

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

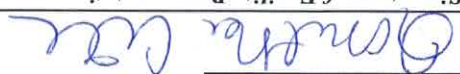
SECTION A- IDENTIFYING INFORMATION

Facility Name: ANGELS CHILDCARE AND ACADEMY		Type of Facility : Center [X] Day [X] Night [] Family [] University [] Group []		Date of Visit: 8/27/2026
Facility Address: 1041 SOUTH PARK AVE, DOTHAN, AL 36301, Houston		Licensee: JOHN E. COLVIN		
Ages: 6 Weeks to 18 Years		Director (if applicable):		Capacity: 111 / 23 Day Night
Telephone #: (334) 792-9227				

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*		Date Corrected by Licensee
Deficiency Summary		
Failed - Floors, bathrooms fixtures cleaned/disinfected, Inspection Form Comments: The walls in the front boys and girl's bathroom have dirty walls.	8/27/2026	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: On the preschool playground the back fence is not attached to the fence pole.	8/27/2026	
Failed - Outdoor play area free of apparent hazardous conditions, Inspection Form Comments: The brick on the 6th window from the front is broken with a gap and sharp edged.	8/27/2026	
Failed - Medication administered only with written authorization from parent and child's health professional, Inspection Form Comments: There is lip balm, and Destin without a health care professional's authorization.	8/27/2026	
Failed - Medication in original container, labeled, Inspection Form Comments: medicine not in original container or labeled.	8/27/2026	

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.

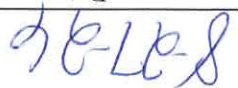

Signature of Facility Representative

JAY DALTON

Signature of DHR Licensing Representative

COPIES TO: _____

Date 8/27/26


Date