

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: HARBOR LEARNING ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 6/4/2026
Facility Address: 461 5TH WAY, ALEXANDER CITY, AL 35010, Tallapoosa	Licensee: HARBOR LEARNING ACADEMY, LLC.	Telephone #: (256) 234-4739
Ages: 8 Weeks to 12 Years	Director (if applicable): SUE SMITHERMAN	Capacity: 143 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Clear glass doors are marked at child level, Inspection Form Comments: Front clear door is not marked at child's level	6/4/26 AV Pending Correction
Failed - 24 months to 36 months 1 to 8, Inspection Form Comments: Upon arrival of DHR Representative, present in the 24 - 36 months classroom were 9 children and one staff. Ratios not met.	6/4/26 AV Pending Correction
Failed - School age up to 8 years 1 to 21, Inspection Form Comments: Upon arrival of DHR Representative, present were 36 children and one staff member.	6/4/26 AV Pending Correction
Failed - 8 years and older 1 to 22, Inspection Form Comments: Upon arrival of DHR Representative, present were 36 children and one staff member.	6/4/26 AV Pending Correction
Failed - All children supervised at all times, Inspection Form Comments: One child and no staff present in the Infant II room (6 weeks - 12 months) 9 children and no staff present in the PreK 3 classroom	6/4/26 AV Pending Correction
Failed - Each child accompanied into and out of center, Inspection Form Comments: A school age child was not accompanied during drop off	6/16/26 AV Pending Correction
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: A hole is in the fence on the preschool/school age	6/12/26 AV Pending Correction

playground

Failed - Outdoor play area free of apparent hazardous conditions;
Inspection Form

Comments: Rust on play equipment

Failed - Cries/signs of distress investigated immediately;
Inspection Form

Comments: The cries of the infants in Christina's room (6 weeks - 6 months) were not investigated immediately

Failed - Infants placed on back to sleep unless physician's statement indicates otherwise, Inspection Form

Comments: 2 Infants in Christina's Room (6 weeks - 6 Months) were asleep not on their back. (crib and floor)

Failed - No infant put to sleep on sofa, soft mattress, Inspection Form

Comments: An 8 week infant in Christina's class (6 weeks - 6 months) was asleep on the floor on a soft mat/rug placed on their stomach

Failed - Meals and snacks comply with requirements, Inspection Form

Comments: Meal observed does not meet standards. (ham sandwich, pears, chez its, pears and juice)

Failed - Expressed human milk sent in container labeled with infant's full name/date, and specific written instructions on how to prepare, store, and use, Inspection Form

Comments: Breast milk not labeled and no instructions provided

Failed - Infants held for bottle feeding, Inspection Form

Comments: An infant in Christina's Class (6 weeks - 6 months) was not held for bottle feeding.

Failed - Foods eaten from a dish, Inspection Form

Comments: In Connie's class (12month - 15 months) and Misty's class (15months - 18months) lunch meal was served directly on the table not from a dish

Failed - Meals and snacks comply with USDA guidelines, Inspection Form

Comments: Meal observed did not comply with USDA guidelines
Failed - No blanket authorization forms for medication, Inspection Form

Comments: In Misty's class (12 months - 15 months) blanket authorization forms were present in the classroom

Failed - Hazardous substances locked, Classroom Checklist / Ms. Misty's Class (Infant 4)

Comments: Medication not under lock and key

Failed - Medication locked, Classroom Checklist / Ms. Misty's Class (Infant 4)

Comments: Medication not under locked and key. No medication authorization form nor a physician statement

Failed - Hazardous substances locked, Classroom Checklist / Ms. Connie's Class (Infant 3)

Comments: Lysol not under lock and key or a combination lock

Failed - Medication locked, Classroom Checklist / Ms. Connie's

Working to complete
Pending Correction (AV)

6/4/20 AV
Pending Correction

6/5/20 AV
Pending Correction

6/5/20 AV
Pending Correction

6/5/20 AV
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Pending Correction

6/4/20 AV
Pending Correction

Class (Infant 3)	
Comments: Personal A & D ointment not under lock and key or a combination lock	6/4/20 (AU)
Failed - Indoor thermometer (child safe), Classroom Checklist / Ms. Kiara's Class	Pending Correction
Comments: Thermometer missing in the 18 months - 24 months classroom	6/4/20 (AU)
Failed - Hazardous substances locked, Classroom Checklist / Ms. Kiara's Class	Pending Correction
Comments: A hazard (lysol) not under lock and key or a combination lock in the 18 months - 24 months classroom	6/4/20 (AU)
Failed - Hazardous substances locked, Classroom Checklist / Ms. Savannah's class (2 1/2)	Pending Correction
Comments: A cabinet containing various hazards (Lysol, hand soap labeled "keep out the reach of children) does not have a lock and key or combination lock.	6/4/20 (AU)
Failed - Containers labeled, Classroom Checklist / Ms. Savannah's class (2 1/2)	Pending Correction
Comments: An unlabeled spray container in the bathroom cabinet	6/4/20 (AU)
Failed - Hazardous substances locked, Classroom Checklist / Ms. Cheyenne's Class	Pending Correction
Comments: A hazard (shaving cream) was not under lock and key or a combination lock	6/4/20 (AU)
Failed - Indoor thermometer (child safe), Classroom Checklist / Ms. Aaliyah's Class (Three's)	Pending Correction
Comments: missing thermometer	6/4/20 (AU)
Failed - Written schedule posted with 60-90 minutes of active play, Classroom Checklist / Ms. Amanda's Class	Pending Correction
Comments: no schedule posted	

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.

Andrea Connor
Signature of Facility Representative

6/15/20
Date

BRIDGETTE SMITH

Signature of DHR Licensing Representative

Date

COPIES TO: _____