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

## SECTION A- IDENTIFYING INFORMATION

| | | |
|---|---|---|
| Facility Name:<br>MUNFORD HEAD START | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>9/21/2026 |
| Facility Address:<br>90 MAIN STREET, MUNFORD, AL 36268, Talladega | Licensee:<br>TALLADEGA CLAY RANDOLPH CHILD CARE CORP | Telephone #:<br>(256) 854-2174 |
| Ages:<br>6 Weeks to 5 Years | Director (if applicable):<br>MAYA T CHATMAN | Capacity:<br>26 / NA<br>Day Night |

## SECTION B - DEFICIENCY INFORMATION

| **Performance Standard Deficiency**<br>***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<br>Comments: Some staff not registered in Alabama Pathways | Pending Correction |
| Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form<br>Comments: Only one person present in the facility with CPR/First Aid training | 9/21/2026 |
| Failed - Center director meets qualifications, Inspection Form<br>Comments: missing 20 hours of Administration Training | Pending Correction |
| Failed - TB Test Date and Results, Staff Checklist<br>Comments: missing | 9/21/2026 |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist | Pending Correction |

| | |
|---|---|
| Comments: missing | |
| Failed - Health and Safety Training, Staff Checklist | Pending Correction |
| Comments: missing | |
| Failed - Ongoing Training, Staff Checklist | Pending Correction |
| Comments: missing | |
| Failed - Health and Safety Training, Staff Checklist | 9/21/2026 |
| Comments: missing | |
| Failed - Verification of Education, Staff Checklist | Pending Correction |
| Comments: missing | |
| Failed - Ongoing Training, Staff Checklist | Pending Correction |
| Comments: missing | |
| Failed - Health and Safety Training, Staff Checklist | 9/21/2026 |
| Comments: missing | |
| Failed - Verification of Education, Staff Checklist | Pending Correction |
| Comments: missing | |
| Failed - Written Verification of Standards Read, Staff Checklist | Pending Correction |
| Comments: missing | |
| Failed - Ongoing Training, Staff Checklist | Pending Correction |
| Comments: missing | |
| Failed - Health and Safety Training, Staff Checklist | Pending Correction |
| Comments: missing | |
| On August 28, 2026, 2 staff were present in the facility supervising children without a staff file, Ad Hoc | 9/21/2026 |
| Comments: NA | |

**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.**

Mayra Chatman — 09/21/26

***Signature of Facility Representative*** — Date

*BRIDGETTE SMITH* — 09/21/26

***Signature of DHR Licensing Representative*** — Date

COPIES TO: _____