

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: GREENE CO. HEAD START/EARLY HEAD START	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/3/2026
Facility Address: 1227 U.S. HWY. 43 S, EUTAW, AL 35462, Greene	Licensee: COMMUNITY SER. PROGRAMS OF WEST, AL,INC	Telephone #: (205) 372-2810
Ages: 6 Weeks to 5 Years	Director (if applicable): ALEXIS TINKER	Capacity: 236 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid trainings	Pending Correction
Failed - Medical, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction

Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing some	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing first aid	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 09-17-2026, 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 **Performance Standards.**

Brenda Bishop-Cremon
Signature of Facility Representative

9-3-26
Date

KAMILA CROWELL
Kamil Crowell
Signature of DHR Licensing Representative

09-03-2026
Date

COPIES TO: _____ person in charge _____