

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: EUFAULA HEAD START	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 8/26/2026
Facility Address: 333 STATE DOCKS ROAD, EUFAULA, AL 36027, Barbour	Licensee: SEARP & DC	Telephone #: (334) 687-2796
Ages: 3 Years to 5 Years	Director (if applicable): KENNETH FARMER	Capacity: / NA 51 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: The blue cushion mat is uncovered and jagged on the edge close to the side fence of the playground.	Pending Correction
Failed - C/A/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	Pending Correction
The air vent in the boy's bathroom is covered with dust., 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 September 9, 2026, 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

JAY DALTON


Date

8/26/26

Signature of DHR Licensing Representative

Date

COPIES TO: Latoria Cody