

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

SECTION A- IDENTIFYING INFORMATION

| | | |
|--|---|---|
| Facility Name: ALBERTA HEAD START/EARLY HEAD START | Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group [] | Date of Visit: 5/6/2026 |
| Facility Address: 2200 2ND STREET E, TUSCALOOSA, AL 35404, Tuscaloosa | Licensee: COMMUNITY SERVICE PROGRAMS OF W. AL | Telephone #: (205) 556-2613 |
| Ages: 6 Weeks to 5 Years | Director (if applicable): | Capacity: 120 / NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i> | Date Corrected by Licensee |
|--|---------------------------------------|
| Deficiency Summary | |
| Failed - One flush toilet for each 15 children, Inspection Form Comments: One toilet without the back cover | 5/6/2026 |
| Failed - Temperature between 68-82 degrees, Inspection Form Comments: Classroom A | 4/14/2026 |
| Failed - Center free of apparent hazards, Inspection Form Comments: One gate broken in classroom #2 | 4/23/2026 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired | 4/14/2026 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired | 4/14/2026 |
| Failed - References, Staff Checklist Comments: no uploaded | 4/14/2026 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired | 4/14/2026 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expires | 4/14/2026 |
| Failed - References, Staff Checklist Comments: not uploaded | 4/14/2026 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired | 4/14/2026 |
| Failed - Medical, Staff Checklist Comments: expired | 4/14/2026 |
| Failed - Suitability Determination (Every 5 years), Staff Checklist | 4/14/2026 |

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|---|-----------|
| Comments: expired | |
| Failed - Suitability Determination (Every 5 years), Staff Checklist | 4/14/2026 |
| Comments: expired | |
| Failed - Suitability Determination (Every 5 years), Staff Checklist | 4/14/2026 |
| Comments: expired | |
| Failed - References, Staff Checklist | 4/14/2026 |
| Comments: not uploaded | |
| Failed - Suitability Determination (Every 5 years), Staff Checklist | 4/14/2026 |
| Comments: expired | |

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.

Alexis Linker

Signature of Facility Representative

5/8/26

 Date

BRANDUL PERINE

Signature of DHR Licensing Representative

 Date

COPIES TO: _____