

**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: 6/5/2026
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	4/22/2026
Failed - Center free of apparent hazards, Inspection Form Comments: peeling paint on walls in the in the 3-year-old class	4/22/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: INCOMPLETE	5/8/2026
Failed - Medical, Staff Checklist Comments: EXPIRED	5/8/2026
Failed - Application, Staff Checklist Comments: NOT UPLOADED,	5/8/2026
Failed - Photo ID Verification, Staff Checklist Comments: NOT UPLOADED	5/8/2026
Failed - Medical, Staff Checklist Comments: NOT LOADED	5/8/2026
Failed - TB Test Date and Results, Staff Checklist Comments: NOT UPLOADED	5/8/2026
Failed - Verification of Education, Staff Checklist Comments: NOT UPLOADED	5/8/2026
Failed - References, Staff Checklist Comments: NOT UPLOADED	5/8/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist	5/8/2026

Comments: EXPIRED

Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Pending Correction

Comments: EXPIRED

Failed - Indoor thermometer (child safe), Classroom Checklist / Lil Astronauts 5/8/2026

Comments: incomplete

Failed - Indoor thermometer (child safe), Classroom Checklist / Lil Sunflower's 5/8/2026

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

BRANDUL PERINE

Signature of DHR Licensing Representative

6/9/2026

Date

Date

COPIES TO: _____