

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: OAKLAND HEIGHTS TROY HEAD START CENTER	Type of Facility : Center [X] Day [X] Night [] OST [] Family [] University [] Group []	Date of Visit: 12/5/2025
Facility Address: 201 LAKE AVENUE, TROY, AL 36081, Pike	Licensee: ORGANIZED COMMUNITY ACTION PROGRAM INC	Telephone #: (334) 566-6959
Ages: 3 Years to 5 Years	Director (if applicable): LATISHER HALL	Capacity: 100 / NA Day / Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency		HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
<p align="center">Deficiency Summary</p> <p>No deficiencies at this time</p> <p>Failed - Fire, Inspection Form Comments: not completed</p> <p>Failed - Tornado, Inspection Form Comments: not completed</p> <p>Failed - Lockdown, Inspection Form Comments: not completed</p> <p>Failed - Relocation, Inspection Form Comments: not completed</p> <p>Failed - Fire, Inspection Form Comments: not completed</p>			
1/27/2026	1/27/2026	1/24/2026	1/24/2026

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 _____, 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

Latisher Hall

Date

2-24-26

KAREN JACKSON-MOULTON

Signature of DHR Licensing
Representative

COPIES TO: _____

Date