

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

SECTION A- IDENTIFYING INFORMATION

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

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
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 Comments: Expired	8/19/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 10 hrs	8/14/2026
Failed - Preadmission Form, Child Checklist Comments: Missing dates	8/19/2026
Failed - Preadmission Form, Child Checklist Comments: Missing dates	8/19/2026
Failed - Preadmission Form, Child Checklist Comments: Incomplete- signature needed	8/19/2026
Failed - Barriers around heaters, fans, Classroom Checklist / Classroom F Comments: (2) air purifiers accessible to children without barriers	8/14/2026
Failed - Barriers around heaters, fans, Classroom Checklist / Classroom B Comments: (1) fan and (1) air purifier accessible to children without barrier	8/14/2026
Failed - Hazardous substances locked, Classroom Checklist / Classroom C Comments: Cabinet is not locked containing hand lotions, baby lotion, and fragrance spray	8/14/2026

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 _____, 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

09/14/2026
Date

SHUNDR NEVELS
Signature of DHR Licensing Representative

Date

COPIES TO: _____