ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: BAYOU LA BATRE HEAD START CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 5/6/2026
Facility Address: 7775 DEAKLE ROAD, IRVINGTON, AL 36544, Mobile	Licensee: MOBILE COMMUNITY ACTION, INC.	Telephone #: (251) 824-3113
Ages: 6 Weeks to 5 Years	Director (if applicable): JANIE CULBERSON	Capacity: 113 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary Center does not serve infants (6wks -18 months). The license will be amended for the ages of children (18months - 5yrs) when all deficiencies have been corrected.	
Failed - Medical, Staff Checklist Comments: One form is expired and the other form is not signed and dated by health professional	5/12/2026
Failed - Preadmission Form, Child Checklist Comments: Missing dates	5/7/2026
Failed - Preadmission Form, Child Checklist Comments: Missing signatures and dates	5/7/2026
Failed - Preadmission Form, Child Checklist Comments: Missing date	5/7/2026

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	Date
SHUNDR NEVELS	
Signature of DHR Licensing Representative	Date

COPIES TO: _____