

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

SECTION A- IDENTIFYING INFORMATION

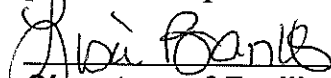
Facility Name: THELMA SMILEY MORRIS ELEMEN HEAD START	Type of Facility: Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 04/21/2025
Facility Address: 801 HILL STREET, MONTGOMERY, AL 36108, Montgomery	Licensee: MONTG.COMM.ACTION COMMITTEE & COMM. DEV	Telephone #: (334) 399-0841
Ages: 3 Years to 5 Years	Director (if applicable): ERIC HYATT	Capacity: 20 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

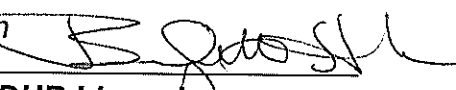
Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary There were no deficiencies found at the time of visit., Ad Hoc Comments: NA	

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.


Signature of Facility Representative

4-21-2025
Date

bridgette smith 
Signature of DHR Licensing Representative

4-21-2025
Date

COPIES TO: Center Director