

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: FONVIELLE HEAD START CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 12/5/2025
Facility Address: 461 DONALD ST, MOBILE, AL, 36617, Mobile	Licensee: MOBILE COMMUNITY ACTION, INC.	Telephone #: (251) 479-0057
Ages: 6 Weeks to 5 Years	Director (if applicable): MARGIE KEETON	Capacity: 154 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by</u> <u>Licensee</u>
Deficiency Summary	
Failed - Center free of apparent hazards, Inspection Form Comments: The cots are stacked unsafely in classrooms F, G, H, B, A, and K. There are two shelves with loose iron scraps accessible to children (rooms E H) One ladder accessible to children in the cafeteria	12/5/2025
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: black lines coming from under mulch	12/18/2025
Failed - Outdoor play area enclosed by a fence or wall at least 4 feet in height, Inspection Form Comments: Large hole at the bottom of the gate at the entrance of the playground	12/18/2025

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.

Sandra Coleman
Signature of Facility Representative

BRANDUL PERINE

**Signature of DHR Licensing
Representative**

12-19-25
Date

Date

COPIES TO: _____