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

**SECTION A- IDENTIFYING INFORMATION**

| | | |
|---|---|---|
| Facility Name:<br>LIVINGSTON HEAD START | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>3/5/2026 |
| Facility Address:<br>1351 NORTH WASHINGTON ST., LIVINGSTON, AL 36925, Sumter | Licensee:<br>FAMILY GUIDANCE CENTER OF ALABAMA | Telephone #:<br>(205) 652-2858 |
| Ages:<br>3 Years to 5 Years | Director (if applicable):<br>SHARON SERVING WEST CENTRAL NELSON | Capacity:<br>34 / NA<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| **Performance Standard Deficiency**<br>***HAZARDS MUST BE CORRECTED IMMEDIATELY**** | **Date Corrected by Licensee** |
|---|---|
| **Deficiency Summary**<br>There no deficiencies observed on today's visit. | |

**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 n/a, 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.**

Sharon Nelson — 03/05/2026

***Signature of Facility Representative*** — Date

KAMILA CROWELL — **3/05/2026**

***Signature of DHR Licensing Representative*** — Date

COPIES TO: ____Center manager_____