ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: BELL HOUSE LEARNING CENTER	Type of Facility : Center [ ] Day [X] OST [ ] Night [X] Family [X] University [ ] Group [ ]	Date of Visit: 2/10/2026
Facility Address: 1801 GRIDER ROAD, MOBILE, AL 36618, Mobile	Licensee: JASMINE WILLIAMS	Telephone #: (251) 644-2533
Ages: 6 Weeks to 15 Years/6 Weeks to 15 Years	Director (if applicable):	Capacity: 5 / 5 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Tools and machinery inaccessible to children, Inspection Form Comments: On 2/19/26, there is a tractor machine parked in the front yard near the front porch that's accessible to children's entrance/exit of the facility. This poses as a potential hazard.	Pending Correction
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: On 2/19/26, one staff is non-compliant with enrolling in Alabama Pathways and uploading required documents.	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: On 2/19/26, substitute's file is missing photo identification verification.	2/19/2026
Failed - Verification of Education, Staff Checklist Comments: On 2/19/26, substitute's file is missing verification of education.	Pending Correction
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: Substitute's file is missing written verification of emergency procedures.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: On 2/19/26, substitute's file is missing six (6) hours of	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 3/5/26, 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.

Jasmine Williams 2/19/26

Signature of Facility Representative Date

DEBORAH LANG-DIXON Deborah Lang-Dixon 2/19/26

Signature of DHR Licensing Representative Date

COPIES TO: Licensee/ Jasmine Williams 2/1926