

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: DR. CRAIG POUNCEY HS/ EARLY HS CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 6/27/2025
Facility Address: 520 23RD AVENUE NW, BIRMINGHAM, AL 35215, Jefferson	Licensee: MISSISSIPPI ACTION FOR PROGRESS, INC	Telephone #: (659) 240-8988
Ages: 0 Weeks to 5 Years	Director (if applicable):	Capacity: 132 / NA Day Night

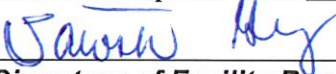
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by</u> 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: Some of the facility staff are not enrolled in the Alabama Pathway's Registry.	8/5/2025
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hrs	8/5/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing areas 1-10	8/5/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing areas 1, 3, 4, 5, 7, 8, and 10	8/5/2025
Failed - Ongoing Training, Staff Checklist Comments: Missing 12hrs	6/27/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing 11 areas	6/27/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing 11 areas	8/5/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing areas 1-10	8/5/2025
Failed - Immunization Certificate, Child Checklist Comments: Missing immunization certificate	6/27/2025

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.



Signature of Facility Representative

Date

SHUNDR NEVELS

Signature of DHR Licensing Representative

Date

COPIES TO: _____