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: 1/29/2026
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

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary CHILD ABUSE AND NEGLECT, Allegation Comments: On 1/29/26 DHR representative observed staff in toddler room.	1/29/2026

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 2.5.26, 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.

Ewander Payne — 2.5.26
Signature of Facility Representative — Date

LEANNA TOWERY — 1/29/2026
Signature of DHR Licensing Representative — Date

COPIES TO: director