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

## SECTION A- IDENTIFYING INFORMATION

| | | |
|---|---|---|
| Facility Name:<br>BRIGHT BEGINNINGS LEARNING CENTER | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [ ] Family [ ]<br>University [<br>Group [ ] | Date of Visit:<br>8/14/2025 |
| Facility Address:<br>1061 S SCOTTSVILLE,<br>CENTREVILLE, AL 36732, Bibb | Licensee:<br>DONNETTA TAYLOR | Telephone #:<br>(205) 926-7118 |
| Ages:<br>6 Weeks to 16 Years | Director (if applicable):<br>DONNETTA TAYLOR | Capacity:<br>32 / NA<br>Day Night |

## SECTION B - DEFICIENCY INFORMATION

| **Performance Standard Deficiency**<br>***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<br>Comments: Several areas of the playground fence are not 4 feet in height. | 9/5/2025 |
| Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form<br>Comments: Fence | 9/5/2025 |
| Failed - Transportation checklists used as required, Inspection Form<br>Comments: . | 9/2/2025 |
| Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form<br>Comments: . | 9/2/2025 |
| Failed - Ongoing Training, Staff Checklist<br>Comments: . | 9/2/2025 |
| Failed - Ongoing Training, Staff Checklist<br>Comments: . | 9/2/2025 |
| Failed - Ongoing Training, Staff Checklist<br>Comments: . | 9/2/2025 |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: . | 9/2/2025 |
| Failed - Immunization Certificate, Child Checklist<br>Comments: . | 9/2/2025 |
| Failed - Immunization Certificate, Child Checklist<br>Comments: . | 9/2/2025 |

| | |
|---|---|
| Some classrooms are not set up and do not have designated activity areas or equipment., Ad Hoc<br>Comments: NA | 9/2/2025 |
| Chords are dangling in the 6 weeks to 2 year classroom., Ad Hoc<br>Comments: NA | 9/2/2025 |

**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.**

Donnetta Taylor — 9/5/25

***Signature of Facility Representative*** — Date

*Jessica Vice* — 9/5/25

***Signature of DHR Licensing Representative*** — Date

COPIES TO: _____