

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: FIRST METH CHURCH CHILD DEV CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/8/2025
Facility Address: 110 SUNSET DRIVE, HUEYTOWN, AL, 35023, Jefferson	Licensee: FIRST METH CHURCH CHILD DEV CENTER	Telephone #: (205) 491-1729
Ages: 6 Weeks to 5 Years	Director (if applicable): Candice Leigh Boissel	Capacity: 150 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: .	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: .	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: .	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: .	Pending Correction
Failed - Sink, warm water, soap, paper towels, Classroom Checklist / Toddler A Comments: .	Pending Correction

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.

Ashley Lively

Signature of Facility Representative

Jessica Vice

Signature of DHR Licensing Representative

COPIES TO: _____

9/8/2025

Date

9/8/2025

Date