

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: TEE TEE'S LITTLE ANGEL	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 4/30/2025
Facility Address: 1262 CHARMAINE CIRCLE E., MOBILE, AL 36605, Mobile	Licensee: CHARLOTTE COX	Telephone #: (251) 301-3867
Ages: 6 Weeks to 5 Years	Director (if applicable):	Capacity: 5 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
There were no deficiencies observed during today's visit.	
Failed - Application, Staff Checklist Comments: Incorrect form.	5/1/2025
Failed - Photo ID Verification, Staff Checklist Comments: No I.D. entered	5/1/2025
Failed - Medical, Staff Checklist Comments: Unclear	5/1/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Unclear	5/1/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing	5/1/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing #11	5/1/2025
Failed - Ongoing Training, Staff Checklist Comments: Need 4 more hours of training.	5/1/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing Verification of Standards	5/1/2025
Failed - Ongoing Training, Staff Checklist Comments: Licensee needs four (4) more hours of on going training.	5/1/2025
Failed - Medical, Staff Checklist Comments: Licensee's Medical dates can't be viewed.	5/1/2025
Failed - Application, Staff Checklist Comments: Licensee's file is missing the Licensing Application Attachment,(incorrect document is posted in staff record).	5/1/2025

Failed - Photo ID Verification, Staff Checklist Comments: Licensee's file is missing Photo Identification Verification.	5/1/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Licensee's TB Skin Test date can't be viewed.	5/1/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Licensee is missing Written Verification of Standards Read.	5/1/2025
Failed - Health and Safety Training, Staff Checklist Comments: Licensee's training topic #11 in Health & Safety not available.	5/1/2025
Failed - Application, Staff Checklist Comments: Substitute's file is missing Licensing Application Application	5/1/2025
Failed - Photo ID Verification, Staff Checklist Comments: Substitute's file is missing Photo ID.	5/1/2025
Failed - References, Staff Checklist Comments: Substitute's file is missing three (3) References.	5/1/2025
Failed - Health and Safety Training, Staff Checklist Comments: Substitute's file is missing Health and Safety topics #3, and #6.	5/1/2025
Failed - Medical, Staff Checklist Comments: Household member file is missing Medical Report form.	5/1/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Household member is missing T. B. Skin Test Results.	5/1/2025

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.

Signature of Facility Representative
 Deborah Lang-Dixon

 Date

Signature of DHR Licensing Representative

 Date

COPIES TO: _____