ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SUSAN NORRIS	Type of Facility : Center [ ] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [X]	Date of Visit: 11/5/2025
Facility Address: 140 LEE ROAD 213, PHENIX CITY, AL, 36870, Lee	Licensee: SUSAN MAE NORRIS	Telephone #: (706) 888-5389
Ages: 6 Weeks to 12 Years/	Director (if applicable): N/A	Capacity: 12 / 12 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary All deficiencies corrected effective 11/07/2025. Failed - Preadmission Form, Child Checklist Comments: Preadmission form is incomplete.	11/7/2025

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 _____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.

Susan Norris
Signature of Facility Representative

11-7-25
Date

ROBIN BUSSIE

11/07/2025

Signature of DHR Licensing Representative Date

COPIES TO: _____Licensee_____