

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: PRATTVILLE HEAD START/EARLY HS CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 11/2/2025
Facility Address: 869 JENSEN ROAD, PRATTVILLE, AL 36067, Autauga	Licensee: FAMILY GUIDANCE CENTER OF ALABAMA, INC.	Telephone #: (334) 310-1700
Ages: 6 Weeks to 5 Years	Director (if applicable): KEMBERLYN BAILEY	Capacity: 84 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by Licensee</u>
Deficiency Summary Per video footage and staff statements, on 10/30/25 at 8:20am, a 2-year-old child was left un-supervised in the restroom for approximately two minutes. The health, welfare and safety of the child was at risk., Ad Hoc Comments: NA	12/16/2025
Plugs are missing protective covers in the 2 1/2 and up classroom., Ad Hoc Comments: NA	11/3/2025

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

12-16-25
Date

JESSICA VICE

_____ 12/16/25 _____

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____ Center _____