

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ANGELA AGEE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 5/20/2026
Facility Address: 3057 HEATHER STREET, MOBILE, AL 36607, Mobile	Licensee: ANGELA AGEE	Telephone #: (251) 382-3330
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 5 / 5 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Dangerous substances locked, Inspection Form Comments: There is a can of off mosquito spray and hand sanitizer accessible to the children in the daycare.	4/23/2026
Failed - Outdoor play area and equipment free from apparent hazards, Inspection Form Comments: There is broken play equipment on the playground, red umbrella, small grey bench seats, red sliding board, red care.	4/23/2026
Failed - Fence at least 4 feet in height free from sharp protruding edges (except where prohibited by federal law), Inspection Form Comments: The gate entrance to the playground has two (2) protruding wires and there are two (2) nails protruding at the bottom of the fence next to the brick wall.	5/5/2026
Failed - Vehicle safety check done annually signed and dated by a certified mechanic, Inspection Form Comments: Provider's vehicle is not available for inspection and the vehicle safety check is not available.	5/5/2026
Failed - By August 1 2022 all home staff including	5/20/2026

licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form	
Comments: Staff is not registered in Alabama Pathways and does not have current training certificates uploaded.	
Failed - Immunization Certificate, Child Checklist Comments: Child's Immunization Record is expired.	4/24/2026
Failed - Preadmission Form, Child Checklist Comments: Child's Preadmission is incomplete and missing parent's signatures.	5/5/2026
Failed - Immunization Certificate, Child Checklist Comments: Child's file has an expired Immunization Record.	5/5/2026
Failed - Preadmission Form, Child Checklist Comments: There is not Preadmission Record on file for child listed.	5/5/2026
Failed - Preadmission Form, Child Checklist Comments: There is no Preadmission record on file for child listed.	5/5/2026

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 _____ N/A _____, 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.

Angela Agee
Signature of Facility Representative

5/20/2026
Date

DEBORAH LANG-DIXON
Signature of DHR Licensing Representative

Deborah Lang Dixon
Date

COPIES TO: Angela Agee