ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: A BETTER CHOICE CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 7/31/2026
Facility Address: 8854 MOORES MILL ROAD, MERIDIANVILLE, AL 35759, Madison	Licensee: A BETTER CHOICE, INC.	Telephone #: (256) 829-1593
Ages: 6 Weeks to 14 Years/6 Weeks to 14 Years	Director (if applicable): SHAWN MARIE ARCHIABLE	Capacity: 132 / 40 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary There were no deficiencies noted during today's visit.	
Per staff written statements, on May 8, 2026, a two and a half (2 1/2) year old child was found on the playground unsupervised for approximately six (6) minutes. The child was found by a staff member., Ad Hoc Comments: NA	7/31/2026
There was an uncover outlet in the early preschool classroom., Ad Hoc Comments: NA	5/28/2026
There was an uncovered outlet in the hallway between the infant and toddler classrooms., Ad Hoc Comments: NA	5/28/2026

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 8/14/26**, 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.

Brianna Hayes _____ 07/31/2026 _____

Signature of Facility Representative Date

LATONYA JAMES

_____ **_____7/31/2026_____**

Signature of DHR Licensing Representative Date

COPIES TO: __Brianna Hayes_____