

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: GOD CHOSE HATCHER ANGEL'S LEARNING CTR	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 10/14/2025
Facility Address: 1564 BESSEMER RD, BIRMINGHAM, AL 35208, Jefferson	Licensee: FREDRIKA HATCHER	Telephone #: (205) 203-4210
Ages: 5 Years to 13 Years	Director (if applicable): FREDRIKA HATCHER	Capacity: 44 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary 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: None of the Facility staff members are enrolled in Alabama Pathway' s Registry. Failed - Transportation checklists used as required, Inspection Form Comments: Not present at the center Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: Not present at center Failed - Preadmission Form, Child Checklist Comments: Missing signatures Some of the children's files are not present at the center., Ad Hoc 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 _____, 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

Date

Shundr Nevels

Signature of DHR Licensing Representative

Date

COPIES TO: _____