

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: KERSHAW HEAD START	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 5/21/2026
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: 78 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Application, Staff Checklist Comments: need licensing application attachment	5/21/2026
Failed - References, Staff Checklist Comments: missing page 2 of all 3 references	5/21/2026
Failed - References, Staff Checklist Comments: missing one complete reference	5/21/2026
On May 21, 2026, the wall behind the toilet in the boys bathroom is not in good repair, 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.

Kimberly Dugley

5/26/26

Signature of Facility Representative

Date

BRIDGETTE SMITH

**Signature of DHR Licensing
Representative**

Date

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