ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: CALERA HEAD START/EARLY HS CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 8/13/2025
Facility Address: 802 EIGHTH AVENUE, CALERA, AL, 35040, Shelby	Licensee: FAMILY GUIDANCE CENTER OF ALABAMA, INC.	Telephone #: (205) 558-8867
Ages: 1 Months to 1 Years	Director (if applicable): JANIE HOUSTON	Capacity: 46 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Substitute staff available, Inspection Form Comments: Substitute staff not available	Pending Correction
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 of the staff not enrolled in the Alabama Pathway's Professional Development registry	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: no met	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not met	Pending Correction
Failed - Application, Staff Checklist Comments: not met	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: not met	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: not met	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not met	Pending Correction
Failed - Application, Staff Checklist Comments: not met	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: not met	Pending Correction
Failed - Medical, Staff Checklist	Pending Correction

Comments: not dated by physician	
Failed - References, Staff Checklist	Pending Correction
Comments: not met	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Application, Staff Checklist	Pending Correction
Comments: not met	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Application, Staff Checklist	Pending Correction
Comments: not met	
Failed - Photo ID Verification, Staff Checklist	Pending Correction
Comments: not met	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Application, Staff Checklist	Pending Correction
Comments: not met	
Failed - Photo ID Verification, Staff Checklist	Pending Correction
Comments: not met	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Application, Staff Checklist	Pending Correction
Comments: not met	
Failed - Photo ID Verification, Staff Checklist	Pending Correction
Comments: not met	
Failed - References, Staff Checklist	Pending Correction
Comments: not met	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: not met	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: not met	

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 8/27/25, 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.

Kay Walker — 8-13-25

Signature of Facility Representative — Date

bridgette smith — 8.13.25

Signature of DHR Licensing Representative — Date

COPIES TO: Director