

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: RATCHFORD CHILD DEVELOPMENT HEAD START	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/21/2026
Facility Address: 600 JACKSON ST W, ONEONTA, AL 35121, Blount	Licensee: CAPNA INC	Telephone #: (205) 625-6254
Ages: 3 Weeks to 5 Years	Director (if applicable): JENNIFER SIMPSON	Capacity: 81 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
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: On August 21, 2026, Alabama Pathways was not up to date.	9/4/2026
Failed - Electrical outlets covered, Classroom Checklist / 2501A Comments: On August 21, 2026, there were some exposed electrical outlets.	8/21/2026

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 _____NA_____, 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.

Jennifer Simpson

Signature of Facility Representative

Date

JAIME BOWMAN

08/21/26

***Signature of DHR Licensing
Representative***

Date

COPIES TO: __Jennifer Simpson_____