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 [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 04/30/2025
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): YASHICA THURMON	Capacity: 128 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: cleaning supplies not under lock and key in infant room	04/30/2025
Failed - Center free of apparent hazards, Inspection Form Comments: cleaning supplies not under lock and key in infant room	04/30/2025
Failed - Hazardous substances locked, Classroom Checklist / Little Dreamers Comments: cleaning supplies under sink not locked	04/30/2025

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 _____, 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.

Lui Malishaim — 1/30/25

Signature of Facility Representative — Date

Stephanie Hardy

Signature of DHR Licensing Representative — Date

COPIES TO: _____