

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

SECTION A - IDENTIFYING INFORMATION

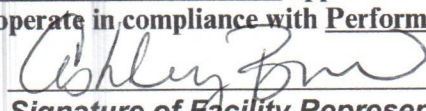
Facility Name: ASHLAND HEAD START CENTER	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 3/18/2026
Facility Address: 41375 HIGHWAY 77, ASHLAND, AL 36251, Clay	Licensee: TALLADEGA CLAY RANDOLPH CHILD CARE CORP	Telephone #: (256) 252-1122
Ages: 6 Weeks to 6 Years	Director (if applicable): ASHLEY BROWN	Capacity: 48 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Per staff statement, a 4-year-old was in by a staff person. The child's health safety and welfare. , Ad Hoc Comments: NA	Pending Correction
An incident were a child's health safety and welfare were at risk was not report to the department within 24 hours. , Ad Hoc Comments: NA	Pending Correction

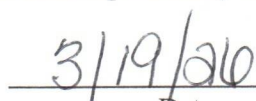
INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources 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

JOY FRAZIER



Date

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____