

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: VANESSA SUGGS	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 06/24/2025
Facility Address: 1602 LYNDLE ROAD, MONTGOMERY, AL 36107, Montgomery	Licensee: VANESSA SUGGS	Telephone #: (334) 262-3368
Ages: 0 Weeks to 12 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	
Failed - Children's records complete, Inspection Form Comments: Missing documentation	06/24/2025
Failed - Certificate of rabies vaccination, Inspection Form Comments: Missing documentation	06/24/2025
Failed - Records for caregivers/substitutes, Inspection Form Comments: Missing documentation	
Failed - Record for licensee/household member, Inspection Form Comments: Missing documentation	
Failed - Most recent deficiency report posted, Inspection Form Comments: Not posted	
Failed - Most recent licensing evaluation posted, Inspection Form Comments: Not posted	

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Failed - No screen time for children under the age of 2 years old,
Inspection Form
Comments: Screen time were used during the entire licensing visit

Failed - Medication for children or household members locked,
Inspection Form
Comments: Household medication (TUMS)

Failed - By August 1 2022 all home staff including
licensee/substitutes/assistant caregivers must enroll in Alabama Pathways
Professional Development Registry, Inspection Form
Comments: Some of the Facility staff are not enrolled in the Alabama
Pathway's Registry.

Failed - Relocation, Inspection Form 06/24/2025
Comments: Missing documentation

Failed - Lockdown, Inspection Form 06/24/2025
Comments: Missing documentation

Failed - Tornado, Inspection Form 06/24/2025
Comments: Missing documentation

Failed - Fire, Inspection Form 06/24/2025
Comments: Missing documentation

Failed - Fence at least 4 feet in height free from sharp protruding edges
(except where prohibited by federal law), Inspection Form
Comments: Fence not 4 ft in height

Failed - Outdoor play area and equipment free from apparent hazards,
Inspection Form
Comments: Dog feces

Failed - Measuring equipment, Inspection Form
Comments: Missing equipment

Failed - Magnifying glass, Inspection Form
Comments: Missing equipment

Failed - Number of playpens:, Inspection Form
Comments: Missing equipment

Failed - Tools and machinery inaccessible, Inspection Form Comments: Washer and dryer is accessible	
Failed - Electrical outlets covered, Inspection Form Comments: Bathroom outlet	06/24/2025
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: Children's area: Lactate lotion, air freshener and lysol spray/Bathroom: Epsom salt, Hair products, lysol spray, air freshener and etc. /Kitchen:Cleaning products and clorox wipes/Foyer: Air Freshener and lysol spray and Bedrooms not under lock & key or combination lock.	
Failed - Medical, Staff Checklist Comments: Missing documentation	
Failed - Ongoing Training, Staff Checklist Comments: Missing Documentation	
Failed - Health and Safety Training, Staff Checklist Comments: Missing documentation	
Failed - Application, Staff Checklist Comments: Missing documentation	
Failed - Verification of Education, Staff Checklist Comments: Missing documentation	
Failed - Ongoing Training, Staff Checklist Comments: Missing documentation	
Failed - Health and Safety Training, Staff Checklist Comments: Missing documentation	
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	06/24/2025
Failed - Immunization Certificate, Child Checklist Comments: Expired	06/24/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	06/24/2025

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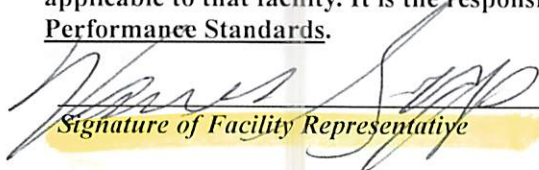
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The home has an expired Fire Inspection., Ad Hoc
Comments: NA

06/24/2025

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 7/15/25, 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 of Facility Representative

Amy Horn

Signature of DHR Licensing Representative

7/3/25
Date

6/27/25
Date

COPIES TO: mailed to licensee 6/27/25

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