

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: IT'S ONLY THE BEGINNING CHILDCARE	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 8/31/2026
Facility Address: 609 BESSEMER SUPER HWY, MIDFIELD, AL 35228, Jefferson	Licensee: IT'S ONLY THE BEGINNING CHIDCARE LLC	Telephone #: (205) 277-9191
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): LASHUNDRA TERRY PULLINS	Capacity: 75 / 75 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
There 2 school age children in a classroom unsupervised. , Ad Hoc Comments: NA	Pending Correction
There is a mixed age group in the toddler class (12m-3yr). , Ad Hoc Comments: NA	Pending Correction
There are (28) school age children on the playground with 1 staff. , Ad Hoc Comments: NA	Pending Correction
There is an industrial size fan on the playground with no barrier. , Ad Hoc Comments: NA	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 8/14/26, 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.

LaShundra T. Pullins

Signature of Facility Representative

Date

JOY FRAZIER

Signature of DHR Licensing Representative

8/31/26

Date

COPIES TO: _____Director_____