

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

SECTION A- IDENTIFYING INFORMATION

| | | |
|--|---|--|
| Facility Name: ELLA GRANT HEAD START | Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group [] | Date of Visit: 10/30/2025 |
| Facility Address: 535 EASTERLING ST, PRICHARD, AL, 36610, Mobile | Licensee: MOBILE COMMUNITY ACTION, INC. | Telephone #: (251) 222-3221 |
| Ages: 3 Years to 5 Years | Director (if applicable): FREDA HENDERSON | Capacity: 39 , NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY* | <u>Date Corrected by Licensee</u> |
|--|-----------------------------------|
| <p>Deficiency Summary One current staff file is not listed under the staff checklist. The file was checked during this visit. Failed - Medical, Staff Checklist Comments: Expired Failed - Written Verification of Standards Read, Staff Checklist Comments: No updated Standards form Failed - Immunization Certificate, Child Checklist Comments: Missing Failed - Preadmission Form, Child Checklist Comments: Missing</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 _____, 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.

Charlitta Davis

11/17/25

Signature of Facility Representative

Date

SHUNDR NEVELS

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____