

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

**SECTION A- IDENTIFYING INFORMATION**

|   |  |  |
|---|--|--|
| Facility Name:<br>MOM-EZE   | Type of Facility : Center <input checked="" type="checkbox"/><br>Day <input checked="" type="checkbox"/> OST <input type="checkbox"/><br>Night <input type="checkbox"/> Family <input type="checkbox"/><br>University <input type="checkbox"/><br>Group <input type="checkbox"/> | Date of Visit:<br>3/13/2026                      |
| Facility Address:<br>225 SOUTH DAVIS AVE,<br>SYLACAUGA, AL 35150, Talladega | Licensee:<br>MOM-EZE INC   | Telephone #:<br>(256) 245-3107                   |
| Ages:<br>6 Weeks to 12 Years  | Director (if applicable):<br>ANGELA PEARSON  | Capacity:<br>54      /      NA<br>Day      Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>   | <b>Date Corrected by Licensee</b> |
|---|-----------------------------------|
| <b>Deficiency Summary</b>   |                                   |
| CHARACTER AND SUITABILITY, Allegation   | 2/6/2026                          |
| Comments:<br>On February 4, 2026, A school aged child arrived to the facility by the local school bus , entered the facility and walked to classroom unsupervised, Ad Hoc | 2/6/2026                          |
| Comments: NA<br>On February 4, 2026, A school age child not signed in for the day, Ad Hoc   | 2/6/2026                          |
| Comments: NA<br>Upon arrival, the infant classroom was out of ratio as the teacher left the classroom to open the door for DHR representative, Ad Hoc                     | 2/6/2026                          |
| Comments: NA<br>On February 4, 2026, the person in charge unable to conduct center business, Ad Hoc   | 2/6/2026                          |
| Comments: NA<br>On February 4, 2026, a staff with an indicated CA/N employed at the facility, Ad Hoc  | 2/6/2026                          |
| Comments: NA  |                                   |

**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.

Ashley Beasley  
**Signature of Facility Representative**

05/14/26  
Date

BRIDGETTE SMITH

**Signature of DHR Licensing Representative**

05/14/26  
Date

COPIES TO: \_\_\_\_\_