

**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: 4/22/2026 |
| 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 |

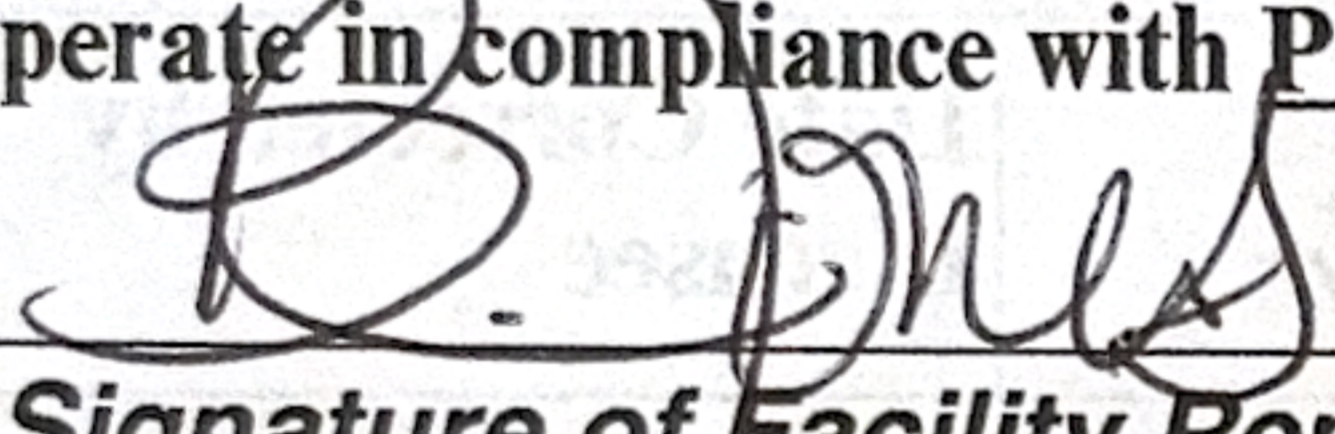
SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY* | Date Corrected by Licensee |
|---|---------------------------------------|
| Deficiency Summary | |
| Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: incomplete | Pending Correction |
| Failed - Gates secured, Inspection Form Comments: door to the gate is down | Pending Correction |
| Failed - Center free of apparent hazards, Inspection Form Comments: peeling paint on walls in the in the 3-year-old class | Pending Correction |
| Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: INCOMPLETE | Pending Correction |
| Failed - Medical, Staff Checklist Comments: EXPIRED | Pending Correction |
| Failed - Application, Staff Checklist Comments: NOT UPLOADED, | Pending Correction |
| Failed - Photo ID Verification, Staff Checklist Comments: NOT UPLOADED | Pending Correction |
| Failed - Medical, Staff Checklist Comments: NOT LOADED | Pending Correction |
| Failed - TB Test Date and Results, Staff Checklist Comments: NOT UPLOADED | Pending Correction |
| Failed - Verification of Education, Staff Checklist Comments: NOT UPLOADED | Pending Correction |
| Failed - References, Staff Checklist Comments: NOT UPLOADED | Pending Correction |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist | Pending Correction |

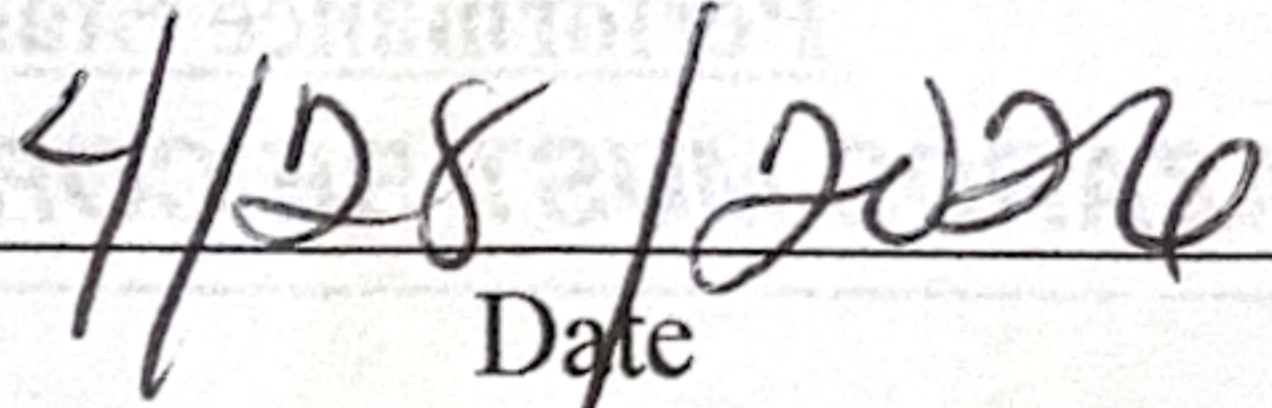
Comments: EXPIRED
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Pending Correction
Comments: EXPIRED
Failed - Indoor thermometer (child safe), Classroom Checklist / Lil Pending Correction
Astronauts
Comments: incomplete
Failed - Indoor thermometer (child safe), Classroom Checklist / Lil Pending Correction
Sunflower's
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 FERINE

Signature of DHR Licensing Representative

Date

COPIES TO: _____