

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BECKY MORRIS IN HOME DAYCARE	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 6/17/2026
Facility Address: 507 FOREST DRIVE, GREENVILLE, AL 36037, Butler	Licensee: MARY MORRIS	Telephone #: (334) 382-6016
Ages: 1 Years to 4 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Infant -Child CPR Certification, Staff Checklist Comments: Expired	Pending Correction
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: 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 _____, 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.

Berky Morris

Signature of Facility Representative

6-17-26

Date

OLIVA JACKSON

6/17/26

Date

Signature of DHR Licensing Representative

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