

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: LIVINGSTON HEAD START	Type of Facility : Center [X] Day [X]      OST [ ] Night [ ]    Family [ ] University [ ] Group [ ]	Date of Visit: 12/17/2025
Facility Address: 1351 NORTH WASHINGTON ST., LIVINGSTON, AL 36925, Sumter	Licensee: FAMILY GUIDANCE CENTER OF ALABAMA	Telephone #: (205) 652-2858
Ages: 3 Years to 5 Years	Director (if applicable): SHARON SERVING WEST CENTRAL NELSON	Capacity: 34      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<u>Date Corrected by Licensee</u>
<b>Deficiency Summary</b> The food permit posted is expired., Ad Hoc Comments: NA	12/17/2025

**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.

Lakeisha Smith  
Signature of Facility Representative

12/17/25  
Date

KAMILA CROWELL  
[Signature]  
Signature of DHR Licensing Representative

12/17/25  
Date

COPIES TO: center manager- Sharon Nelson

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*[Handwritten Signature]*

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