

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BETHLEHEM TEMPLE EDUCATIONAL DEV. CTR.	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/5/2026
Facility Address: 4214 ROSA L. PARKS AVENUE, MONTGOMERY, AL 36105, Montgomery	Licensee: BETHLEHEM TEMPLE INCORPORATED	Telephone #: (334) 288-8366
Ages: 6 Weeks to 14 Years	Director (if applicable):	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary No deficiencies observed in areas visited on 8-5-26. Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: The vehicle is not available for inspection due to maintenance.	
	8/7/2026

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 _____X_____, 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.

Bishop & Gansford
Signature of Facility Representative

08/05/26
Date

JESSICA VICE

08/05/26

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____Director_____