ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: CARVER ELEMENTARY PRE-K	Type of Facility:Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 05/23/2025
Facility Address: 3100 MOBILE DRIVE, MONTGOMERY, AL 36108, Montgomery	Licensee: MONTGOMERY COM. ACTION COMM. & CDC, INC.	Telephone #: (334) 415-3843
Ages: 3 Years to 5 Years	Director (if applicable): ASHLEY WILLIAMS	Capacity: 36 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary Failed - Lockdown, Inspection Form Comments: no evidence of quarterly drills Failed - Relocation, Inspection Form Comments: no evidence of quarterly drills Failed - Posted in a conspicuous place, Inspection Form Comments: plan not available Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: substitute staff missing the required ongoing training hours 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: some staff not registered in Alabama Pathways Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: One staff missing the correct medical form Failed - Emergency Preparedness and Response Plan, Inspection Form Comments: plan not available Failed - Ongoing Training, Staff Checklist Comments: Staff does not have 12 hours of ongoing training. Failed - Application, Staff Checklist	05/03/2025

Comments: Staff application did not have a signature page.
Failed - Medical, Staff Checklist
Comments: Staff does not have a complete DHR medical form.
Failed - Ongoing Training, Staff Checklist
Comments: Staff only has 7 hours of ongoing training.
Failed - Ongoing Training, Staff Checklist
Comments: Staff only has 7 hours of ongoing training.
Failed - Written Verification of Standards Read, Staff Checklist
Comments: Staff does not have verification of standards read.
Failed - Ongoing Training, Staff Checklist
Comments: Staff only has 7 hours of ongoing training.
Failed - Application, Staff Checklist
Comments: no application
Failed - Photo ID Verification, Staff Checklist
Comments: no ID
Failed - Medical, Staff Checklist
Comments: no medical
Failed - TB Test Date and Results, Staff Checklist
Comments: no TB test
Failed - Verification of Education, Staff Checklist
Comments: No verification of education
Failed - References, Staff Checklist
Comments: no references
Failed - Written Verification of Standards Read, Staff Checklist
Comments: no written verification of standards read
Failed - Ongoing Training, Staff Checklist
Comments: no ongoing training
Failed - Health and Safety Training, Staff Checklist
Comments: no health and safety training
Failed - Ongoing Training, Staff Checklist
Comments: Only 7 hours of ongoing training.
Failed - Ongoing Training, Staff Checklist
Comments: Only 7 hours of ongoing training.
Failed - Immunization Certificate, Child Checklist
Comments: Immunization expired 04/24/2025

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: _____