ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LEONA B. WARREN HEAD START	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/24/2025
Facility Address: 310 MOBILE STREET, MOBILE, AL, 36607, Mobile	Licensee: MOBILE COMMUNITY ACTION, INC.	Telephone #: (251) 471-6504
Ages: 6 Weeks to 5 Years	Director (if applicable): VELMA CRANDLE	Capacity: 233 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Overgrowth of vines and limbs along the fence line and tall grass inside the riding tracks.	Pending Correction
Failed - Medications and drugs kept under lock and key or combination lock, separate from harmful items, Inspection Form Comments: Toothpaste not under lock and key/ combination lock in the Classroom B and Classroom I	Pending Correction
Failed - Barriers around heaters, radiators, fans, Inspection Form Comments: Air purifiers without barriers throughout the center	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing updated H&S trainings	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing updated H&S trainings	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing date	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing date and signatures	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing dates	Pending Correction

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.

Velma Crandle

_____ _____

Signature of Facility Representative Date

Shundr Nevels

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____