ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: PINK & BLUE, LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/29/2025
Facility Address: 500 HWY 52, HELENA, AL, 35080, Shelby	Licensee: PINK & BLUE, LLC	Telephone #: (205) 425-0005
Ages: 6 Weeks to 13 Years	Director (if applicable): SAMANTHA CHARIF	Capacity: 73 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Each child signed in and signed out with a written signature or bio-metric ID, Inspection Form Comments: The daily sign in/out sheets are missing some written parent/guardian signatures	Pending Correction
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 the staff not registered in Alabama Pathways	Pending Correction
Failed - Records filed alphabetically, Inspection Form Comments: staff files not filed alphabetically	9/29/2025
Failed - References, Staff Checklist Comments: 3 references are telephone references - not signed	9/29/2025
Failed - References, Staff Checklist Comments: 3 phone references	9/29/2025
Failed - References, Staff Checklist Comments: Not signed, phone references	9/29/2025
Failed - References, Staff Checklist Comments: not signed, phone references	9/29/2025
Failed - References, Staff Checklist Comments: missing signatures - phone references	9/29/2025
Failed - Preadmission Form, Child Checklist Comments: missing complete addresses on page 2 of the PreAdmission	Pending Correction
Failed - Preadmission Form, Child Checklist	Pending Correction

Comments: The Pre Admission form is missing complete addresses on page 2	
Failed - Immunization Certificate, Child Checklist	9/29/2025
Comments: Immunization record expired 9/2/2025	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: The Pre Admission form is missing complete addresses	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: The Pre Admission form is missing complete addresses on page 2	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Pre Admission form is missing complete addrresses	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: expired 7/19/2025	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Pre Admission form is missing complete addresses	
Failed - Waterproof mattress, sheets, Classroom Checklist / Infant Room	9/29/2025
Comments: 3 ripped mattresses	
Failed - Hazardous substances locked, Classroom Checklist / Infant Room	9/29/2025
Comments: The hand soap states "keep out the reach of children" which is a hazard. (6 weeks to 18 month classroom)	
4 children files not enrolled in Arise, Ad Hoc	9/29/2025
Comments: NA	
The fifteen Pre Admission forms observed are missing the check box for the McKinney-Vento Homeless Assistance Act, Ad Hoc	Pending Correction
Comments: NA	
The facility does not have enough staff to meet the licensing capactiy of 73., Ad Hoc	9/29/2025
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: _____