ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: PORTERFIELD DAYCARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 7/24/2026
Facility Address: 312 WASHINGTON STREET, GREENVILLE, AL 36037-1924, Butler	Licensee: ROSEMARY PORTERFIELD	Telephone #: (334) 383-9926
Ages: 6 Weeks to 8 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 via Arise as of 8/5/26.	
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: SOME STAFF IS NOT REGISTERED/ACTIVELY PARTICIPATING IN ALABAMA PATHWAYS	8/5/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: EXPIRED	8/3/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: EXPIRED	8/3/2026

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 N/A, 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.

Rosemary Porterfield — **07/24/26**

Signature of Facility Representative — Date

OLIVA JACKSON — **07/24/26**

Signature of DHR Licensing Representative — Date

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