

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: KERSHAW HEAD START	Type of Facility: Center [X] Day [X]      OST [ ] Night [ ]    Family [ ] University [ ] Group [ ]	Date of Visit: 04/22/2025
Facility Address: 2225 W. FAIRVIEW AVE, MONTGOMERY, AL 36108, Montgomery	Licensee: MONTGOMERY COMM. ACTION COMMITT & CDCINC	Telephone #:
Ages: 3 Years to 5 Years	Director (if applicable): Crystal Maria Carson	Capacity: 60      /      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	Date Corrected by Licensee
<p><b>Deficiency Summary</b></p> <p>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: all staff not registered in Alabama Pathways</p> <p>Failed - Medical, Staff Checklist Comments: expired 1-15-2025</p> <p>Failed - Immunization Certificate, Child Checklist Comments: expired 4-17-2025</p> <p>Failed - *Small building blocks-app. 100 non-interlocking, Classroom Checklist / B Comments: missing 100 non interlocking blocks</p> <p>Failed - *Small building blocks-app. 100 non-interlocking, Classroom Checklist / C Comments: missing 100 small blocks</p> <p>Failed - *Small cars, trucks, boats, etc. - 6, Classroom Checklist / A Comments: no small cars, trucks boats etc</p> <p>Failed - *Matching games-6 (no more than 2 electronic, Classroom Checklist / C Comments: only 2 matching games</p> <p>One new service staff missing a file, Ad Hoc Comments: NA</p> <p>One staff missing the required CCDF training hours, Ad Hoc Comments: NA</p>	

One staff missing the required CAN form. Ad Hoc  
Comments: NA  
One staff missing the required suitability letter. 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**

  
\_\_\_\_\_  
Date

bridgette smith

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_