

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                              |                                                                                                                           |                                                            |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Facility Name:<br>CITRONELLE HEAD START<br>CENTER                            | Type of Facility : Center [X]<br>Day [X]            OST [ ]<br>Night [ ]        Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>8/14/2026                                |
| Facility Address:<br>19275 N. FOURTH STREET,<br>CITRONELLE, AL 36522, Mobile | Licensee:<br>MOBILE COMMUNITY<br>ACTION, INC.                                                                             | Telephone #:<br>(251) 866-9967                             |
| Ages:<br>6 Weeks to 5 Years                                                  | Director (if applicable):<br>SOPHIA SPENCER                                                                               | Capacity:<br>97            /    NA<br>Day            Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>                                                                                    | Date Corrected by<br>Licensee |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>Deficiency Summary</b>                                                                                                                                                  |                               |
| Not all staff and children were entered in Arise. All staff files and 15 children files were checked during visit.                                                         |                               |
| Failed - Ongoing Training, Staff Checklist<br>Comments: Expired                                                                                                            | Pending Correction            |
| Failed - Ongoing Training, Staff Checklist<br>Comments: Missing 10 hrs                                                                                                     | Pending Correction            |
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing dates                                                                                                     | Pending Correction            |
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing dates                                                                                                     | Pending Correction            |
| Failed - Preadmission Form, Child Checklist<br>Comments: Incomplete- signature needed                                                                                      | Pending Correction            |
| Failed - Barriers around heaters, fans, Classroom Checklist /<br>Classroom F<br>Comments: (2) air purifiers accessible to children without barriers                        | Pending Correction            |
| Failed - Barriers around heaters, fans, Classroom Checklist /<br>Classroom B<br>Comments: (1) fan and (1) air purifier accessible to children<br>without barrier           | Pending Correction            |
| Failed - Hazardous substances locked, Classroom Checklist /<br>Classroom C<br>Comments: Cabinet is not locked containing hand lotions, baby<br>lotion, and fragrance spray | 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 \_\_\_\_\_, 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.

Vivian Lofton

\_\_\_\_\_  
***Signature of Facility Representative***

\_\_\_\_\_  
Date

SHUNDR NEVELS

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

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_