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: 7/31/2026
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

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
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	Pending Correction
On July 31, 2026, in the Eary Head Start B classroom, there was a four (4) month old infant swaddled asleep in the crib., Ad Hoc Comments: NA	7/31/2026

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 8/7/2026**, 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 <u>Performance Standards</u>.

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Signature of Facility Representative Date

LATONYA JAMES

_____ **_____7/31/2026_____**

Signature of DHR Licensing Representative Date

COPIES TO: __Lynn Cooper_____