

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: RSA HEAD START	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 3/31/2025
Facility Address: 300 MONROE STREET, MONTGOMERY, AL, 36105, Montgomery	Licensee: MONTGOMERY COMM ACTION COMM & COMM. DEV	Telephone #: (334) 223-9604
Ages: 0 Weeks to 5 Years	Director (if applicable): Kimberly Hughley	Capacity: 152 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Center free of apparent hazards, Inspection Form Comments: In the 18 months - 2 years room (Classroom E) a hazard, toothpaste, was not under lock and key	Pending Correction
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: toothpaste not under lock and key in Classroom E - 18 months -24 months	Pending Correction
Failed - *Crawl-through equipment, Inspection Form Comments: no crawl through apparatus on the Early Headstart playground	Pending Correction
Failed - No screen time for children under 2 years of age, Inspection Form Comments: screen time in classroom B ages 6 weeks - 18 months.	Pending Correction
Failed - Daily schedule posted that includes 60 minutes of physical activity (toddlers), Inspection Form Comments: i hour of outside time not on the daily schedule for classroom G - 24 months - 36 months	Pending Correction
Failed - Soft material prohibited in infant's sleeping environment, no pillows, quilts, comforters, etc., Inspection Form Comments: 2 babies asleep on bean bags in the Classroom A 6weeks to 18 months	Pending Correction
Failed - No infant put to sleep on sofa, soft mattress, Inspection Form Comments: 2 babies asleep on bean bags in the Classroom A	Pending Correction

6weeks to 18 months	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Staff has not completed ongoing training	
Failed - Application, Staff Checklist	Pending Correction
Comments: Missing signature page of application	
Failed - Photo ID Verification, Staff Checklist	Pending Correction
Comments: Missing ID	
Failed - References, Staff Checklist	Pending Correction
Comments: missing all three references	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Missing all 12 hours of ongoing training	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Missing CCDF #7, 8, 9, 10 & recognition and reporting child abuse and neglect	
Failed - Written Verification of Standards Read, Staff Checklist	Pending Correction
Comments: Missing Verification of Standards Read form	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Missing all 12 hours of ongoing training	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist	Pending Correction
Comments: CA/N is incomplete	
Failed - Photo ID Verification, Staff Checklist	Pending Correction
Comments: Missing ID	
Failed - References, Staff Checklist	Pending Correction
Comments: Missing all three references	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Missing all 12 hours of ongoing training	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Missing all 11 Health and Safety Training hours	
Failed - Photo ID Verification, Staff Checklist	Pending Correction
Comments: Missing ID	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Missing all 12 hours of ongoing training	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Missing all 11 hours of Health and Safety Training	
Failed - Application, Staff Checklist	Pending Correction
Comments: Missing signature page of application	
Failed - References, Staff Checklist	Pending Correction
Comments: Missing one reference	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Missing ongoing training	
Failed - Medical, Staff Checklist	Pending Correction
Comments: Needs DHR medical form	
Failed - Application, Staff Checklist	Pending Correction
Comments: Only uploaded first page of application	
Failed - References, Staff Checklist	Pending Correction
Comments: Only uploaded first page of all three references	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: Missing ongoing training	
Failed - Medical, Staff Checklist	Pending Correction
Comments: Medical form missing doctor's signature and date	

Failed - Application, Staff Checklist Comments: Only uploaded first page of application	Pending Correction
Failed - References, Staff Checklist Comments: Missing second pages of all three references	Pending Correction
Failed - Application, Staff Checklist Comments: only uploaded first page of application	Pending Correction
Failed - Medical, Staff Checklist Comments: Medical form missing doctor's signature and date	Pending Correction
Failed - References, Staff Checklist Comments: Missing second pages on two references	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing CCDF # 1-10	Pending Correction
Failed - Application, Staff Checklist Comments: Missing signature page of application	Pending Correction
Failed - References, Staff Checklist Comments: Missing page two on all three references	Pending Correction
Failed - References, Staff Checklist Comments: Missing page two of each reference	Pending Correction
Failed - Application, Staff Checklist Comments: Missing signature page of application	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing ongoing training	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: Missing Verification of Education	Pending Correction
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing Verification of Standards Read form	Pending Correction

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.

Demetrius E Kemp
Signature of Facility Representative

Oct 22, 2025
Date

bridgette smith
Signature of DHR Licensing Representative

Date

COPIES TO: _____

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____