ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TODDLER'S ACADEMY BEGINNERS SCHOOL #3	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 5/28/2026
Facility Address: 2600 EMOGENE STREET, MOBILE, AL 36606, Mobile	Licensee: TABS, INC.	Telephone #: (251) 478-4191
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): JACQUELINE BURRELL	Capacity: 58 / 58 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: On playground 1 there is a broken wooden bench on a playing apparatus.	5/28/2026
Failed - Hazardous substances locked, Classroom Checklist / Toddler Comments: Hazardous substances not under lock and key or combination lock. (Lysol spray and Bleach and Water spray bottle)	5/13/2026

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.

_____ _____

Signature of Facility Representative Date

LESLIE WILLIAMS **05/28/2026**

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____Andrea Pickett_____