

**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: 5/5/2026
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**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: incomplete	5/29/2026
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: incomplete	5/29/2026
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	5/29/2026
Failed - Medical, Staff Checklist Comments: expired	5/1/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	5/1/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	5/1/2026
On 3/11/2026, all children were not being supervised at all times (per video)., Ad Hoc Comments: NA	5/1/2026
On 3/11/2026, the center did not have substitute staff available (per staff statement)., Ad Hoc Comments: NA	5/29/2026
All staff files are incomplete (not uploaded). , Ad Hoc	5/1/2026

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: \_\_\_\_\_