

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BLESSED BEGINNINGS CHILD DEV CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 4/1/2026
Facility Address: 545 CODY RD NORTH, MOBILE, AL 36608, Mobile	Licensee: FRIENDSHIP COMM DEV CORPORATION	Telephone #: (251) 343-0850
Ages: 6 Weeks to 12 Years	Director (if applicable): ROSALYN KENNEDY	Capacity: 185 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Ongoing Training, Staff Checklist Comments: A staff member has expired Ongoing training on file in the center.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: A staff member has expired Health and Safety training on file in the center.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: A staff member has expired Health and Safety training on file in the center.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: A staff member has expired Ongoing training on file in the center.	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 04/16/2026, 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.

Rosalyn Kennedy

April 1, 2026

Signature of Facility Representative

Date

LESLIE WILLIAMS

04/01/2026

Signature of DHR Licensing Representative

Date

COPIES TO: ___Rosalynn Kennedy_____