ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: OZARK HEAD START CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 1/22/2026
Facility Address: 405 MARVIN PARKER ROAD, OZARK, AL 36360, Dale	Licensee: ORGANIZED COMMUNITY ACTION PROGRAM, INC	Telephone #: (334) 774-3667
Ages: 3 Years to 5 Years	Director (if applicable): Alicia Ferrell	Capacity: 51 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: There are staff that are not enrolled in Alabama pathway registry.	1/28/2026
Failed - Application, Staff Checklist Comments: Not in file	1/22/2026
Failed - Photo ID Verification, Staff Checklist Comments: Not in file	1/22/2026
Failed - Medical, Staff Checklist Comments: Not n file	1/30/2026
Failed - References, Staff Checklist Comments: Not in file	1/22/2026
Failed - Application, Staff Checklist Comments: Not in file.	1/22/2026

Failed - Photo ID Verification, Staff Checklist Comments: Not in file	1/22/2026
Failed - References, Staff Checklist Comments: Not in fie	1/22/2026
Failed - Photo ID Verification, Staff Checklist Comments: Not in file.	1/22/2026
Failed - TB Test Date and Results, Staff Checklist Comments: Not in file	1/30/2026
Failed - References, Staff Checklist Comments: Not in file	1/22/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / Classroom B Comments: Could not find it in the classroom.	1/22/2026

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 Corrected**, 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.

Alicia Ferrel
Signature of Facility Representative

1/28/2026
Date

JAY DALTON
Signature of DHR Licensing Representative

1/28/26
Date

COPIES TO: Alicia Ferrel