ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

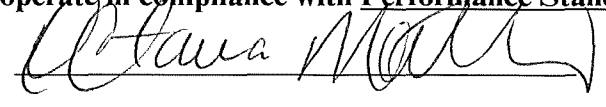
Facility Name: THOMAS HEAD START CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 8/6/2025
Facility Address: 521 WEST CLARK AVE, PRICHARD, AL 36610, Mobile	Licensee: MOBILE COMM. ACTION, INC.	Telephone #: (251) 281-1824
Ages: 6 Weeks to 5 Years	Director (if applicable): Elige JONES	Capacity: 64 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Written Verification of Standards Read, Staff Checklist Comments: Needs updated form	9/4/2025
Failed - Ongoing Training, Staff Checklist Comments: Expired	9/8/2025
Failed - Health and Safety Training, Staff Checklist Comments: Expired	9/4/2025
Failed - Immunization Certificate, Child Checklist Comments: Expired	9/4/2025
Failed - Preadmission Form, Child Checklist Comments: Missing signature and date	9/4/2025

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.



9/8/25

Signature of Facility Representative Date

Shundr Nevels

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____