ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SMITH'S GROUP HOME DAY CARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [X]	Date of Visit: 2/20/2026
Facility Address: 1108 MORSE STREET, GREENSBORO, AL 36744, Hale	Licensee: BESSIE SMITH	Telephone #: (334) 507-2063
Ages: 4 Weeks to 14 Years	Director (if applicable): NA	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary There were no children present at the time of this visit. There is 1 (one), 10 year old boy that attends after school.	
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: All staff needs to be properly registered and training uploaded into Pathways.	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Substitute's CPR has expired.	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Substitute's First Aid has expired.	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Provider's CPR has expired.	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Provider's First Aid has expired.	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Assistant's CPR has expired.	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Assistant's First Aid has expired.	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Substitute's CPR has expired.	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Substitute's First Aid has expired.	Pending Correction

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 __3/6/2026_, 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.

_Bessie Smith___ **_02/20/2026_**
Signature of Facility Representative Date

CYNTHIA BROWN
_____ **_02/20/2026**
Signature of DHR Licensing Representative Date

COPIES TO: _Licensee_