

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: CORDOVA EARLY HEAD START	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 5/20/2026
Facility Address: 65 3RD AVENUE, CORDOVA, AL 35550, Walker	Licensee: INNOVATIVE NETWORK OF KNOWLEDGE	Telephone #: (205) 300-7801
Ages: 6 Weeks to 5 Years	Director (if applicable): DENISE SHETTER	Capacity: 20 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> 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: Some of the facility staff members are not enrolled in Alabama Pathway's	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing # 5, 6, 7, 8	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hrs	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing signature	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.

Rhonda Davidson

Signature of Facility Representative

SHUNDR NEVELS

Signature of DHR Licensing Representative

Date

Date

COPIES TO: _____