ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: A BEAUTIFUL BEGINNING DAYCARE CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 6/3/2026
Facility Address: 1406 27TH STREET NORTH, BESSEMER, AL 35020, Jefferson	Licensee: TY'ESHIA DONALD	Telephone #: (205) 742-3546
Ages: 6 Weeks to 14 Years	Director (if applicable): TY'ESHIA DONALD	Capacity: 45 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Each child signed in and signed out with a written signature or bio-metric ID, Inspection Form Comments: On 6/3/26, there were twenty-two (22) children present with only fourteen (14) signed in.	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: On 6/3/26, the staff person's suitability was expired.	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: On 6/3/26, the staff person's suitability was expired.	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 ____6/17/26_____, 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
AJOIA MCGHEE	**6/3/26**
_____	_____
Signature of DHR Licensing Representative	Date

COPIES TO: ___Center_____