

**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: 9/2/2026
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

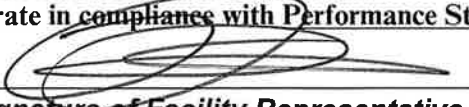
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Most recent deficiency report, Inspection Form Comments: Most recent deficiency report is not posted.	Pending Correction
Failed - Most recent fire inspection report within 5 years, Inspection Form Comments: Expired	Pending Correction
Failed - Fire department, Inspection Form Comments: Missing	Pending Correction
Failed - Law enforcement, Inspection Form Comments: Missing	Pending Correction
Failed - Medical assistance (ambulance or rescue), Inspection Form Comments: Missing	Pending Correction
Failed - Poison control center, Inspection Form Comments: Missing	Pending Correction
Failed - Substitute help, Inspection Form Comments: Missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 8 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing 1,3,4,5,7,8,10	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 9 hours	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: Missing	Pending Correction
Failed - References, Staff Checklist	Pending Correction

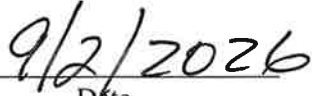
Comments: Missing one	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Missing	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Missing	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Incomplete	

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 09/16/26, 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.


Signature of Facility Representative

LaDanika York


Date

09/02/26

Signature of DHR Licensing Representative

Date

COPIES TO: _____ Facility _____