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:
THOMAS HEAD START CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	4/9/2026
Facility Address:	Licensee:	Telephone #:
521 WEST CLARK AVE, PRICHARD, AL 36610, Mobile	MOBILE COMM. ACTION, INC.	(251) 281-1824
Ages:	Director (if applicable):	Capacity:
6 Weeks to 5 Years	ELIGE JONES	64 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
CORRECTED DEFICIENCIES VERIFIED THROUGH ARISE.	
Failed - Outside doors kept closed, Inspection Form Comments: Door leading to playground cracked open.	4/10/2026
Failed - Medical, Staff Checklist Comments: expired	5/1/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	4/10/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	4/10/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: missing documentation	4/10/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	4/10/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: missing documentation	5/26/2026
Failed - Written Verification of Standards Read, Staff Checklist Comments: wrong form	4/10/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing documentation	4/10/2026
Failed - Medical, Staff Checklist Comments: expired	4/10/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	4/10/2026
Failed - Preadmission Form, Child Checklist	4/10/2026

Comments: incomplete	
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Comments: incomplete	

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.

Ladania Mata 5/28/26

_____ _____

Signature of Facility Representative Date

LaDanika York

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____