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:
COHN EARLY CHILDHOOD LEARNING CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	9/25/2026
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 6 Years	Director (if applicable): BARBARA ALLEN GOSA TRAWEEK	Capacity: 250 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary Deficiency report amended on October 5, 2026.	
Per video footage, on September 23, 2026, a one (1) year old child was left unsupervised in a classroom for approximately one (1) minute., Ad Hoc Comments: NA	Pending Correction
On September 23, 2026, staff failed to use the face to name checklist required for the corrective action., Ad Hoc Comments: NA	Pending Correction

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 10/09/26, 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

10/25/26
Date

JAIME BOWMAN **09/25/26**

Signature of DHR Licensing Representative Date

COPIES TO: __Barbara Traweek_____