

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: FAITH BLESSING COMM CHURCH DBA: GIFT OF	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 8/21/2026
Facility Address: 8933 ROEBUCK BLVD-A, BIRMINGHAM, AL 35206, Jefferson	Licensee: ROKHIYA HOLCOMB	Telephone #: (404) 935-1684
Ages: 6 Weeks to 12 Years/18 Months to 12 Years	Director (if applicable): ROKHIYA HOLCOMB	Capacity: 73 / 73 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 were no deficiencies noted during today's visit.	
One child present on 7/22/26 was not signed in with a signature., Ad Hoc Comments: NA	8/21/2026
On 7/22/26 three (3) children under 2.5 years were mixed with thirteen (13) children over 2.5 years., Ad Hoc Comments: NA	7/22/2026
Playground equipment is on asphalt (climbers, slide, merry-go-round, four-way see-saw), Ad Hoc Comments: NA	7/22/2026

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 8/21/26, 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.

Rokhiya Holcomb

Signature of Facility Representative

Date

AJOIA MCGHEE

8/21/26

Signature of DHR Licensing Representative

Date

COPIES TO: ____ Center _____