

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

SECTION A- IDENTIFYING INFORMATION

| | | |
|---|--|--|
| Facility Name: GENEVA HEAD START | Type of Facility: Center [X] Day [X] OST [] Night [] Family [] University [] Group [] | Date of Visit: 05/13/2025 |
| Facility Address: 603 MULKEY AVENUE, GENEVA, AL 36340, Geneva | Licensee: SE AL REGIONAL PLANNING & DEV COMMISSION | Telephone #: (334) 684-6168 |
| Ages: 3 Years to 5 Years | Director (if applicable): Tina Rene Wambles | Capacity: 86 / NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY* | Date Corrected by Licensee |
|---|---------------------------------------|
| Deficiency Summary | |
| Failed - Thermometer in each area used by children, Inspection Form Comments: There was not a working thermometer in classroom A or in the STEM room. | |
| Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: There are chemicals in the boys bathroom not under lock and key. (disinfectant spray) | 05/13/2025 |
| Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some of the facility staff are not enrolled in the Alabama Pathways Registry. | |
| Failed - Fire, Inspection Form Comments: The documentation was not available. | 05/13/2025 |
| Failed - Lockdown, Inspection Form Comments: The documentation was not available. | 05/13/2025 |
| Failed - Tornado, Inspection Form Comments: The documentation was not available. | 05/13/2025 |
| Failed - Relocation, Inspection Form Comments: The documentation was not available. | 05/13/2025 |
| Failed - Photo ID Verification, Staff Checklist Comments: no photo id | 05/13/2025 |
| Failed - Ongoing Training, Staff Checklist | |

| | |
|---|------------|
| Comments: There is no verification of all ongoing trainings. Failed - Health and Safety Training, Staff Checklist | 05/13/2025 |
| Comments: There is no verification of Health and safety training. Failed - Ongoing Training, Staff Checklist | |
| Comments: There is no verification of ongoing training. Failed - Preadmission Form, Child Checklist | |
| Comments: The addresses are not complete. There is no street address. Failed - Preadmission Form, Child Checklist | |
| Comments: The back of the preadmission form is not filled out and there are not complete address. Failed - Preadmission Form, Child Checklist | |
| Comments: There are not complete addresses. There is not a city. Failed - Preadmission Form, Child Checklist | |
| Comments: There are not complete addresses,it does not list the city. Failed - Preadmission Form, Child Checklist | |
| Comments: The addresses are not complete. There is not a street address. Failed - Indoor thermometer (child safe), Classroom Checklist / Classroom A | 05/13/2025 |
| Comments: The thermometer was not working. Failed - Hazardous substances locked, Classroom Checklist / Classroom A | 04/29/2025 |
| Comments: There were chemicals, super absorb not under lock and key. In classroom B there were streaks down the front of the cabinets at the sink and on the door to the closet. The cabinet and door looks dirty., Ad Hoc | 05/13/2025 |
| Comments: NA | |
| On the playground in the back there are sticker vines with large thrones on them running through and up the back fence., Ad Hoc | 05/13/2025 |
| Comments: NA | |
| On the playground in the back there are several windows with screen on them that have cuts and tears in them. These could stick in the children fingers., Ad Hoc | 05/13/2025 |
| Comments: NA | |
| On the front playground the basketball goal does not have a net., Ad Hoc | 05/13/2025 |
| Comments: NA | |

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**.

Aenei Wankha
Signature of Facility Representative

5-13-25
Date

Jay Dalton

Signature of DHR Licensing Representative

Date

COPIES TO: _____