

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: FOUNTAIN CITY PRESCHOOL	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/1/2026
Facility Address: 750 Loder Street, Prattville, AL 36067, Autauga	Licensee: HOLLEE HONAKER	Telephone #: (334) 904-8095
Ages: 30 Months to 12 Years	Director (if applicable): HOLLEE DAY HONAKER	Capacity: 100 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary No deficiencies observed in areas visited on 9/1/26.	

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 _____X_____, 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.

Hallee Honaker
Signature of Facility Representative

9/1/26
Date

JESSICA VICE

Signature of DHR Licensing
Representative

9/1/2026
Date

COPIES TO: ____ Center _____