

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: BEESMART DAYCARE ANNEX	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 4/15/2026
Facility Address: 1555 Lake Street, Montgomery, AL 36106, Montgomery	Licensee: BEESMART DAYCARE ANNEX	Telephone #: (334) 356-4460
Ages: 6 Weeks to 13 Years	Director (if applicable): PATRICIA DEAN	Capacity: 76            /    NA Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
There no deficiencies observed on today's visit.	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	4/10/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 8 hours	4/10/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	4/10/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	4/10/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	4/15/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: wrong one	4/10/2026
Failed - Ongoing Training, Staff Checklist Comments: missing 8 hours	4/15/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	4/10/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	4/15/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	4/10/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	4/10/2026
Failed - Application, Staff Checklist	4/10/2026

Comments: missing Failed - Photo ID Verification, Staff Checklist	4/10/2026
Comments: missing Failed - Medical, Staff Checklist	4/10/2026
Comments: missing Failed - TB Test Date and Results, Staff Checklist	4/10/2026
Comments: missing Failed - Verification of Education, Staff Checklist	4/10/2026
Comments: missing Failed - References, Staff Checklist	4/15/2026
Comments: missing Failed - Written Verification of Standards Read, Staff Checklist	4/10/2026
Comments: missing Failed - Ongoing Training, Staff Checklist	4/10/2026
Comments: missing Failed - Health and Safety Training, Staff Checklist	4/10/2026
Comments: missing Failed - Ongoing Training, Staff Checklist	4/10/2026
Comments: missing Failed - Health and Safety Training, Staff Checklist	4/15/2026
Comments: missing Failed - Medical, Staff Checklist	4/15/2026
Comments: expired	

**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.**

Patricia V. Dean  
**Signature of Facility Representative**

04/15/2026  
Date

KAMILA CROWELL  
**Signature of DHR Licensing Representative**

04-15-2026  
Date

COPIES TO: \_director\_\_\_\_\_