ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LIL ANGELS CHILD DEVELOPMENT CENTER II	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/19/2025
Facility Address: 117 MCKEE RD, HARVEST, AL 35749, Madison	Licensee: BARBARA JONES	Telephone #: (256) 859-5454
Ages: 6 Weeks to 12 Years	Director (if applicable): BARBARA JONES	Capacity: 83 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: Need updated vehicle safety check form	10/3/2025
Failed - Medical, Staff Checklist Comments: Incomplete	9/30/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Incomplete	10/3/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Not in file	10/3/2025
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Not in file	10/3/2025
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	10/3/2025
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	10/3/2025
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	10/3/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Incomplete	10/3/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Not in file	10/3/2025
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	10/3/2025
Failed - Ongoing Training, Staff Checklist	10/3/2025

Comments: Incomplete	
Failed - Health and Safety Training, Staff Checklist	10/3/2025
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	10/3/2025
Comments: Incomplete	
Failed - Immunization Certificate, Child Checklist	10/3/2025
Comments: Missing immunization certificate	
Failed - Preadmission Form, Child Checklist	10/3/2025
Comments: Incomplete	
Failed - Preadmission Form, Child Checklist	10/3/2025
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 _____, 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

BRANDUL PERINE

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____