

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

**SECTION A- IDENTIFYING INFORMATION**

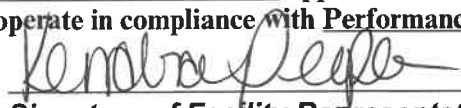
Facility Name: HARVEST HEAD START	Type of Facility : Center [X] Day [X]      OST [ ] Night [ ]      Family [ ] University [ ] Group [ ]	Date of Visit: 8/26/2025
Facility Address: 9784 WALL TRIANA HWY, HARVEST, AL 35749, Madison	Licensee: COMMUNITY ACTION PARTNERSHIP OF NORTH AL	Telephone #: (256) 621-0688
Ages: 3 Years to 5 Years	Director (if applicable): KENDRA PEOPLES	Capacity: 40      ,      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<u>Date Corrected by Licensee</u>
<b>Deficiency Summary</b>	
There were no deficiencies cited during today's visit.	

**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   N/A  , 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**

8/26/2025  
\_\_\_\_\_  
Date

LaTonya James   
\_\_\_\_\_  
**Signature of DHR Licensing Representative**

Aug. 26, 2025  
\_\_\_\_\_  
Date

COPIES TO: Hendra Peoples