ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
FIRST UNITED METHODIST CHURCH DAY SCHOOL	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	10/21/2025
Facility Address:	Licensee:	Telephone #:
415 N. SEMINARY ST, FLORENCE, AL 35630, Lauderdale	FIRST UNITED METHODIST CHURCH DAY SCHOOL	(256) 766-2472
Ages:	Director (if applicable):	Capacity:
6 Weeks to 12 Years	COURTNEY BOYDSTON ROHLING	160 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Ongoing Training, Staff Checklist Comments: Missing 11 hours of ongoing training	1/18/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 12 hours of training	11/4/2025
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / TK- N228 Comments: a shelf is not anchored	1/12/2026
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / Younger 2-year-olds- N224 Comments: A shelf is not anchored	1/12/2026

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.

_____ 2.24.26

Signature of Facility Representative Date

LATONYA JAMES

Signature of DHR Licensing Representative Date

COPIES TO: _____