

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                             |                                                                                                                                                                                                                                                                                  |                                    |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| Facility Name:<br>DR. CRAIG POUNCEY HS/ EARLY<br>HS CENTER                  | Type of Facility : Center <input checked="" type="checkbox"/><br>Day <input checked="" type="checkbox"/> OST <input type="checkbox"/><br>Night <input type="checkbox"/> Family <input type="checkbox"/><br>University <input type="checkbox"/><br>Group <input type="checkbox"/> | Date of Visit:<br>06/27/2025       |
| Facility Address:<br>520 23RD AVENUE NW,<br>BIRMINGHAM, AL 35215, Jefferson | Licensee:<br>MISSISSIPPI ACTION FOR<br>PROGRESS, INC                                                                                                                                                                                                                             | Telephone #:<br>(659) 240-8988     |
| Ages:<br>0 Weeks to 5 Years                                                 | Director (if applicable):                                                                                                                                                                                                                                                        | Capacity:<br>132 / NA<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date Corrected by<br>Licensee |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>Deficiency Summary</b><br><br>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<br>Comments: Some of the facility staff are not enrolled in the Alabama Pathway's Registry.<br>Failed - Ongoing Training, Staff Checklist<br>Comments: Missing 12 hrs<br>Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing areas 1-10<br>Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing areas 1, 3, 4, 5, 7, 8, and 10<br>Failed - Ongoing Training, Staff Checklist<br>Comments: Missing 12hrs<br>Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing 11 areas<br>Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing 11 areas<br>Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing areas 1-10<br>Failed - Immunization Certificate, Child Checklist<br>Comments: Missing immunization certificate |                               |

**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 July 11, 2025, 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.

Sarah May  
Signature of Facility Representative

06/27/2025  
Date

Shundr Nevels  
Shundr Nevels  
Signature of DHR Licensing Representative

6/27/25  
Date

COPIES TO: Director