

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

SECTION A- IDENTIFYING INFORMATION

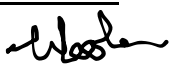
Facility Name: RAINBOW BRITE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 2/18/2026
Facility Address: 1412 BROOK HOLLOW CRICLE, HUNTSVILLE, AL 35816, Madison	Licensee: MARIA WOOTEN	Telephone #: (256) 936-0032
Ages: 7 Days to 12 Years/7 Days to 12 Years	Director (if applicable): N/A	Capacity: 6 / 6 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Record for licensee/household member, Inspection Form Comments: Household member medical expired	3/9/2026

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

03/09/2026

Date

Rolanda Nelson

Signature of DHR Licensing Representative

03/09/2026

Date

COPIES TO: Maria Wooten