

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

**SECTION A - IDENTIFYING INFORMATION**

Facility Name: AGAPE CHILD DEVELOPMENT CENTER	Type of Facility: Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 05/28/2025
Facility Address: 2640 WESTGATE STREET, MONTGOMERY, AL, 36108, Montgomery	Licensee: DEMOND FRANKLIN	Telephone #: (334) 593-0502
Ages: 6 Weeks to 12 Years	Director (if applicable): ERMA FRANKLIN	Capacity: 0 , NA Day Night

**SECTION B - DEFICIENCY INFORMATION**

Performance Standard Deficiency <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	Date Corrected by Licensee
<p><b>Deficiency Summary</b></p> <p>Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form  Comments: Incomplete  Failed - Medical, Staff Checklist  Comments: incomplete</p>	

**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.

*Erma Franklin*  
**Signature of Facility Representative**      06/03/2025  
Date

Jessica Vice

**Signature of DHR Licensing**

Date

***Representative***

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