

**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: 9/11/2026
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): CAROLYN CLAY	Capacity: 54 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
no deficiencies noted at visit	
APPARENT HAZARDOUS CONDIT, Allegation	Pending Correction
Comments: The facility had a gas leak and failed to notify the Department within 24 hours	
REPORTS TO THE DEPARTMENT, Allegation	9/11/2020
Comments: The facility had a gas leak and failed to report to the Department within 24 hours	

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.

Carolyn Clay
Signature of Facility Representative

9-11-2026
Date

BRIDGETTE SMITH 

**Signature of DHR Licensing
Representative**

9/11/2028
Date

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