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 [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 10/7/2026
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

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary NO DEFICIENCIES OBSERVED AT THE TIME OF VISIT.	

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 _____N/A_____, 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

10/7/2026
Date

LaDanika York

Signature of DHR Licensing Representative

10/07/26
Date

COPIES TO: ____Facility_____