

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LISMAN EARLY HEAD START	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 2/12/2026
Facility Address: 9841 CROWELL DRIVE, LISMAN, AL 36912, Choctaw	Licensee: FAMILY GUIDANCE CENTER OF ALABAMA	Telephone #: (205) 696-1111
Ages: 6 Weeks to 3 Years	Director (if applicable): KENDALL SERVING WEST CENTRAL SLAY	Capacity: 16 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Health and Safety Training, Staff Checklist Comments: expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: expired	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Alabama can missing	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 2/26/2026, 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.

Kendall Slay
Signature of Facility Representative

2.12.26
Date

KAMILA CROWELL

**Signature of DHR Licensing
Representative**

2/12/2026

Date

COPIES TO: _____ Center manager _____