

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

SECTION A- IDENTIFYING INFORMATION

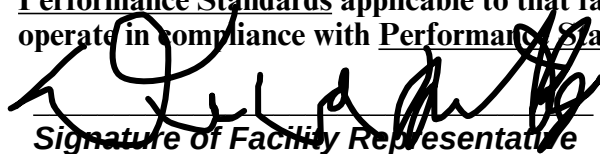
Facility Name: CRUMBEY BETHEL DAYCARE AND KINDERGARTEN	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/21/2025
Facility Address: 444 - 58TH STREET, FAIRFIELD, AL 35064, Jefferson	Licensee: CRUMBEY BETHEL P.B CHURCH	Telephone #: (205) 788-5051
Ages: 6 Weeks to 12 Years	Director (if applicable): DEBORAH MITCHELL	Capacity: 98 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

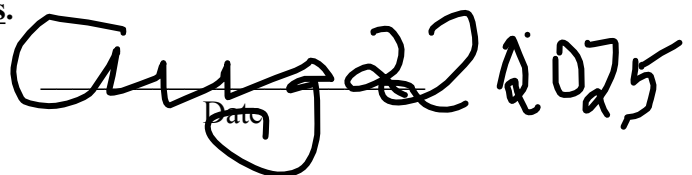
Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Preadmission Form, Child Checklist Comments: Missing signature	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing signature	Pending Correction
Failed - Waterproof mattress, sheets, Classroom Checklist / Nursery Comments: Crib sheet does not fit snugly	8/21/2025

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.


Signature of Facility Representative

Shundr Nevels


Date

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____