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:
BEYOND BLESSED CHILD CARE - NORTH	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	10/2/2026
Facility Address:	Licensee:	Telephone #:
8361 Old Highway 31, Morris, AL 35116, Jefferson	BEYOND BLESSED CHILD CARE - NORTH	(205) 590-3022
Ages:	Director (if applicable):	Capacity:
3 Weeks to 14 Years		54 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary There were no deficiencies noted or observed on today's visit. All Health and Safety met as of 10/2/26., 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 ____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.

Cynthia Ahl — 10/2/26

Signature of Facility Representative — Date

CATRESSA ROZELL — **10/2/26**

Signature of DHR Licensing Representative — Date

COPIES TO: _____