

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: LOVING ARMS CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 5/5/2026
Facility Address: 22685 U.S. HWY. 72, EAST, ATHENS, AL, 35613, Limestone	Licensee: LOVING ARMS CHILD DEV CENTER L.L.C.	Telephone #: (256) 771-9911
Ages: 6 Weeks to 16 Years/	Director (if applicable): SHELLRETHA FORE'	Capacity: 41 / 20 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
The children in the infant room were watching tv., Ad Hoc Comments: NA	5/5/2026
There was diaper cream sitting on a shelf in the toddler classroom., Ad Hoc Comments: NA	5/5/2026

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 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 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.

Shellretha Fore

Signature of Facility Representative

Date

LATONYA JAMES

5/05/2026

Signature of DHR Licensing Representative

Date

COPIES TO: _Shellretha Fore' _____