

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: TALLASSEE EARLY HEAD START CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 3/18/2026
Facility Address: 903 HICKORY STREET, TALLASSEE, AL 36078, Elmore	Licensee: FAMILY GUIDANCE CENTER OF ALABAMA, INC.	Telephone #: (334) 991-4553
Ages: 6 Weeks to 3 Years	Director (if applicable): JERMALLA CRISPIN	Capacity: 13 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Fence or wall free of sharp edges, Inspection Form Comments: Fence is not secure at the bottom and has sharp edges.	3/18/2026
Failed - Gates secured, Inspection Form Comments: Gate is not secure on the right side of the facility.	3/18/2026
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: The fence is leaning/not secure on the left side, and the tree has prickly vines and branches hanging too low to the ground. Paint is peeling on the front entry door of the facility., Ad Hoc Comments: NA	3/18/2026

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.

Jermalla Crispin
Signature of Facility Representative

3/18/26
Date

JESSICA VICE
Signature of DHR Licensing Representative

3/18/26
Date

COPIES TO: _____center_____