

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: ANNA'S LITTLE ANGELS FAMILY DAY CARE	Type of Facility : Center [ ] Day [X]                    OST [ ] Night [ ]                Family [X] University [ ] Group [ ]	Date of Visit: 2/10/2026
Facility Address: 107 DAVION CT., MADISON, AL 35758, Madison	Licensee: ANNA ZAYAS-CRUZ	Telephone #: (256) 289-0161
Ages: 6 Weeks to 3 Years	Director (if applicable):	Capacity: 6            /    NA Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<b><u>Performance Standard Deficiency</u></b> <b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Fire, Inspection Form Comments: no record	11/11/2025
Failed - Tornado, Inspection Form Comments: no record	11/11/2025
Failed - Lockdown, Inspection Form Comments: no record	11/11/2025
Failed - Relocation, Inspection Form Comments: no record	12/11/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: some staff are not registerd	2/10/2026
Failed - Ongoing Training, Staff Checklist Comments: expired	2/10/2026

Failed - Health and Safety Training, Staff Checklist Comments: expired	12/11/2025
Failed - Ongoing Training, Staff Checklist Comments: expired	1/9/2026
Failed - Health and Safety Training, Staff Checklist Comments: expired	12/11/2025
Failed – Criminal Background Check, Staff Checklist Pending Correction Comments: expired, Ad Hoc Comments: NA	2/10/2026
Failed – Criminal Background Check, Staff Checklist Pending Correction Comments: expired, Ad Hoc Comments: NA	2/10/2026

**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 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.

Anna Zayas Cruz  
Signature of Facility Representative

2/10/2026  
Date

ROLANDA NELSON RNL  
Signature of DHR Licensing Representative

02/10/2026  
Date

COPIES TO: Anna Zayas Cruz