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 [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 11/5/2025
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: 90 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
CHANGE OF THE DIRECTOR, Allegation Comments:	11/24/2025
QUALIFICATIONS OF STAFF, Allegation Comments:	11/24/2025
Hazardous substances were not under lock and key in the 6weeks to 18 month classroom. (Lysol, clorox wipes), Ad Hoc Comments: NA	11/5/2025
Staff records are not in compliance., Ad Hoc Comments: NA	11/5/2025

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 _____NA_____, 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.

Sonja Val McCarden

_____ ___**11/26/25**_____

Signature of Facility Representative Date

JESSICA VICE **11/262025**

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: ____Director_____