**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: |
|---|---|---|
| BE BRAVE CHILD CARE 2 | Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [ ]<br>Group [ ] | 7/29/2026 |
| Facility Address: | Licensee: | Telephone #: |
| 240 NORTH TRUMAN DRIVE, PRICHARD, AL 36610, Mobile | FAITH MINISTRY COMM. CHURCH OF GOD INC | (251) 348-7711 |
| Ages: | Director (if applicable): | Capacity: |
| 6 Weeks to 12 Years | RAI TIMBERLY THOMAS | 45 / NA<br>Day Night |

## SECTION B - DEFICIENCY INFORMATION

| **Performance Standard Deficiency**<br>***HAZARDS MUST BE CORRECTED IMMEDIATELY**** | **Date Corrected by Licensee** |
|---|---|
| **Deficiency Summary** | |
| Failed - Preadmission Form, Child Checklist<br>Comments: A child's preadmission form is incomplete on file in the center. | 7/10/2026 |
| Failed - Preadmission Form, Child Checklist<br>Comments: A child's preadmission form is incomplete on file in the center. | 7/27/2026 |
| Failed - Preadmission Form, Child Checklist<br>Comments: A child's preadmission form is incomplete on file in the center. | 7/27/2026 |
| Failed - Immunization Certificate, Child Checklist<br>Comments: A child's immunization form is incomplete on file in the center. | 7/15/2026 |
| Failed - Immunization Certificate, Child Checklist<br>Comments: A child's immunization form is incomplete on file in the center. | 7/10/2026 |
| Failed - Preadmission Form, Child Checklist<br>Comments: A child's preadmission form is incomplete on file in the center. | 7/10/2026 |
| Failed - Preadmission Form, Child Checklist<br>Comments: A child's preadmission form is incomplete on file in the center. | 7/10/2026 |
| Failed - Preadmission Form, Child Checklist<br>Comments: A child's preadmission form is incomplete on file in the center. | 7/27/2026 |

| | |
|---|---|
| Failed - Preadmission Form, Child Checklist<br>Comments: A child's preadmission form is incomplete on file in the center. | 7/27/2026 |

**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.**

Rai Pettway — 7/29/26

***Signature of Facility Representative*** — Date

*LESLIE WILLIAMS* — **07/29/2026**

***Signature of DHR Licensing Representative*** — Date

COPIES TO**: Rai Timberly Thomas**