ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: DOROTHY'S ANGELS CHILDCARE, LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 2/4/2026
Facility Address: 789 SOUTH COURT STREET, MONTGOMERY, AL 36104, Montgomery	Licensee: TERESA A. ELEM	Telephone #: (334) 593-8558
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): TERESA ELEM	Capacity: 60 / 42 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Indoor thermometer (child safe), Classroom Checklist / Infant Room 2	2/4/2026
Comments: not working properly	
Failed - Indoor thermometer (child safe), Classroom Checklist / Preschool	2/4/2026
Comments: not working properly	
Failed - Electrical outlets covered, Classroom Checklist / Schoolagers	2/4/2026
Comments: missing	
Failed - Indoor thermometer (child safe), Classroom Checklist / Schoolagers	2/4/2026
Comments: not working properly	

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

<u>Performance Standards</u>. A facility licensed by the Department must always meet <u>Performance Standards</u> applicable to that facility. It is the responsibility of the licensee to operate in compliance with <u>Performance Standards</u>.

Teresa Glenn _____ 2/4/26 _____

Signature of Facility Representative Date

KAMILA CROWELL

_____ **2/4/26**

Signature of DHR Licensing Representative Date

COPIES TO: _____director_____