ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ANGELA NORRED	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 12/15/2025
Facility Address: 3520 COUNTY ROAD 14, ROANOKE, AL 36274, Randolph	Licensee: ANGELA NORRED	Telephone #: (334) 863-7810
Ages: 6 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary All deficiencies corrected 12/19/2025. Failed - Certificate of rabies vaccination, Inspection Form Comments: Two dogs do not have current rabies vaccinations.	12/19/2025

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 N/A, 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.

Angela Norred
Signature of Facility Representative

12-19-25
Date

ROBIN BUSSIE
Signature of DHR Licensing Representative

12/19/2025
Date

COPIES TO: _____Licensee_____