

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: ANOINTED ANGELS ACADEMY	Type of Facility : Center [ ] Day [X]      OST [ ] Night [X]    Family [X] University [ ] Group [ ]	Date of Visit: 10/21/2025
Facility Address: 714 Johnson Avenue, Montgomery, AL, USA, Montgomery, AL 36110, Montgomery	Licensee: QUANISHIA MONTGOMERY	Telephone #: (334) 604-2002
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 5            5 Day          Night

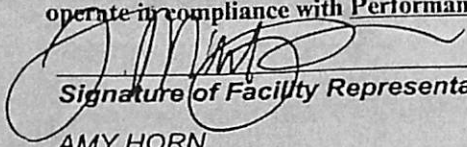
**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
No deficiencies observed at the time of visit.	
One child was not signed in upon arrival., Ad Hoc Comments: NA	10/3/2025
The number of children in the care of the licensee exceed licensed capacity., Ad Hoc Comments: NA	10/21/2025
In the children's restroom, there are hair products, body products, and etc that are not under lock & key or combination lock., Ad Hoc Comments: NA	10/21/2025
In the outdoor playground area, the fence is not secured and not 4 ft in height., Ad Hoc Comments: NA	10/17/2025

**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   N/A  , 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**  
AMY HORN

10/21/25  
\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

10/21/25  
\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_