

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: RSA HEAD START	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 4/22/2026
Facility Address: 300 MONROE STREET, MONTGOMERY, AL 36105, Montgomery	Licensee: MONTGOMERY COMM ACTION COMM & COMM. DEV	Telephone #: (334) 239-9604
Ages: 0 Weeks to 5 Years	Director (if applicable): KIMBERLY HUGHLEY	Capacity: 152       /    NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b><u>Performance Standard Deficiency</u></b> <b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b> On April 22, 2026, a teacher in Classroom F is missing an application, Ad Hoc Comments: NA	Pending Correction
On April 22, 2026, a teacher in Classroom F is missing 3 references, Ad Hoc Comments: NA	Pending Correction
On April 22, 2026, a teacher in Classroom F is missing a photo ID, Ad Hoc Comments: NA	Pending Correction
On April 22, 2026, a teacher in Classroom F is missing suitability letter, Ad Hoc Comments: NA	Pending Correction
On April 22, 2026, a teacher in Classroom F is missing a CAN form, Ad Hoc Comments: NA	Pending Correction
On April 22, 2026, a teacher in Classroom F is missing a medical report, Ad Hoc Comments: NA	Pending Correction
On April 22, 2026, a teacher in Classroom F is missing verification of education, Ad Hoc Comments: NA	Pending Correction
On April 22, 2026, a teacher in Classroom F is missing TB Skin Test, Ad Hoc	Pending Correction

Comments: NA On April 22, 2026, a teacher in Classroom F is missing the required CCDF or Health and Safety Training, Ad Hoc	Pending Correction
Comments: NA On April 22, 2026, a teacher in Classroom F is missing verification of standards read, Ad Hoc	Pending Correction
Comments: NA On April 22, 2026, Classroom F ( 12 months - 24 months) is out of ratio due to a staff not having the required suitability letter, CAN form and CCDF training hours., Ad Hoc	Pending Correction
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.**

\_\_\_\_\_  
***Signature of Facility Representative***

\_\_\_\_\_  
Date

BRIDGETTE SMITH

\_\_\_\_\_  
***Signature of DHR Licensing Representative***

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_