

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: SCOTTSBORO HEAD START	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 6/10/2026
Facility Address: 3517 SOUTH BROAD STREET, SCOTTSBORO, AL 35768, Jackson	Licensee: COMMUNITY ACTION PARTNERSHIP OF N AL INC	Telephone #: (256) 259-4181
Ages: 3 Weeks to 5 Years	Director (if applicable): FELESIA BAKER	Capacity: 68        /    NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<p><b>Deficiency Summary</b></p> <p>There were no deficiencies noted during today's visit.</p> <p>Per staff written statements and video footage, on April 10, 2026, a twenty (20) month old child in the Early Head Start D classroom was found unsupervised in the parking lot under the awning in front of the facility. The child was unsupervised for approximately one (1) to two (2) minutes. , Ad Hoc Comments: NA</p>	
	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 6/18/26, 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.**

Felesia Baker  
*Signature of Facility Representative*

June 10,2026  
Date

LATONYA JAMES

\_\_\_\_\_  
*Signature of DHR Licensing Representative*

6/10/26

\_\_\_\_\_  
Date

COPIES TO: \_\_\_Felesia Baker\_\_\_\_\_