ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: BRIGHT BEGINNINGS	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 1/6/2026
Facility Address: 8505 HWY 157, CULLMAN, AL 35057, Cullman	Licensee: LINDA SANDLIN	Telephone #: (256) 734-0855
Ages: 3 Weeks to 16 Years	Director (if applicable): LINDA SANDLIN	Capacity: 50 / 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 and equipment are free of apparent hazardous conditions, Inspection Form Comments: Three seats on 4-seated bouncer are cracked/ broken. Chipped/ worn paint on playground equipment.	1/20/2026
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Loose screw was found on the ground.	1/6/2026
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: Disinfectant wipes were in hallway closet not under lock and key.	1/6/2026
Failed - Each child’s hands washed after diapering, Inspection Form Comments: Staff did not clean child's hands after being diapered.	1/6/2026
Failed - For infants, clean bottom sheets daily or more often if needed, sheets fit snugly, Inspection Form Comments: Sheets did not fit snugly.	1/20/2026

Failed - Staff's hands washed before food preparation and service, after assisting with toileting, after diapering, Inspection Form Comments: Staff in toddler room did not wash hands after diapering a child.	1/6/2026

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.

_____ **_____02/03/2026_____**

Signature of Facility Representative Date

AJOIA MCGHEE **02/03/26**

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____Center_____