

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: TAYLOR ROAD HEAD START	Type of Facility: Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 05/07/2025
Facility Address: 7050-7060 UNIVERSITY CT, MONTGOMERY, AL, 36117, Montgomery	Licensee: MONTG. COMM. ACTION COMMITTEE & COMM. DEV	Telephone #: (334) 279-5065
Ages: 3 Years to 5 Years	Director (if applicable): Tahrea Harris	Capacity: 0 , NA Day Night

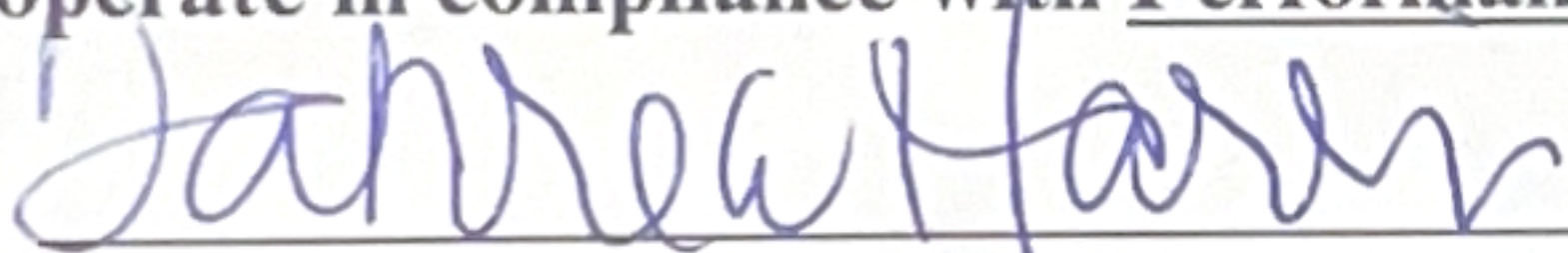
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: One staff has an expired Medical Report 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 staff not registered in Alabama Pathways Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: Hand sanitizer not under lock and key in classroom N. Failed - Center free of apparent hazards, Inspection Form Comments: Hand sanitizer not under lock and key in classroom N. Failed - Medical, Staff Checklist Comments: expired 9/1/2024 Failed - Application, Staff Checklist Comments: missing Failed - Written Verification of Standards Read, Staff Checklist Comments: missing Failed - References, Staff Checklist Comments: missing page 2 of one reference Failed - Medical, Staff Checklist Comments: missing signature Failed - Photo ID Verification, Staff Checklist Comments: missing	

Failed - Photo ID Verification, Staff Checklist
Comments: missing
Failed - Ongoing Training, Staff Checklist
Comments: missing
Failed - Photo ID Verification, Staff Checklist
Comments: missing
Failed - Photo ID Verification, Staff Checklist
Comments: missing
Failed - Application, Staff Checklist
Comments: missing
Failed - Written Verification of Standards Read, Staff Checklist
Comments: missing
Failed - Preadmission Form, Child Checklist
Comments: missing full address with street, city and zip code on
Pre-Admission Form

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.

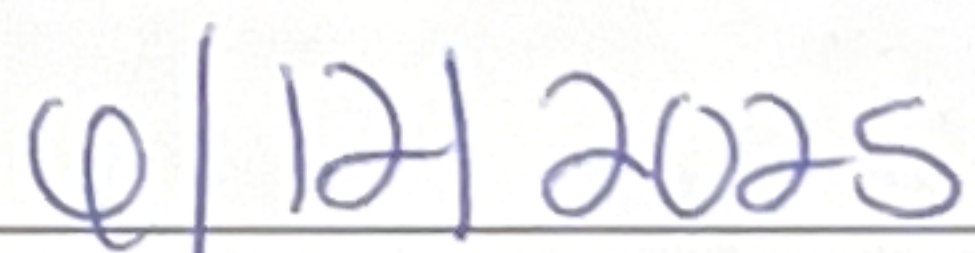
NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed 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.



Signature of Facility Representative

bridgett smith

Signature of DHR Licensing Representative



Date

Date

COPIES TO: _____