

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: CHISHOLM ELEM HEAD START PROGRAM	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 11/21/2025
Facility Address: 307 E. VANDIVER BLVD, MONTGOMERY, AL 36106, Montgomery	Licensee: MONTGOMERY COMMUNITY ACTION COMM & CDC	Telephone #: (334) 263-3474
Ages: 3 Years to 5 Years	Director (if applicable): LATONYA SLAYTON	Capacity: 40 , NA Day Night

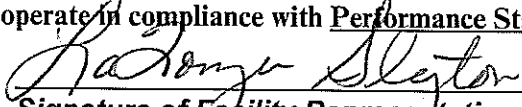
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
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 staff not enrolled in Alabama Pathway's Professional Development registry	12/1/2025
Failed - Ongoing Training, Staff Checklist Comments: missing	11/21/2025
Failed - Health and Safety Training, Staff Checklist Comments: missing	11/21/2025
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Failed - Ongoing Training, Staff Checklist Comments: missing	11/21/2025
Failed - Health and Safety Training, Staff Checklist Comments: missing	11/21/2025
Failed - Medical, Staff Checklist Comments: missing	11/21/2025
Failed - Ongoing Training, Staff Checklist Comments: missing	11/21/2025
Failed - Health and Safety Training, Staff Checklist Comments: missing	11/21/2025

Failed - Ongoing Training, Staff Checklist	11/21/2025
Comments: missing	
Failed - Health and Safety Training, Staff Checklist	11/21/2025
Comments: missing	
Failed - Photo ID Verification, Staff Checklist	11/21/2025
Comments: missing	
Failed - References, Staff Checklist	11/21/2025
Comments: missing	
Failed - Ongoing Training, Staff Checklist	11/21/2025
Comments: missing	
Failed - Health and Safety Training, Staff Checklist	11/21/2025
Comments: missing	
Failed - Ongoing Training, Staff Checklist	12/1/2025
Comments: missing	
Failed - Ongoing Training, Staff Checklist	11/21/2025
Comments: missing	
Failed - Health and Safety Training, Staff Checklist	11/21/2025
Comments: missing	

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

12/04/2025
 Date

BRIDGETTE SMITH

 Signature of DHR Licensing Representative

 Date

COPIES TO: _____