

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: ST. JOHN BAPT.CH.DOLOMITE PRES. DAYCARE	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 5/19/2026
Facility Address: 1101 ALEXANDER STREET, DOLOMITE, AL 35061, Jefferson	Licensee: SAINT JOHN BAPTIST CHURCH	Telephone #: (205) 744-5552
Ages: 6 Weeks to 16 Years	Director (if applicable): ARMELIA HARVILLE	Capacity: 41            NA Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<u>Date Corrected by Licensee</u>
<b>Deficiency Summary</b>	
Failed - Medical, Staff Checklist Comments: The medical expired 2025	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: expired 5/15/26	5/11/2026
Failed - Hazardous substances locked, Classroom Checklist / infant toddler room Comments: disinfected wipes on the shelf by the sink not under lock and key.	5/19/2026

**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 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**

Date

JOY FRAZIER

05/19/2026

**Signature of DHR Licensing  
Representative**

Date

COPIES TO:     A. Harville

A handwritten signature in black ink, appearing to read "Amelia S. Harville". The signature is written over a horizontal line that extends from the "COPIES TO:" text.