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

Performance Standard Deficiency ***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.	4/13/2026
Failed - Health and Safety Training, Staff Checklist Comments: A staff member has expired Health and Safety training on file in the center.	4/13/2026
Failed - Health and Safety Training, Staff Checklist Comments: A staff member has expired Health and Safety training on file in the center.	4/13/2026
Failed - Ongoing Training, Staff Checklist Comments: A staff member has expired Ongoing training on file in the center.	4/13/2026

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 _____N/A_____, 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 13,2026
Signature of Facility Representative	Date
LESLIE WILLIAMS	**04/13/2026**
Signature of DHR Licensing Representative	Date

COPIES TO: _Rosalyn Kennedy_