ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: GOD'S LITTLE ANGELS	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [Group [ ]	Date of Visit: 9/5/2025
Facility Address: 1617 CHATEAU CIRCLE, MONTGOMERY, AL 36106, Montgomery	Licensee: BRIGETTE BRYANT	Telephone #: (334) 430-4042
Ages: 0 Weeks to 5 Years	Director (if applicable):	Capacity: 5 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: None of the facility staff are enrolled Alabama Pathways registry.	Pending Correction
Failed - Formula provided by parent must be ready to feed labeled and refrigerated, Inspection Form Comments: Bottle not labeled	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing documentation	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing documentation	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing documentation	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing documentation	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	Pending Correction

Failed - Preadmission Form, Child Checklist Comments: Missing documentation	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 _____, 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.

Brigette Bryant _____ 9/5/25 _____

Signature of Facility Representative Date

Amy Horn

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____