ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SMART START DAYCARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 3/4/2026
Facility Address: 1164 COUNTY RD 238, OZARK, AL 36360, Dale	Licensee: JOYCE JONES	Telephone #: (334) 790-8460
Ages: 4 Weeks to 5 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: front room- off spray not under lock and key or combination lock. dining room table- antibacterial soap not under lock and key or combination lock. children's restroom- toothpaste not under lock and key or combination lock. children's changing area- Lysol wipes and hand sanitizer not under lock and key or combination lock.	Pending Correction
Failed - Radiators heaters and fans inaccessible to children, Inspection Form Comments: fan in children's changing area	Pending Correction
Failed - Clear glass doors marked at child level, Inspection Form Comments: not marked at child level	Pending Correction
Failed - Fire, Inspection Form Comments: missing documentation	Pending Correction
Failed - Tornado, Inspection Form Comments: missing documentation	Pending Correction

Failed - Lockdown, Inspection Form Comments: missing documentation	Pending Correction
Failed - Relocation, Inspection Form Comments: missing documentation	Pending Correction
Failed - Application, Staff Checklist Comments: Missing Documentation	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: expired	Pending Correction
The home rules and policies are incomplete., Ad Hoc Comments: NA	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 _____3/20/2026_____, 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.

Joyce Jones — **03/04/2026**

Signature of Facility Representative Date

AMY HORN /LADANIKA YORK — **03/04/2026**

Signature of DHR Licensing Representative Date

COPIES TO: _____