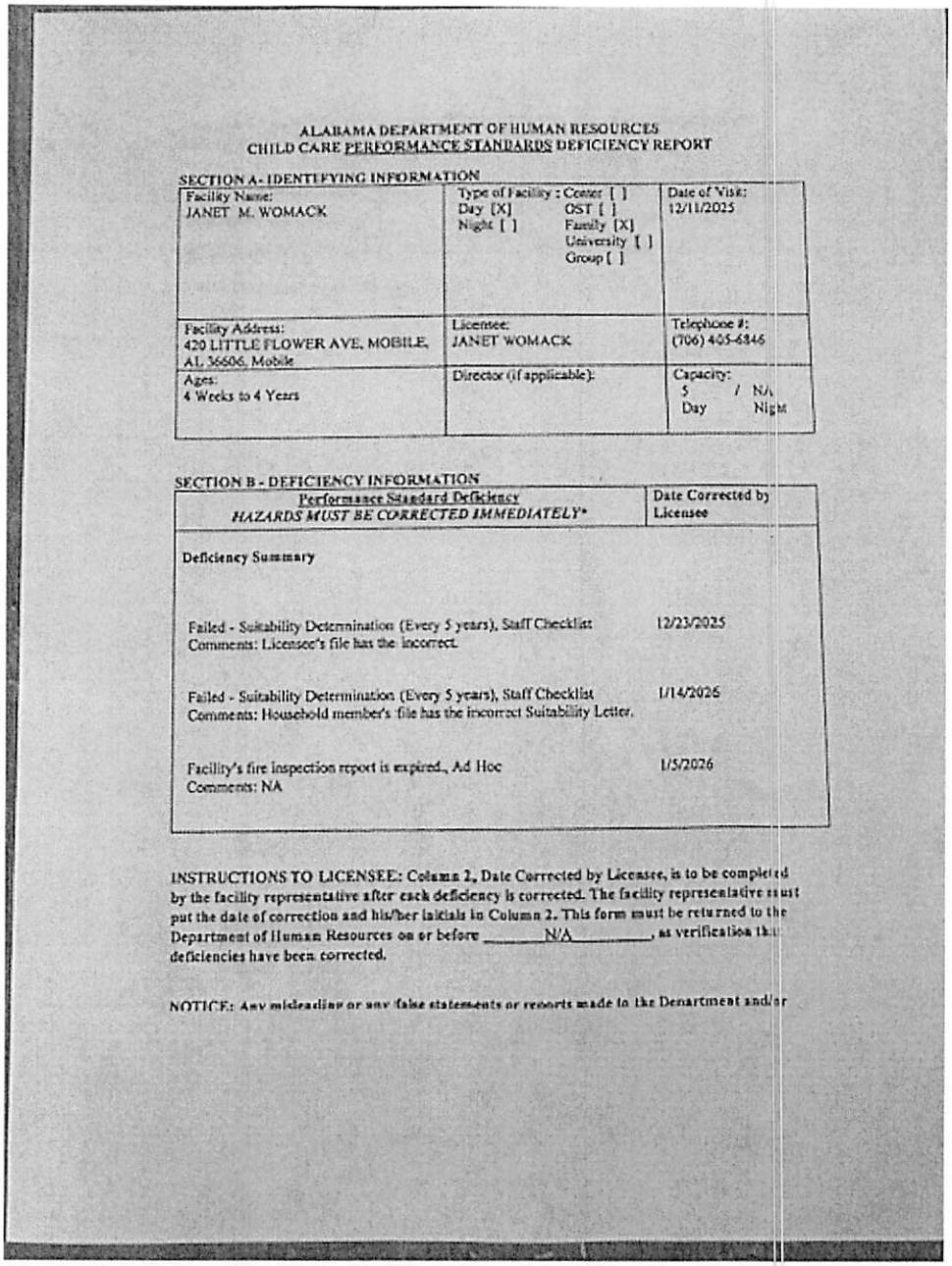
Lang-Dixon, Deborah

From: Janet Womack <eileen92701@yahoo.com>
Sent: Wednesday, January 14, 2026 11:17 AM
To: Lang-Dixon, Deborah
Subject: Deficiency report



ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: JANET M. WOMACK	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 12/11/2025
Facility Address: 420 LITTLE FLOWER AVE, MOBILE, AL 36606, Mobile	Licensee: JANET WOMACK	Telephone #: (706) 405-6846
Ages: 4 Weeks to 4 Years	Director (if applicable):	Capacity: 5 / N/A Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Licensee's file has the incorrect.	12/23/2025
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Household member's file has the incorrect Suitability Letter.	1/14/2026
Facility's fire inspection report is expired., Ad Hoc Comments: NA	1/5/2026

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

applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Janet Wormack — 1/14/26
Signature of Facility Representative — Date

DEBORAH LANG-DIXON Deborah L. Dixon — 1/14/26
Signature of DHR Licensing Representative — Date

COPIES TO: Emailed to Janet Wormack 1/14/26

Sent from my iPhone