ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
JIMMY KNIGHT HEAD START CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	1/22/2026
Facility Address:	Licensee:	Telephone #:
7296 TENTH STREET, MOBILE, AL 36608, Mobile	MOBILE COMMUNITY ACTION, INC.	(251) 342-5650
Ages:	Director (if applicable):	Capacity:
3 Years to 5 Years	FREDA HENDERSON	72 Day / NA Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary Most of the children enrolled are not entered in Arise. Files checked on site.2 staff members are not entered in Arise. Files checked on site.	
Failed - Interstate CA/N if applicable (within 5 years), Staff Checklist Comments: Ga Driver's license	3/6/2026
One staff member's CA/N is expired. , Ad Hoc Comments: NA	2/23/2026
Staff files are incomplete. , Ad Hoc Comments: NA	3/6/2026

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.

Angela A. Bolds — 3/6/2026

Signature of Facility Representative Date

SHUNDR NEVELS

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____

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Angela H Bolds
Signature of Facility Representative

3/6/2026
Date

SHUNDR NEVELS

_____ _____

Signature of DHR Licensing Representative Date

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