ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ANGIE'S LIL ANGELS	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 4/2/2026
Facility Address: 511 STERLING STREET, PIEDMONT, AL 36272, Calhoun	Licensee: ANGIE'S LIL ANGELS, LLC	Telephone #: (256) 447-9670
Ages: 3 Weeks to 12 Years	Director (if applicable): ANGELA BEECHAM	Capacity: 75 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Hazardous substances under lock and key or combination lock, Inspection Form	4/2/2026
Comments: There is hand sanitizer in the two year old room not under lock and key.	
Failed - Interstate CA/N if applicable (within 5 years), Staff Checklist	Pending Correction
Comments: Staff member has a Georgia Driver's license and does not have an interstate CAN	
Failed - Written Verification of Standards Read, Staff Checklist	Pending Correction
Comments: Old form being used	

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 4/16/2026, 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 Date

JAIME BOWMAN

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____