

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: Susan Norris	Type of Facility: Family ☐ Day ☒ ☐ Night ☒ ☐ Group ☒ Center ☐ S.A.P. ☐	Date of Visit: 08 / 05 / 2024 month day year
Facility Address: 140 Lee Road 213 Phenix City AL 36870	Licensee: Susan Norris	Telephone #: (704) 888-5389
Ages: 6wks to 12yrs / 6wks to 12yrs day night	Director (if applicable): N/A	Capacity: 12 / 12/4 day night

SECTION B - DEFICIENCY INFORMATION

Column 1 Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY*	Column 2 Date Corrected by Licensee
1. Home and staff records are incomplete see pages 10 and 11 of the evaluation.	

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 08/19/2024, 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 [Signature] Date 08-05-24

Signature of DHR Licensing Representative [Signature] Date 08/05/2024

COPIES TO: licensee

Page 1 of 1

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