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

ALL DEFICIENCIES CORRECTED THROUGH ARISE ON 03/27/2026.

Failed - Home free of apparent hazardous conditions, Inspection Form

3/27/2026

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.

Failed - Radiators heaters and fans inaccessible to children, Inspection Form

3/27/2026

Comments: fan in children's changing area

Failed - Clear glass doors marked at child level, Inspection Form 3/6/2026
Comments: not marked at child level

Failed - Fire, Inspection Form 3/6/2026
Comments: missing documentation

Failed - Tornado, Inspection Form 3/6/2026
Comments: missing documentation

Failed - Lockdown, Inspection Form 3/6/2026
Comments: missing documentation

Failed - Relocation, Inspection Form 3/6/2026
Comments: missing documentation

Failed - Application, Staff Checklist 3/6/2026
Comments: Missing Documentation

Failed - Immunization Certificate, Child Checklist 3/27/2026
Comments: expired

The home rules and policies are incomplete., Ad Hoc 3/24/2026
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: 3/27/24

AMY HORN

Signature of DHR Licensing Representative — Date

COPIES TO: _____