

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 ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 7/29/2026
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

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Tornado, Inspection Form Comments: Missing	8/17/2026
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some center staff are not in the Alabama Pathways Registry.	9/8/2026
Failed - Medical, Staff Checklist Comments: Expired	8/17/2026
Failed - Health and Safety Training, Staff Checklist Comments: Missing 6,7,9.	8/24/2026
Failed - Health and Safety Training, Staff Checklist Comments: Missing 9.	9/8/2026
Failed - Medical, Staff Checklist Comments: Expired	8/17/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

8/17/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

8/17/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

9/2/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

8/7/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

9/2/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

9/2/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

9/8/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

9/2/2026

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Comments: Incorrect form

9/2/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

9/8/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

8/17/2026

Failed - Preadmission Form, Child Checklist
Comments: Incorrect form

8/17/2026

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8/17/2026

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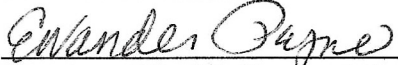
8/17/2026

Prickly weeds on playground. (7/29/26), Ad Hoc
Comments: NA

8/17/2026

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 _____, 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

9.10.2026

Date

ARIANN CHARITY

9/8/26

Signature of DHR Licensing Representative

Date

COPIES TO: _____