

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: COHN EARLY CHILDHOOD LEARNING CENTER	Type of Facility : Center [X] Day [X]      OST [ ] Night [ ]      Family [ ] University [ ] Group [ ]	Date of Visit: 1/15/2026
Facility Address: 3960 MONTCLAIR ROAD, BIRMINGHAM, AL 35213, Jefferson	Licensee: LEVITE JEWISH COMMUNITY CENTER OF B'HAM	Telephone #: (205) 879-0411
Ages: 6 Weeks to 5 Years	Director (if applicable): BARBARA ALLEN GOSA TRAWEEK	Capacity: 250 / NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
There were hazards not under lock and key in room 3 (clorox wipes and room deodorizer) and room 13 (staff's lotion)., Ad Hoc Comments: NA	1/15/2026
There was medications not under lock and key in room 9 (aquaphor) and room 2 (Vaseline and diaper rash cream). , Ad Hoc Comments: NA	1/15/2026
There were exposed electrical outlets in room 15., Ad Hoc Comments: NA	1/15/2026

**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**  
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.**

*JA*

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**Signature of Facility Representative**

JAIME BOWMAN

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

1/15/26

\_\_\_\_\_  
Date

01/15/26

\_\_\_\_\_  
Date

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