

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

SECTION A- IDENTIFYING INFORMATION

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

SECTION B - DEFICIENCY INFORMATION

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

Failed - Preadmission Form, Child Checklist

7/27/2026

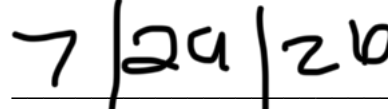
Comments: A child's preadmission form is incomplete on file in the center.

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
LESLIE WILLIAMS



Date
07/29/2026

Signature of DHR Licensing Representative

Date

COPIES TO: Rai Timberly Thomas