

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ST CLAIR COUNTY HEAD START	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 1/7/2026
Facility Address: 21685 US HIGHWAY 231, PELL CITY, AL, 35125, St. Clair	Licensee: ST CLAIR COUNTY HEAD START PROGRAM INC.	Telephone #: (205) 338-9694 - 117
Ages: 3 Years to 5 Years	Director (if applicable): CONNIE RAMSEY	Capacity: 220 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Playgrounds 2 and 3 have new large climbing equipment being installed. *Playgrounds 2 and 3 are restricted until the equipment installation is complete. A Department Representative must view and approve the equipment before the children are allowed usage of the playgrounds., Ad Hoc Comments: NA	Pending Correction

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 01/21/26, 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.

Connie Ramsey
Signature of Facility Representative

1/12/26
Date

