


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

10/6/25
Date

Leanna Towery

Signature of DHR Licensing Representative

9/30/2025
Date

COPIES TO: director

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: TRUE DIVINE CHILD CARE DEVELOPMENT CTR.	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 9/25/2025
Facility Address: 4601 TROY HIGHWAY, MONTGOMERY, AL 36116, Montgomery	Licensee: TRUE DIVINE BAPTIST CHURCH	Telephone #: (334) 288-4558
Ages: 6 Weeks to 12 Years	Director (if applicable): Lori Malisham	Capacity: 132 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
The department was not notified of the facility closure on 9/22/2025 to clean for hand, foot, and mouth disease., Ad Hoc Comments: NA	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 10/9/2025, as verification that deficiencies have been corrected.

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