

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: Smith Kindercare	Type of Facility: Day <input checked="" type="checkbox"/> Night <input type="checkbox"/>	Family <input type="checkbox"/> Group <input type="checkbox"/> Center <input type="checkbox"/> S.A.P. <input type="checkbox"/>	Date of Visit: 12 / 4 / 24 <small>month day year</small>
Facility Address: 1567 West Ave Mobile, AL 36604	Licensee: Derica Smith	Telephone #: (251) 513-2095	
Ages: 6 wks to 14 yrs / 6 wks to 14 yrs <small>day night</small>	Director (if applicable): N/A	Capacity: 5 / 5 <small>day night</small>	

SECTION B - DEFICIENCY INFORMATION

Column 1	Performance Standard Deficiency <i>*HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Column 2 Date Corrected by Licensee
①	No deficiencies observed during today's visit on 12/4/24. <i>DS</i>	①

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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative *Derica Smith* Date 12-4-24
 Signature of DHR Licensing Representative *Deborah Davis* Date 12/4/24