

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: CHILDERSBURG HEAD START	Type of Facility: Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 05/13/2025
Facility Address: 261 PINECREST DRIVE, CHILDERSBURG, AL, 35044, Talladega	Licensee: TALLADEGA CLAY RANDOLPH CHILD CARE CORP	Telephone #: (256) 378-5308
Ages: 3 Years to 5 Years	Director (if applicable): JACKIE HALL	Capacity: 45 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> 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 Comments: some of staff not registered in Alabama Pathways The facility does not have enough staff for the current licensing capacity of 45., Ad Hoc Comments: NA	

*corrected
5.13.25*

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 5/27/2025, 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.

Jackie Hall
Signature of Facility Representative

bridgette smith

5/13/25
Date

5.13.25

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____