

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: BEREAN BAPTIST HEAD START #3	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 4/24/2026
Facility Address: 200 W MONROE, MARION, AL, 36756, Perry	Licensee: BEREAN BAPTIST CHURCH BD OF TRUSTEES	Telephone #: (334) 683-4443
Ages: 3 Years to 6 Years	Director (if applicable): Destiny Scott	Capacity: 60 / NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
There weeds and vines protruding the fenceline on the playground., Ad Hoc Comments: NA	4/28/2026
There is paint and adhesive on the playground in a gate with no lock on it accessible to the children., Ad Hoc Comments: NA	4/24/2026
There is an air vent on the left side of the entryway wall with exposed rust on it., Ad Hoc Comments: NA	5/1/2026

**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.

  
\_\_\_\_\_  
*Signature of Facility Representative*

05.18.26  
\_\_\_\_\_  
Date

KAMILA CROWELL

\_\_\_\_\_  
*Signature of DHR Licensing Representative*

5-18-2026  
\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_ director \_\_\_\_\_