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:
TILLMANS CORNER HEADSTART & EARLY HEADSTART CHILD DEVELOPMENT CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	5/1/2026
Facility Address:	Licensee:	Telephone #:
5837 Three Notch Road, Mobile, AL 36619, Mobile	MOBILE COMMUNITY ACTION, INC.	(251) 457-5700 - 1105
Ages:	Director (if applicable):	Capacity:
6 Weeks to 5 Years		72 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
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: (5/1/26) Not all staff are enrolled.	Pending Correction
Failed - Medical, Staff Checklist Comments: (5/1/26) Incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: (5/1/26) Expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: (5/1/26) Missing #11	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: (5/1/26) Missing documentation	Pending Correction
Failed - Written Verification of Standards Read, Staff Checklist Comments: (5/1/26) Wrong form	5/1/2026
Failed - Application, Staff Checklist Comments: (5/1/26) Missing 3rd page	5/1/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: (5/1/26) Wrong form	5/1/2026
Failed - Health and Safety Training, Staff Checklist Comments: (5/1/26) Missing 1-11	Pending Correction
Failed - Application, Staff Checklist Comments: (5/1/26) Missing 3rd page	5/1/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: (5/1/26) Missing documentation	Pending Correction

Failed - Written Verification of Standards Read, Staff Checklist Comments: (5/1/26) wrong form	5/1/2026
Failed - Health and Safety Training, Staff Checklist Comments: (5/1/26) Missing 1-11	Pending Correction
Failed - Written Verification of Standards Read, Staff Checklist Comments: (5/1/26) wrong form	5/1/2026
Failed - Health and Safety Training, Staff Checklist Comments: (5/1/26) Missing 1-10	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: (5/1/26) Incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: (5/1/26) Incomplete	Pending Correction

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.

Chinore Clemons — 5/4/2026

Signature of Facility Representative — Date

LaDanika York

Signature of DHR Licensing Representative — Date

COPIES TO: _____