

**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: 6/17/2026
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): ASHLEY LIVELY	Capacity: 160 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There no deficiencies noted or observed during today's visit.	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: On 5/21/26, the staff person's suitability was expired.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: On 5/21/26, the signature was missing from page one (1).	5/26/2026
Failed - Hazardous substances locked, Classroom Checklist / Toddler C Comments: On 5/21/26, disinfectant spray and wipes were not under lock and key.	5/21/2026

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 6/24/26, 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

AJOIA MCGHEE

Signature of DHR Licensing Representative

Date

6/17/26

Date

COPIES TO: ___ Center _____