

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: CCR ST. VINCENT HEAD START PROGRAM	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 4/24/2026
Facility Address: 1033 22ND STREET SOUTH, BIRMINGHAM, AL 35205, Jefferson	Licensee: CHILD CARE RESOURCES HEAD START PROGRAM	Telephone #: (205) 945-0018
Ages: 0 Weeks to 5 Years	Director (if applicable): JOAN WRIGHT	Capacity: 47 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: incomplete	Pending Correction
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: incomplete	Pending Correction
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	Pending Correction
On 3/11/2026, all children were not being supervised at all times (per video)., Ad Hoc Comments: NA	Pending Correction
On 3/11/2026, the center did not have substitute staff available (per staff statement)., Ad Hoc Comments: NA	Pending Correction
All staff files are incomplete (not uploaded). , Ad Hoc	Pending Correction

Comments: NA

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

BRANDUL PERINE

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____