ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MOM-EZE	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 7/31/2026
Facility Address: 225 SOUTH DAVIS AVE, SYLACAUGA, AL 35150, Talladega	Licensee: MOM-EZE INC	Telephone #: (256) 245-3107
Ages: 6 Weeks to 12 Years	Director (if applicable): ANGELA PEARSON	Capacity: 54 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
CHARACTER AND SUITABILITY, Allegation Comments:	2/6/2026
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 Comments: NA	2/6/2026
On February 4, 2026, A school age child not signed in for the day, Ad Hoc Comments: NA	2/6/2026
Upon arrival, the infant classroom was out of ratio as the teacher left the classroom to open the door for DHR respresentative, Ad Hoc Comments: NA	2/6/2026
On February 4, 2026, the person in charge unable to conduct center business, Ad Hoc Comments: NA	2/6/2026
On February 4, 2026, a staff with an indicated CA/N employed at the facility, Ad Hoc Comments: NA	Pending Correction
On July 31, 2026, some of the staff not registered in Alabama Pathways, Ad Hoc Comments: NA	Pending Correction
On July 31, 2026, five staff members are missing the required CAN forms., Ad Hoc	Pending Correction

Comments: NA On July 31, 2026, one staff is missing the required suitability letter, Pending Correction Ad Hoc 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 8/5/2026**, 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.

Elizabeth Owens — 07-31-26

Signature of Facility Representative — Date

BRIDGETTE SMITH — 7-31-24

Signature of DHR Licensing Representative — Date

COPIES TO: Person in charge