

**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: 12/2/2025
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

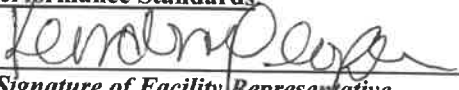
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	12/2/2025
Failed - Hazardous substances locked, Classroom Checklist / 3602 A Comments: Cleaning products were in a cabinet that had a latch not under lock or key or combination lock.	12/2/2025
Failed - Hazardous substances locked, Classroom Checklist / 3602 B Comments: Cleaning products were in a cabinet that had a latch not under lock or key or combination lock.	12/2/2025

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 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



Date

LATONYA JAMES

Signature of DHR Licensing Representative

12/02/2025
Date

COPIES TO: Kendra Peoples