ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
DISCOVERY DAYS CHILD DEV. CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	6/9/2026
Facility Address:	Licensee:	Telephone #:
9205 OLD PASCAGOULA ROAD, THEODORE, AL 36582, Mobile	DISCOVERY DAYS CHILD DEVELOPMENT CENTER	(251) 653-5220
Ages:	Director (if applicable):	Capacity:
6 Weeks to 15 Years	RHONDA BEECH	105 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There are active ant beds on the afterschool playground.	6/9/2026
Failed - Medical, Staff Checklist Comments: A staff member has an expired medical form on file in the center.	6/16/2026
Failed - Medical, Staff Checklist Comments: A staff member has an expired medical form on file in the center.	6/16/2026
Failed - Medical, Staff Checklist Comments: A staff member has an expired medical form on file in the center.	6/16/2026
Failed - Hazardous substances locked, Classroom Checklist / Infant 2 Comments: In the 12 months-18 months classroom there are Lysol Wipes not under lock and key or combination lock.	6/9/2026
Failed - Electrical outlets covered, Classroom Checklist / Schoolers Comments: In the afterschool classroom there are exposed outlets not covered with a protective cover.	6/9/2026
Failed - Hazardous substances locked, Classroom Checklist / 3K Comments: In the 3-year-old room there are hazardous substances not under lock and key or combination lock. (Lysol Spray and Scrubbing Bubbles Bathoom Cleaner)	6/9/2026

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.

Rhonda Beech _____ 06/16/2026 _____

Signature of Facility Representative Date

LESLIE WILLIAMS **06/16/2026**

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____Rhonda Beech_____