

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                              |                                                                                                                                               |                                                             |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Facility Name:<br>GROWING SMILES LEARNING &<br>DAYCARE CENTER                | Type of Facility : Center [X]<br>Day [X]                      OST [ ]<br>Night [X]                  Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>3/18/2026                                 |
| Facility Address:<br>6025 MASTIN LAKE ROAD,<br>HUNTSVILLE, AL 35810, Madison | Licensee:<br>LERNAIL FLETCHER                                                                                                                 | Telephone #:<br>(256) 851-0086                              |
| Ages:<br>6 Weeks to 12 Years/6 Weeks to 12 Years                             | Director (if applicable):<br>LERNAIL L FLETCHER                                                                                               | Capacity:<br>113        /    NA<br>Day                Night |

**SECTION B - DEFICIENCY INFORMATION**

| <b><u>Performance Standard Deficiency</u></b><br><b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>                                                                                                                  | <b>Date Corrected by<br/>Licensee</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Deficiency Summary</b>                                                                                                                                                                                              |                                       |
| Failed - Outdoor play area free of apparent hazardous conditions;<br>Inspection Form<br>Comments: Wood planks on the school bus structure are missing and<br>broken. Low hanging branches over the fence are breaking. | Pending Correction                    |
| Failed - Medical, Staff Checklist<br>Comments: Medical is expired.                                                                                                                                                     | Pending Correction                    |
| Failed - Medical, Staff Checklist<br>Comments: Medical is expired.                                                                                                                                                     | Pending Correction                    |
| Failed - Medical, Staff Checklist<br>Comments: Medical is expired.                                                                                                                                                     | Pending Correction                    |
| Failed - Immunization Certificate, Child Checklist<br>Comments: Immunization is missing.                                                                                                                               | Pending Correction                    |
| Failed - Labeled storage space at child level, Classroom Checklist / 2 to 3<br>years<br>Comments: Children's storage space is not labeled.                                                                             | 3/18/2026                             |

**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 04/01/26, 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.

Lernail Fletcher

\_\_\_\_\_  
*Signature of Facility Representative*

AJOIA MCGHEE

\_\_\_\_\_  
*Signature of DHR Licensing Representative*

March 18, 2026

\_\_\_\_\_  
Date

03/18/2026

\_\_\_\_\_  
Date

COPIES TO:        Center