

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ASFSC EARLY HEAD START	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 9/25/2026
Facility Address: 545 W MAIN ST. SUITE 404, DOTHAN, AL 36301, Houston	Licensee: ALFRED SALIBA FAMILY SERVICES CENTER	Telephone #: (334) 794-4929
Ages: 6 Weeks to 3 Years	Director (if applicable): TENESHA LEE	Capacity: 72 / 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	
Compliance day of visit and through ARISE on 9/30/26	
Failed - Cribs in accordance with US Consumer Product Safety Act of 2008, Classroom Checklist / Classroom 2 Comments: April 2011	9/30/2026
Failed - Cribs in accordance with US Consumer Product Safety Act of 2008, Classroom Checklist / Classroom 6 Comments: The crib was dated April 2011.	9/30/2026
One of the cribs in the playroom is dated April 2011, Ad Hoc Comments: NA	9/30/2026

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 compliance, 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

JAY DALTON



Date

Signature of DHR Licensing Representative

9/30/26

Date

COPIES TO: _____