

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

SECTION A- IDENTIFYING INFORMATION

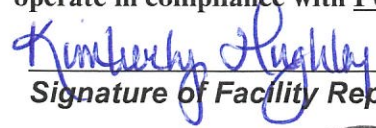
Facility Name: EDGEMONT HEAD START CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 11/12/2025
Facility Address: 830 W EDGEMONT AVENUE, MONTGOMERY, AL, 36105, Montgomery	Licensee: MONTGOMERY COMM ACTION COMM & COMM DEV	Telephone #: (334) 262-2666
Ages: 3 Years to 5 Years	Director (if applicable): KIRK HATCHER	Capacity: 20 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary One staff member is missing the required CAN form, Ad Hoc Comments: NA	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.



 Signature of Facility Representative

11-12-25

 Date

BRIDGETTE SMITH 

 Signature of DHR Licensing Representative

11-12-25

 Date