

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: RO'S HEAVENLY ANGELS, LLC	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 3/19/2026
Facility Address: 613 14TH STREET N, BESSEMER, AL 35020, Jefferson	Licensee: RO'S HEAVENLY ANGELS, LLC	Telephone #: (205) 436-2569
Ages: 12 Weeks to 12 Years	Director (if applicable):	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 CHARACTER AND SUITABILITY, Allegation Comments: Per staff statement on March 6, 2026, there was a staff person working with an indicated CA/N.	3/13/2026

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 NA, 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.

Rolanda Woods
Signature of Facility Representative

3.19.2026
Date

JAIME BOWMAN
Signature of DHR Licensing Representative

03/19/26
Date

COPIES TO: Rolanda Woods

Facility Name	Pay (X)	Type of Facility (Z)	Date of Visit
ROSELAND WAREHOUSE LLC	1	02T	2/19/2016
	1	1and	
	1	University	
	1	Group	

1. Name of Facility
 2. Address
 3. City/State/Zip
 4. Date of Visit
 5. Type of Facility (Z)
 6. Pay (X)

7. Name of Facility
 8. Address
 9. City/State/Zip
 10. Date of Visit
 11. Type of Facility (Z)
 12. Pay (X)

13. Name of Facility
 14. Address
 15. City/State/Zip
 16. Date of Visit
 17. Type of Facility (Z)
 18. Pay (X)

19. Name of Facility
 20. Address
 21. City/State/Zip
 22. Date of Visit
 23. Type of Facility (Z)
 24. Pay (X)

25. Name of Facility
 26. Address
 27. City/State/Zip
 28. Date of Visit
 29. Type of Facility (Z)
 30. Pay (X)

S/N - 20540

Rolanda Woods

31. Name of Facility
 32. Address
 33. City/State/Zip
 34. Date of Visit
 35. Type of Facility (Z)
 36. Pay (X)