

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: BETHANY CHILD DEVELOPMENT CENTER	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 05/16/2025
Facility Address: 714 CEDAR STREET, MONTGOMERY, AL, 36106, Montgomery	Licensee: BETHANY SDA CHILD DEVELOPMENT CENTER	Telephone #: (334) 265-5521
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 0 / NA Day Night

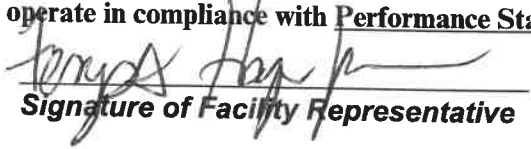
**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: The rail behind the door has a hole large enough for a child to fall through.	06/09/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Expired	06/16/2025
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	06/16/2025
Failed - Medical, Staff Checklist Comments: Incomplete	06/16/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Incomplete	06/16/2025
Failed - Verification of Education, Staff Checklist Comments: Incomplete	06/16/2025
Failed - Ongoing Training, Staff Checklist Comments: Incomplete	06/16/2025
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	06/16/2025
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	06/16/2025
Failed - Health and Safety Training, Staff Checklist Comments: Incomplete	06/16/2025
Failed - Potty chairs cleaned/disinfected/empties, Classroom Checklist / Toddler 2	06/09/2025

Comments: Two are not empty  
Failed - Cribs/2 feet of space between occupied cribs, Classroom 06/09/2025  
Checklist / Baby Room 1  
Comments: Cribs are not two feet

**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**

Jessica Vice

6/16/25  
\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_