

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LIL ANGELS CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/26/2026
Facility Address: 14092 HWY 231-431 N, HAZEL GREEN, AL 35750, Madison	Licensee: BARBARA JONES	Telephone #: (256) 828-9198
Ages: 6 Weeks to 10 Years	Director (if applicable): BARBARA JONES	Capacity: 45 NA Day Night

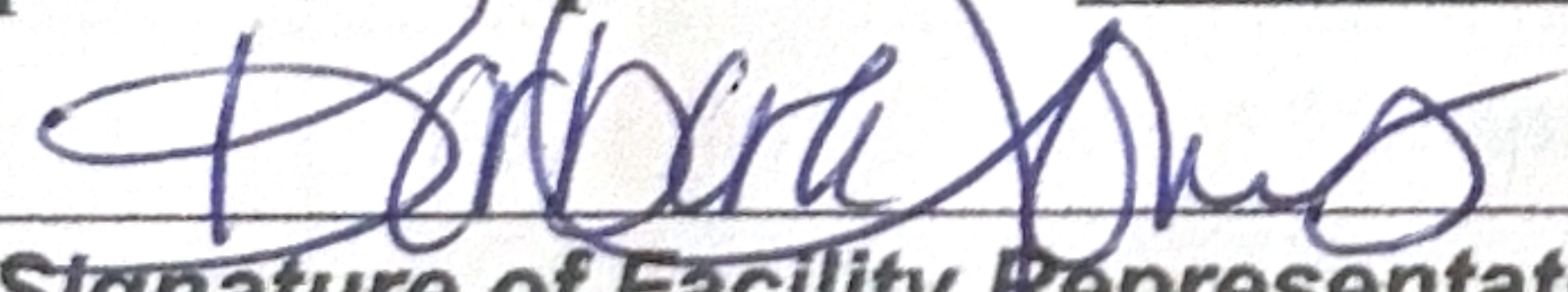
SECTION B - DEFICIENCY INFORMATION

<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 - Changing area cleaned and disinfected, Inspection Form Comments: incomplete	Pending Correction
Failed - Each child's hands washed after diapering, Inspection Form Comments: incomplete	Pending Correction
Failed - Records filed alphabetically, Inspection Form Comments: incomplete	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 - Records on file at time of employment, Inspection Form Comments: incomplete	Pending Correction
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: incomplete	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incomplete	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incomplete	Pending Correction
Failed - Ongoing 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 - Ongoing Training, Staff Checklist	Pending Correction
Comments: incomplete	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: incomplete	
Failed - CA/N Clearance Form (Every Five 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	
One staff files are incomplete., Ad Hoc	Pending Correction
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.



Signature of Facility Representative

BRANDUL PERINE

Signature of DHR Licensing Representative

8/31/2022

 Date

 Date

COPIES TO: _____