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

## SECTION A- IDENTIFYING INFORMATION

| | | |
|---|---|---|
| Facility Name:<br>BEESMART DAYCARE ANNEX | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>3/27/2026 |
| Facility Address:<br>1555 Lake Street, Montgomery, AL 36106, Montgomery | Licensee:<br>BEESMART DAYCARE ANNEX | Telephone #:<br>(334) 356-4460 |
| Ages:<br>6 Weeks to 13 Years | Director (if applicable):<br>PATRICIA DEAN | Capacity:<br>76 / NA<br>Day Night |

## SECTION B - DEFICIENCY INFORMATION

| **Performance Standard Deficiency**<br>***HAZARDS MUST BE CORRECTED IMMEDIATELY**** | **Date Corrected by Licensee** |
|---|---|
| **Deficiency Summary** | |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist<br>Comments: expired | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing 8 hours | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: wrong one | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing 8 hours | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Application, Staff Checklist<br>Comments: missing | Pending Correction |

| | |
|---|---|
| Failed - Photo ID Verification, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Medical, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - TB Test Date and Results, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Verification of Education, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - References, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Written Verification of Standards Read, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: missing | Pending Correction |
| Failed - Medical, Staff Checklist<br>Comments: expired | 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** ____04/12/2026_____**, 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.**

03/27/2026

Patricia V. Dean

***Signature of Facility Representative*** Date

*KAMILA CROWELL*

**03/27/2026**

***Signature of DHR Licensing Representative*** Date

COPIES TO: _____director_____