comments: All shelves throughout the center.</p>	05/30/2025

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.

Helen C. Shackelford

Signature of Facility Representative

Brandul Perine

Signature of DHR Licensing Representative

6-3-2025

Date

Date

COPIES TO: _____