

**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: 05/20/2025
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

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
No deficiencies observed at the time of visit.	
Failed - Number of children in the care of the licensee does not exceed licensed capacity, Inspection Form Comments: Over licensed capacity	05/22/2025
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: Windex & Purse not under lock and key or combination lock.	04/03/2025
Failed - Dangerous substances locked, Inspection Form Comments: Windex & Purse not under lock and key or combination lock.	04/03/2025
Failed - Doors not closed in any area where children are sleeping, Inspection Form Comments: Doors closed in sleeping area	04/03/2025
Failed - Home and grounds free of apparent hazards including abandoned automobiles unused appliances uncovered wells and cisterns stacked lumber with exposed nails explosives, Inspection Form Comments: Inside home hazards	04/03/2025
Failed - Formula provided by parent must be ready to feed labeled and	04/03/2025

*Rec'd by email
5/27/25 AD*

refrigerated, Inspection Form Comments: Bottles not labeled	
Failed - Licensee caregivers each child washes hands with soap and warm running water as required, Inspection Form Comments: Did not wash hand with soap and warm water before feeding/meal	04/24/2025
Failed - Formula and food brought from child's home labeled and stored properly, Inspection Form Comments: Bottles not labeled	04/03/2025
Failed - Each infant held for bottle feeding. No bottles propped, Inspection Form Comments: Infant laying down with a bottle in playpen	04/03/2025
Failed - Records for caregivers/substitutes, Inspection Form Comments: Missing Documentation	04/07/2025
Failed - Children's records complete, Inspection Form Comments: One child's Pre-Admission Form is missing documentation	04/03/2025
Failed - Soft materials including pillows quilts comforters sheepskins bumper pads stuffed toys prohibited in sleeping environment, Inspection Form Comments: Toys and soft items in sleeping area	04/03/2025
Failed - No infant put to sleep on sofa soft mattress or other soft surface, Inspection Form Comments: Infant in playpen on soft material and toys	04/03/2025
Failed - Application, Staff Checklist Comments: No Documentation	04/07/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation on form	04/03/2025
Two children admitted in the home without a current Alabama Immunization Certificate and a Pre-Admission form., Ad Hoc Comments: NA	04/24/2025
Bottle not labelled with child's name, Ad Hoc Comments: NA	04/24/2025

Number of children in the care of the licensee exceed licensed capacity, 05/22/2025
Ad Hoc
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 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.

[Signature]
Signature of Facility Representative

5/22/2025
Date

Amy Horn
[Signature]
Signature of DHR Licensing Representative

5/22/2025
Date

COPIES TO: emailed to licensee
5/22/25 AH