Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 01L013	**(X3) Date Survey Completed** 06/12/2026
Name of Provider or Supplier Safetynet Youth Systems, Llc	**Street Address, City, State** 5888 Cherry Hill Road, Montgomery, AL	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	A recertification survey was conducted from 6/9/26 to 6/12/26 at Safetynet Crossings. The facility was found to be not in compliance with the Conditions of Participation for Emergency Preparedness.