ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: CENTRAL HEAD START & PREK	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 8/5/2026
Facility Address: 243 COOSA COUNTY RD. 75, ROCKFORD, AL 35136, Coosa	Licensee: TALLADEGA CLAY RANDOLPH CHILD CARE CORP	Telephone #: (256) 377-8048
Ages: 6 Weeks to 5 Years	Director (if applicable): CAPORTIA JENKINS	Capacity: 54 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
APPARENT HAZARDOUS CONDIT, Allegation Comments: The facility had a gas leak and failed to notify the Department within 24 hours	Pending Correction
REPORTS TO THE DEPARTMENT, Allegation Comments: The facility had a gas leak and failed to report to the Department within 24 hours	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.

Caportia Jenkins
_____
Signature of Facility Representative

08/05/2026
_____
Date

BRIDGETTE SMITH

_____ _____

Signature of DHR Licensing Representative Date

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