

**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 <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 06/12/2025
Facility Address: 7050-7060 UNIVERSITY CT, MONTGOMERY, AL 36117, Montgomery	Licensee: MONTG. COMM. ACTION COMMITTEE & COMM. DEV	Telephone #: (334) 279-5065
Ages: 13 Months to 5 Years	Director (if applicable): Tahrea Harris	Capacity: 258 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - *Dress-up clothes for boys and girls, Classroom Checklist / Classroom O Comments: no dress up clothes	06/12/2025
Failed - Table space and chair for each child, Classroom Checklist / Classroom O Comments: no chairs	06/12/2025
Failed - Cots, sheets, covers for each child, Classroom Checklist / Classroom O Comments: no cot covers	06/12/2025
Failed - Hazardous substances locked, Classroom Checklist / Classroom O Comments: toothpaste in cabinet not under lock and key	06/12/2025
Failed - *Small table and chairs/benches, Classroom Checklist / Classroom P Comments: not present in the classroom	06/12/2025
Failed - Table space and chair for each child, Classroom Checklist / Classroom P Comments: no chairs	06/12/2025
Failed - Cots, sheets, covers for each child, Classroom Checklist / Classroom P Comments: no cots and covers	06/12/2025
Failed - Hazardous substances locked, Classroom Checklist / Classroom P Comments: various hazards in a cabinet not under lock and key	06/12/2025

Failed - *Colorful pictures and posters, Classroom Checklist / Early B Comments: no posted	06/12/2025
Failed - *Dress-up clothes, Classroom Checklist / Early B Comments: i firehat 1 shirt	06/12/2025
Failed - *Building blocks – approximately 50 non-interlocking, Classroom Checklist / Early B Comments: no blocks	06/12/2025
Failed - Plastic-lined, covered container, Classroom Checklist / Early B Comments: no lid on trash can	06/12/2025
Failed - Cots/sheets and covers, Classroom Checklist / Early B Comments: no covers	06/12/2025
Failed - Labeled storage space at child level, Classroom Checklist / Early B Comments: not present	06/12/2025
Failed - Hazardous substances locked, Classroom Checklist / Early C Comments: cabinet containing hazards not under lock and key	06/12/2025
Failed - Containers labeled, Classroom Checklist / Early C Comments: unlabeled container with liquid substance in a cabinet not under lock and key	06/12/2025
Failed - Cots, sheets, covers for each child, Classroom Checklist / Classroom G Comments: no cot sheets	06/12/2025
Failed - Containers labeled, Classroom Checklist / Classroom G Comments: liquid substance in a unlabeled container in the locked cabinet	06/12/2025
Missing baseboards in EHS B and EHS C, Ad Hoc Comments: NA	06/12/2025

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
Signature of Facility Representative

6/12/2025
Date

bridgette smith

Signature of DHR Licensing

Date

Representative

COPIES TO: _____