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:
THE BEARY BEST OF CARE II	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	9/29/2026
Facility Address:	Licensee:	Telephone #:
805 MAIN STREET, GARDENDALE, AL 35071, Jefferson	BARBARA ANDERSON	(205) 608-0047
Ages:	Director (if applicable):	Capacity:
0 Weeks to 14 Years	BARBARA ANDERSON	95 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - 0 up to 18 months 1 to 5, Inspection Form Comments: Staff opening door and preparing lunch leaving (6) 6wks- 18m old infants with 1 staff.	Pending Correction
Failed - No screen time for children under 2 years of age, Inspection Form Comments: The 18m- 24m classroom has a TV screen on.	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: not in file	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - References, Staff Checklist Comments: no record	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: not record	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction

Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - References, Staff Checklist Comments: no record	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - References, Staff Checklist Comments: no record	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - References, Staff Checklist Comments: no record	Pending Correction
Failed - References, Staff Checklist Comments: no record	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: no record	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: no record	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: no record	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: no record	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: not in file	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: not in file	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: 3 signatures missing on the second page.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: 3 missing signatures on second page	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 10/13/26 **, 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.

Barbara Little — 9/30/26

Signature of Facility Representative — Date

JOY FRAZIER — 9/29/26

Signature of DHR Licensing — Date

Representative

COPIES TO: ____Director_____