

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SUSAN FRAZIER	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 9/22/2026
Facility Address: 6392 BOWDEN ROAD, HONORAVILLE, AL 36042, Crenshaw	Licensee: SUSAN FRAZIER	Telephone #: (334) 537-4059
Ages: 4 Weeks to 8 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 - Dangerous substances locked, Inspection Form Comments: IN THE CHILDREN'S AREA, THERE IS HAND SANITIZER NOT UNDER LOCK & KEY OR COMBINATION LOCK.	Pending Correction
Failed - Current and complete emergency plans and procedures submitted to the Department, Inspection Form Comments: EPRP IS MISSING INFORMATION	Pending Correction
Failed - Licensee caregivers each child washes hands with soap and warm running water as required, Inspection Form Comments: CHILDREN DID NOT WASH THEIR HANDS WITH SOAP & WARM RUNNING WATER BEFORE OR AFTER SNACK OR LUNCH	Pending Correction
Failed - Each child's food served from an individual dish, Inspection Form Comments: INFANT/TODDLER GERBER SNACK AND BANANA WAS PLACED ON THE TABLE AND THE HIGH-CHAIR TRAY	Pending Correction
Failed - Animals not allowed in food storage preparation or service areas	Pending Correction

during hours of care, Inspection Form

Comments: THE DOG WAS IN THE FOOD PREP AREA AND THE SERVICE AREAS DURING THE HOURS OF CARE

Failed - Each child signed in and signed out with a written signature or a biometric ID, Inspection Form

Pending Correction

Comments: THE SIGN-IN SHEET WAS NOT USED CORRECTLY

Failed - Most recent deficiency report posted, Inspection Form

Pending Correction

Comments: THE MOST RECENT DEFICIENCY REPORT (10/30/2025) WAS NOT POSTED

Failed - Certificate of rabies vaccination, Inspection Form

Pending Correction

Comments: EXPIRED VACCINATION

Failed - Written verification of Emergency Procedures, Staff Checklist

Pending Correction

Comments: MISSING DOCUMENTATION

Failed - Ongoing Training, Staff Checklist

Pending Correction

Comments: SHORT 18 HRS

Failed - Health and Safety Training, Staff Checklist

Pending Correction

Comments: MISSING CCDF #2,5,6,7,8

The Home Rules & Policies are incomplete., Ad Hoc

Pending Correction

Comments: NA

The home has an expired Fire Inspection., Ad Hoc

Pending Correction

Comments: NA

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 09/30/2026, 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

AMY HORN

Signature of DHR Licensing Representative

09/22/2026

Date

09/22/2026

Date

COPIES TO: _____ LICENSEE _____