

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: ANGEL KEEPERS DAYCARE	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 1/15/2026
Facility Address: 1709 SOMERVILLE RD, DECATUR, AL 35601, Morgan	Licensee: ANGEL KEEPERS DAY CARE, LLC	Telephone #: (256) 309-5281
Ages: 6 Weeks to 14 Years	Director (if applicable): SONYA MASON	Capacity: 83            /    NA Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
[InspectionSummaryDescription]	
Failed - Transportation checklists used as required, Inspection Form Comments: The transportation logs are incomplete because there are no dates listed at the top of the form.	10/28/2025
Failed - Designated staff complete and sign checklist, Inspection Form Comments: Transportation logs must be signed to verify each child's attendance at departure and return, both in the morning and afternoon.	10/29/2025
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: vehicle inspection form is not current	10/31/2025
Failed - Health and Safety Training, Staff Checklist Comments: not on file	11/5/2025
Failed - Medical, Staff Checklist Comments: not in file	10/31/2025
Failed - TB Test Date and Results, Staff Checklist Comments: not in file	10/31/2025
Failed - Verification of Education, Staff Checklist Comments: not observed in file	10/31/2025
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist	10/31/2025

Comments: observed #1-4, need #5-11. Failed - Immunization Certificate, Child Checklist	10/29/2025
Comments: expired Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: incomplete	

**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 1/16/26, 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**

LEA RAE GAINES

\_\_\_\_\_  
Date

1/15/26

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_