

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BRIGHT BEGINNINGS LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/14/2025
Facility Address: 1061 S SCOTTSVILLE, CENTREVILLE, AL 36732, Bibb	Licensee: DONNETTA TAYLOR	Telephone #: (205) 926-7118
Ages: 6 Weeks to 16 Years	Director (if applicable): DONNETTA TAYLOR	Capacity: 0 / NA Day Night

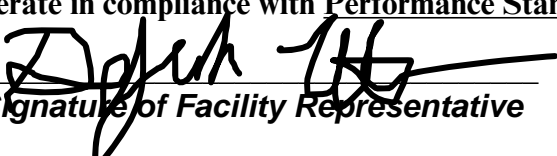
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area enclosed by a fence or wall at least 4 feet in height, Inspection Form Comments: Several areas of the playground fence are not 4 feet in height.	Pending Correction
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Fence	Pending Correction
Failed - Transportation checklists used as required, Inspection Form Comments: .	Pending Correction
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: .	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: .	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: .	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: .	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: .	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: .	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: .	Pending Correction

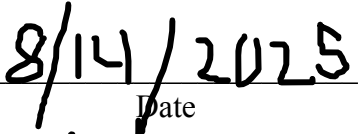
Some classrooms are not set up and do not have designated activity areas or equipment., Ad Hoc	Pending Correction
Comments: NA	
Chords are dangling in the 6 weeks to 2 year classroom., Ad Hoc	Pending Correction
Comments: NA	

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.

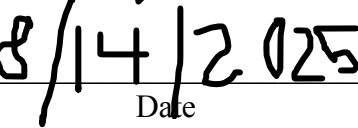


 Signature of Facility Representative
 Jessica Vice



 Date

 Signature of DHR Licensing Representative



 Date

COPIES TO: _____