ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SMITH KINDERCARE	Type of Facility : Center [ ] Day [X] OST [ ] Night [X] Family [X] University [ ] Group [ ]	Date of Visit: 9/11/2026
Facility Address: 1567 WEST AVENUE, MOBILE, AL 36604, Mobile	Licensee: DERICA SMITH	Telephone #: (251) 529-4729
Ages: 6 Weeks to 14 Years/18 Months to 14 Years	Director (if applicable):	Capacity: 5 / 5 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
All deficiencies were corrected through ARISE on 9/8/26.	
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: One staff is not enrolled in Alabama Pathways Professional Development Registry.	8/28/2026
Failed - Medical, Staff Checklist Comments: Licensee's file has an expired Medical Report.	8/28/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Licensee's file has an expired Infant -Child CPR Certification.	8/27/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: Licensee's file has an expired Infant -Child First Aid Certificate.	8/27/2026
Failed - Immunization Certificate, Child Checklist Comments: Child's immunization is expired.	8/5/2026

Failed - Immunization Certificate, Child Checklist Comments: Child's Immunization record is expired.	8/5/2026
There is a bottle of hand sanitizer sitting on the porch's entrance that is accessible to the children and is not under lock & key/combination lock., Ad Hoc Comments: NA	8/25/2026

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.

Derica Smith **9/11/26**

Signature of Facility Representative Date

DEBORAH LANG-DIXON **9/11/26**

Signature of DHR Licensing Representative Date

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