

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

SECTION A- IDENTIFYING INFORMATION

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| Facility Name: JESSIE RUTH FOSTER HEAD START/EARLY HSC | Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group [] | Date of Visit: 4/14/2026 |
| Facility Address: 262 QUEEN ANN ROAD, WETUMPKA, AL 36092, Elmore | Licensee: FAMILY GUIDANCE CENTER OF ALABAMA, INC. | Telephone #: (334) 557-1604 |
| Ages: 6 Weeks to 5 Years | Director (if applicable): SHATAVIA HOLMES | Capacity: 85 / NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY* | <u>Date Corrected by Licensee</u> |
|--|-----------------------------------|
| Deficiency Summary Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: The grass is too tall, and there are prickly vines growing along several areas of the fence. | 4/14/2026 |

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

_____x_____, 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.

Alzora Washington

04/14/2026

Signature of Facility Representative

Date

JESSICA VICE

4/14/26

Signature of DHR Licensing Representative

Date

COPIES TO: ___ Center _____