ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: CCR ST. VINCENT HEAD START PROGRAM	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 6/4/2025
Facility Address: 1033 22ND STREET SOUTH, BIRMINGHAM, AL 35205, Jefferson	Licensee: CHILD CARE RESOURCES HEAD START PROGRAM	Telephone #: (205) 945-0018
Ages: 0 Weeks to 5 Years	Director (if applicable): JOAN WRIGHT	Capacity: 47 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
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: Incomplete	7/7/2025
Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: Incomplete	7/7/2025
Failed - Soft material prohibited in infant's sleeping environment, no pillows, quilts, comforters, etc., Inspection Form Comments: One infant asleep in a bouncer sit with a blanket	6/4/2025
Failed - Exclusive use of activity areas, Inspection Form Comments: Center is being used by a college during operation hours	7/7/2025
Failed - Ongoing Training, Staff Checklist Comments: incomplete	7/7/2025
Failed - Medical, Staff Checklist Comments: incomplete	7/1/2025
Failed - TB Test Date and Results, Staff Checklist Comments: incomplete	7/1/2025
Failed - Medical, Staff Checklist Comments: incomplete	7/7/2025
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	7/7/2025
Failed - Barriers around heaters, fans, Classroom Checklist / Early	6/4/2025

Head Start
Comments: Incomplete

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.

_____ _____

Signature of Facility Representative Date

Brandul Perine

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____