

**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: 2/2/2026
Facility Address: 1908 MAUVILLA DRIVE, DEMOPOLIS, AL 36732, Marengo	Licensee: DONNETTA TAYLOR	Telephone #: (334) 287-0550
Ages: 0 Weeks to 17 Years	Director (if applicable): DONNETTA TAYLOR	Capacity: 69 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
There is a red chair peeling paint in the 2.5yr-4yr classroom., Ad Hoc Comments: NA	2/2/2026
There is tan table in the home living area peeling paint in the 2.5yr- 4yr classroom., Ad Hoc Comments: NA	2/2/2026
The indoor thermometer is not working in the 2.5yr-4yr classroom., Ad Hoc Comments: NA	2/2/2026
The indoor thermometer is not working in the Prek 1 room 4yr and up., Ad Hoc Comments: NA	2/2/2026
The indoor thermometer is not working in the PreK 2 4yr classroom., Ad Hoc Comments: NA	2/2/2026

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.



Signature of Facility Representative

KAMILA CROWELL



Signature of DHR Licensing Representative

2/2/26

Date

02/02/26

Date

COPIES TO: person in charge