

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: EAGLES ACADEMY LLC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 06/06/2025
Facility Address: 2330 MONTGOMERY HIGHWAY, DOTHAN, AL 36303, Houston	Licensee: EAGLES ACADEMY LLC	Telephone #: (334) 500-0974
Ages: 3 Years to 12 Years	Director (if applicable): BETTY DICKENS	Capacity: 59 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Exposed electrical outlets have protective covers, Inspection Form Comments: in the large room there were outlet covers missing.	04/25/2025
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: 1 staff member is missing 1 health and sfety verification.	06/06/2025
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Staff are not enrolled in the Alabama pathway registry.	05/20/2025
Failed - Ongoing Training, Staff Checklist Comments: There is no verification of ongoing training.	06/06/2025
Failed - Health and Safety Training, Staff Checklist Comments: Number 8 (handling hazardous material) is not verified.	06/06/2025
Failed - Ongoing Training, Staff Checklist Comments: There is no verification of ongoing training.	06/30/2025
Failed - Preadmission Form, Child Checklist Comments: Address is not complete. There is not a city.	05/20/2025
In the large classroom area there were power outlet covers missing., Ad Hoc Comments: NA	04/25/2025

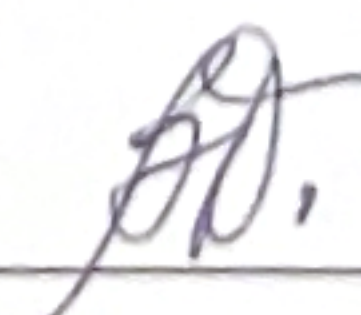
**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT**

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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.

Betty Dickens
Signature of Facility Representative

7-1-25
Date

Jay Dalton

Signature of DHR Licensing Representative

6/30/2025
Date

COPIES TO: Betty Dickens