

**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: 5/27/2026
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> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Home free of apparent hazardous conditions, Inspection Form Comments: Living Room: Disinfectant wipes not under lock & key or combination lock.Children's Room: Air Freshers, eczema lotion and etc. not under lock & key or combination lock.	Pending Correction
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: Disinfectant wipes, propane tank, grill, gasoline not under lock & key or combination lock.	Pending Correction
Failed - Tools and machinery inaccessible to children, Inspection Form Comments: Exercise bike/equipment accessible to the children in care	Pending Correction
Failed - Most recent licensing evaluation posted, Inspection Form Comments: Not posted	Pending Correction
Failed - Most recent deficiency report posted, Inspection Form Comments: Not posted	Pending Correction
Failed - Certificate of rabies vaccination, Inspection Form Comments: Missing documentation	Pending Correction
Failed - Application, Staff Checklist Comments: Missing 3rd page of application	Pending Correction
Failed - Medical, Staff Checklist Comments: Missing documentation	Pending Correction

Failed - Ongoing Training, Staff Checklist Comments: Missing documentation	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing documentation	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing documentation	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing documentation	Pending Correction

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.

Vanessa Suggs

Signature of Facility Representative

05/27/2026

Date

AMY HORN

Signature of DHR Licensing Representative

Date

COPIES TO: _____