

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

SECTION A- IDENTIFYING INFORMATION

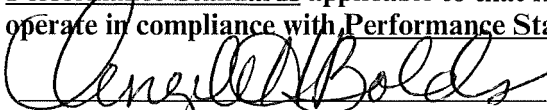
Facility Name: LEONA B. WARREN HEAD START	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 2/13/2026
Facility Address: 310 MOBILE STREET, MOBILE, AL, 36607, Mobile	Licensee: MOBILE COMMUNITY ACTION, INC.	Telephone #: (251) 471-6504
Ages: 6 Weeks to 5 Years	Director (if applicable): VELMA CRANDLE	Capacity: 233 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

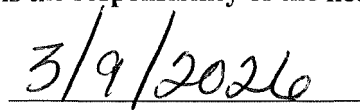
Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Changing the age group from Head Start (3-5yrs) to Early Head Start (14-29mos) in Classroom E. The First Aid Kit in the Head Start Classroom F contains alcohol 2/13/2026 wipes, antibacterial cream, burn cream, and benzalkonium chloride toweleets. , Ad Hoc Comments: NA	

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.



 Signature of Facility Representative



 Date

SHUNDR NEVELS

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____