

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: TRUE WORD OF LIFE CH/OPEN ARMS LEARN.&DC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/25/2025
Facility Address: 5855 WARES FERRY ROAD, MONTGOMERY, AL 36117, Montgomery	Licensee: TRUE WORD OF LIFE CHURCH	Telephone #: (334) 649-1065
Ages: 6 Weeks to 12 Years	Director (if applicable): Ewander Payne	Capacity: 90 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
ILLNESS AND INJURY Comments:	Pending Correction
APPARENT HAZARDOUS CONDIT Comments:	Pending Correction
DHR did not receive a written report witin 5 days after the injury/illness requiring emergency medical treatment of a child while in the care of the child care facility which occurred on August 15, 2025., Ad Hoc Comments: NA	Pending Correction
The 3 and 4 year old classrooms were out of ratio, 1 to 15 combined, when the 3 year old class staff left the room to get afternoon snack and the 4 year old class staff stood between the two classrooms., Ad Hoc Comments: NA	Pending Correction
The creeper (toddler) and 1 year old (toddler) classrooms were out of ratio, 1 to 12 combined, when the 1 year old class staff left the room to get afternoon snack and the creeper (toddler) staff stood between the two classrooms., Ad Hoc	Pending Correction

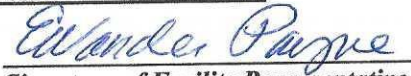
Comments: NA

There were six 2 year olds on the large playground with five 4 year olds Pending Correction
at the same time., Ad Hoc

Comments: NA

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 9/8/2025, 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



Date

Leanna Towery

Signature of DHR Licensing Representative

8/25/2025

Date

COPIES TO: director