

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

**SECTION A- IDENTIFYING INFORMATION**

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| Facility Name:<br>BECK'S DAY CARE CENTER, INC.                      | Type of Facility : Center <input checked="" type="checkbox"/><br>Day <input checked="" type="checkbox"/> OST <input type="checkbox"/><br>Night <input type="checkbox"/> Family <input type="checkbox"/><br>University <input type="checkbox"/><br>Group <input type="checkbox"/> | Date of Visit:<br>9/30/2026       |
| Facility Address:<br>1248 ANCHOR DRIVE, MOBILE, AL<br>36693, Mobile | Licensee:<br>BECK'S DAY CARE<br>CENTER, INC.                                                                                                                                                                                                                                     | Telephone #:<br>(251) 661-4254    |
| Ages:<br>6 Weeks to 13 Years                                        | Director (if applicable):<br>LEIGH BAILEY                                                                                                                                                                                                                                        | Capacity:<br>86 / NA<br>Day Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Date Corrected by<br/>Licensee</b> |
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| <b>Deficiency Summary</b><br>CHILD ABUSE AND NEGLECT, Allegation<br>Comments: Staff member is present at the center<br>Upon arrival, on the playground the fence is down on the ground on the right side., Ad Hoc<br>Comments: NA<br>Upon arrival, the Preschool Classroom (4-5 yrs) is out ratio due to staff not having a suitability letter and CAN report., Ad Hoc<br>Comments: NA<br>Upon arrival, the 24-36 month Classroom is out of ratio due to staff not having a suitability letter and CAN report. , Ad Hoc<br>Comments: NA<br>Upon arrival, there are Four new staff members working at the center without suitability letters. , Ad Hoc<br>Comments: NA<br>Upon arrival, there are Four new staff members working at the center without CAN reports., Ad Hoc<br>Comments: NA<br>Staff files are incomplete., Ad Hoc<br>Comments: NA<br>A staff person was hired at center with an Indicated CAN report., Ad Hoc<br>Comments: NA |                                       |
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**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.

\_\_\_\_\_  
***Signature of Facility Representative***

\_\_\_\_\_  
Date

SHUNDR NEVELS

\_\_\_\_\_  
***Signature of DHR Licensing Representative***

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_