ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
CHILDCARE RESOURCES HEAD START-GREAT STA	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	9/24/2026
Facility Address: 900 PALMER AVE, BRIGHTON, AL 35020, Jefferson	Licensee: CHILDCARE RESOURCES HEAD START PROGRAM	Telephone #: (205) 918-6947
Ages: 2 Years to 5 Years	Director (if applicable): TONYA JONES	Capacity: 42 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: One tricycle with missing handlebars	9/24/2026
Failed - Drinking water without added sweeteners or carbonation readily available throughout the day, Inspection Form Comments: incomplete	9/24/2026
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: incomplete	Pending Correction
Failed - Records on file at time of employment, Inspection Form Comments: incomplete	9/24/2026
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: One staff not in Arise with an incomplete medical	Pending Correction
Failed - Individual records on each child on file on first day of attendance, Inspection Form Comments: All children are not entered into Arise	9/24/2026
Failed - Medical, Staff Checklist Comments: expired	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 Date

BRANDUL PERINE

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____