

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

SECTION A- IDENTIFYING INFORMATION

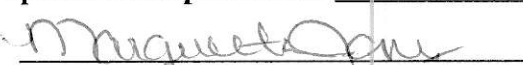
Facility Name: A TOUCH OF LOVE DEVELOPMENT CENTER	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 12/18/2025
Facility Address: 710 N MAIN ST, TUSCUMBIA, AL, 35674, Colbert	Licensee: MARQUETTA JONES	Telephone #: (256) 389-0009
Ages: 6 Weeks to 12 Years	Director (if applicable): MARQUETTA JONES	Capacity: 28 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Lockdown, Inspection Form Comments: not completed	1/5/2026
Failed - Relocation, Inspection Form Comments: not completed	1/5/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	1/5/2026

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 X , 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

LEA RAE GAINES


Date

1/5/26

**Signature of DHR Licensing
Representative**

COPIES TO: _____

Date