

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BECK'S DAY CARE CENTER, INC.	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/11/2025
Facility Address: 1248 ANCHOR DRIVE, MOBILE, AL 36693, Mobile	Licensee: BECK'S DAY CARE CENTER, INC.	Telephone #: (251) 661-4254
Ages: 6 Weeks to 13 Years	Director (if applicable): LEIGH BAILEY	Capacity: 86 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
CHARACTER AND SUITABILITY, Allegation	Pending Correction
Comments: Per staff statement, a teacher has substituted on occasion without a clear CA/N report., Ad Hoc	Pending Correction
Comments: NA The Center did not report a child injury that occurred on 08/28/25 to the Department within 5 days, Ad Hoc	Pending Correction
Comments: NA There are 2 staff members working at the center without CA/Ns in their files., Ad Hoc	Pending Correction
Comments: NA There is 1 staff member working at the center with a Suitability Letter present in the file., Ad Hoc	Pending Correction
Comments: NA Staff files are incomplete., Ad Hoc	Pending Correction
Comments: NA The Toddler's Classroom is out ratio due to staff not having a CA/N and Suitability present in the file., Ad Hoc	Pending Correction
Comments: NA The Preschool Classroom is out ratio due staff not having a Suitability Letter present in the file., Ad Hoc	Pending Correction
Comments: NA There is a shop vacuum present on the playground accessible to children's play., Ad Hoc	9/11/2025
Comments: NA	

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.

Leigh Bailey

9/26/2025

Signature of Facility Representative

Date

Shundr Nevels

Signature of DHR Licensing Representative

Date

COPIES TO: _____