

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ANGEL KEEPERS DAYCARE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/25/2026
Facility Address: 1709 SOMERVILLE RD, DECATUR, AL 35601, Morgan	Licensee: ANGEL KEEPERS DAY CARE, LLC	Telephone #: (256) 309-5281
Ages: 6 Weeks to 14 Years	Director (if applicable): SONYA MASON	Capacity: 58 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Bags of sand and a broken sandbox are present. Tree limbs are also on the playground.	Pending Correction
Failed - Gates secured, Inspection Form Comments: The double back gate is not secure.	Pending Correction
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Bags of sand and a broken sandbox are present. Tree limbs are also on the playground.	Pending Correction
Failed - Transportation checklists used as required, Inspection Form Comments: Transportation logs are incomplete.	Pending Correction
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: there is no vehicle inspection form on file at the center	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: all staff are not in AL Pathways	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: expired	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: expired	Pending Correction

Failed - Health and Safety Training, Staff Checklist Comments: need #3 and #4	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: not observed in file	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: not observed in file	Pending Correction
Failed - References, Staff Checklist Comments: one reference is not signed	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: not observed in file	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: not observed in file	Pending Correction
Failed - References, Staff Checklist Comments: observed two of three references	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: need #7 and #8	Pending Correction

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 10/9/26, 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

LEA RAE GAINES

9/25/26

Signature of DHR Licensing Representative

Date

COPIES TO: _____