ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ECMHSP/LOXLEY AL CENTER	Type of Facility: Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 05/21/2025
Facility Address: 16742 COUNTY ROAD 68, LOXLEY, AL 36551, Baldwin	Licensee: EAST COAST MIGRANT HEAD START PROJECT	Telephone #: (251) 960-1060
Ages: 6 Weeks to 5 Years	Director (if applicable): Ashley Cogar	Capacity: 115 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary No deficiencies 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.

_____ 5-21-2025
Signature of Facility Representative Date

SHIRLEY SIMPKINS **5-21-2025**
Signature of DHR Licensing Representative Date

COPIES TO: ___DIRCTOR_____