

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

SECTION A- IDENTIFYING INFORMATION

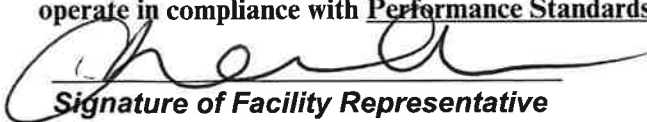
Facility Name: UNITED CEREBRAL PALSY PRESCHOOL	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 7/15/2026
Facility Address: 3058 Dauphin Square Connector, Mobile, AL 36607, Mobile	Licensee: UNITED CEREBRAL PALSY PRESCHOOL	Telephone #: (251) 479-4900
Ages: 3 Years to 10 Years	Director (if applicable): CHARMAINE CABBAGESTALK	Capacity: 52 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary NO DEFICIENCIES OBSERVED AT THE TIME OF VISIT.	

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

LaDanika York


Date

Signature of DHR Licensing
Representative

Date

COPIES TO: _____