

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: AGAPE CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 7/10/2026
Facility Address: 2640 WESTGATE STREET, MONTGOMERY, AL 36108, Montgomery	Licensee: DEMOND FRANKLIN	Telephone #: (334) 593-0502
Ages: 6 Weeks to 12 Years	Director (if applicable): ERMA FRANKLIN	Capacity: 105 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: Three staff	Pending Correction
Failed - Gates secured, Inspection Form Comments: There is large gap at the top of the fence on the back right side of the playground .	Pending Correction
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Health and Safety Training, Staff Checklist	Pending Correction

Comments: incomplete	
Failed - Suitability Determination (Every 5 years), Staff Checklist	Pending Correction
Comments: incomplete	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: incomplete	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: incomplete	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: incomplete	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: incomplete	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: incomplete	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
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: _____