

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

**SECTION A - IDENTIFYING INFORMATION**

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| Facility Name:<br>ALBERTVILLE HEAD START EARLY<br>LRN CTR              | 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>9/10/2025                                      |
| Facility Address:<br>908 COOLEY ST, ALBERTVILLE, AL<br>35950, Marshall | Licensee:<br>COMMUNITY ACTION<br>PARTNERSHIP OF N. A. IN   | Telephone #:<br>(256) 621-7359                                   |
| Ages:<br>3 Weeks to 6 Years  | Director (if applicable):<br>Monica Bates  | Capacity:     /     NA<br>54                    Day        Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>  | Date Corrected by Licensee  |
|--|---|
| <p><b>Deficiency Summary</b></p> <p><b>REPORTS TO THE DEPARTMENT, Allegation</b></p> <p>Comments: Per staff statements the Center failed to report the incident from 8-22-25 when two preschool age children were left unsupervised on the porch area. The health, safety and welfare of the children were at risk</p> <p><b>SUPERVISION, Allegation</b></p> <p>Comments: Per staff written statements and video reviewed by Department representative. On 8-22-25 two preschool age children were left unsupervised on the porch area. The health, safety, and welfare of the children were at risk</p> | <p style="text-align: center;">Pending Correction</p> <p style="text-align: center;">Pending Correction</p> |

**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 9-25-25, 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 9-11-25

Catherine Paulk  
 Signature of DHR Licensing Representative \_\_\_\_\_ Date 9/10/25

COPIES TO: \_\_\_\_\_ center \_\_\_\_\_