

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KERSHAW HEAD START	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST [] Night [] Family [] University [] Group []	Date of Visit: 11/12/2025
Facility Address: 2225 W. FAIRVIEW AVE, MONTGOMERY, AL 36108, Montgomery	Licensee: MONTGOMERY COMM. ACTION COMMITT & CDCINC	Telephone #: (334) 356-3600
Ages: 3 Years to 5 Years	Director (if applicable): CRYSTAL CARSON	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
No deficiencies noted at the time of visit	
SUPERVISION AT ALL TIMES, Allegation	8/26/2025
Comments: child left playground through an unsecured gate.	
On August 21, 2025, a four year old child left the playground of the facility through an unsecured gate. The child was found by an unknown person on a busy road and taken to a nearby Elementary School. School officials notified the local authorities. The child was missing for an undetermined amount of time. The distance between the licensed child care facility and the Elementary School is approximately .4 miles., Ad Hoc	9/4/2025
Comments: NA	
Facility failed to provide notification of the Probationary Status to the families by the required date of September 15, 2025, Ad Hoc	10/15/2025
Comments: NA	
Facility failed to post the Probationary Status Notice Form in a conspicuous place in the center, Ad Hoc	10/14/2025
Comments: NA	
As of October 14, 2025, the facility has not submitted the required classroom transition sheets for the week of October 6, 2025 to the Department., Ad Hoc	10/15/2025
Comments: NA	

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.

Kimberly Angley
Signature of Facility Representative

11/12/2025
Date

BRIDGETTE SMITH

Signature of DHR Licensing Representative

Date

COPIES TO: _____