ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: WARES FERRY ROAD ELEM. SCHOOL HEAD START	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 10/10/2025
Facility Address: 6425 WARES FERRY ROAD, MONTGOMERY, AL, 36117, Montgomery	Licensee: MONTGOMERY COMMUNITY ACTION HS/EHS	Telephone #: (334) 840-6435
Ages: 3 Years to 5 Years	Director (if applicable): ERIC HYATT	Capacity: 20 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**

Deficiency Summary

Failed - Substitute staff meet qualifications of staff for whom substituting, Inspection Form
Comments: No substitute folders present on file
Failed - Application, Staff Checklist
Comments: Missing documentation
Failed - Photo ID Verification, Staff Checklist
Comments: Missing documentation
Failed - Medical, Staff Checklist
Comments: Missing documentation
Failed - TB Test Date and Results, Staff Checklist
Comments: Missing documentation
Failed - Verification of Education, Staff Checklist
Comments: Missing documentation
Failed - Infant -Child CPR Certification, Staff Checklist
Comments: Missing documentation
Failed - Infant -Child First Aid Certificate, Staff Checklist
Comments: Missing documentation
Failed - References, Staff Checklist
Comments: Missing documentation
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist
Comments: Missing documentation
Failed - Suitability Determination (Every 5 years), Staff Checklist
Comments: Missing documentation

Failed - Written Verification of Standards Read, Staff Checklist
Comments: Missing documentation
Failed - Ongoing Training, Staff Checklist
Comments: Missing documentation
Failed - Health and Safety Training, Staff Checklist
Comments: Missing documentation
Failed - Application, Staff Checklist
Comments: Missing documentation
Failed - Photo ID Verification, Staff Checklist
Comments: Missing documentation
Failed - Medical, Staff Checklist
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Comments: Missing documentation Failed - Immunization Certificate, Child Checklist Comments: Expired Failed - Preadmission Form, Child Checklist Comments: Missing documentation Failed - Preadmission Form, Child Checklist Comments: Missing documentation Failed - Preadmission Form, Child Checklist Comments: Missing documentation Failed - Preadmission Form, Child Checklist Comments: Missing documentation

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.

_____ 10/14/2025 **None of**
Signature of Facility Representative Date

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.

Amy Horn

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____