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 COMMITTE & 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

Performance Standard Deficiency *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.

Jahrea Harris — 6/12/2025

Signature of Facility Representative — Date

bridgette smith

_____ — _____

Signature of DHR Licensing Representative — Date

COPIES TO: _____