ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: INK JASPER HEAD START	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 5/1/2026
Facility Address: 1700 Hwy 78 East, Jasper, Al, AL 35501, Walker	Licensee: INNOVATIVE NETWORK OF KNOWLEDGE	Telephone #: (205) 275-6746
Ages: 6 Months to 5 Years	Director (if applicable):	Capacity: 128 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***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 staff members are not enrolled in the Alabama Pathway's Registry.	5/26/2026
Failed - Preadmission Form, Child Checklist Comments: Missing date	5/26/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	5/26/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete	5/26/2026

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.

Rhonda Davidson
_____ ____**6/2/2026**_____

Signature of Facility Representative Date

SHUNDR NEVELS

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____