

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LAFAYETTE HEAD START CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/14/2025
Facility Address: 52 ALABAMA AVENUE WEST, LAFAYETTE, AL 36862, Chambers	Licensee: COMM.ACT.COMM.OFCHA MBERS-TALL-COOSA	Telephone #: (334) 864-2872
Ages: 3 Years to 5 Years	Director (if applicable): Audrey Carter	Capacity: 80 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Substitute staff available, Inspection Form Comments: a substitute teacher is not available for the facility	8/27/2025
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 registered in the Alabama Pathway's Professional Development Registry	8/27/2025
Failed - Ongoing Training, Staff Checklist Comments: missing training hours	8/27/2025
Failed - Ongoing Training, Staff Checklist Comments: missing 12 hours of on going training	8/27/2025
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hours of ongoing training.	8/27/2025
5 staff files not available, Ad Hoc Comments: NA	8/27/2025

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

Cindy Carter
Signature of Facility Representative

8/27/25
Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____