

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BRIGHT BEGINNINGS DAY CARE & EARLY LEARN	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 4/17/2026
Facility Address: 310 WALKER STREET, HACKLEBURG, AL 35564, Marion	Licensee: BRIGHT BEG'S DC & ELC, LLC	Telephone #: (205) 935-1942
Ages: 6 Weeks to 12 Years	Director (if applicable): KATHY LEE	Capacity: 62 NA Day Night


SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by Licensee</u>
Deficiency Summary There were no deficiencies that were noted or observed on today's visit. All Health and safety met as of 4/17/26., Ad Hoc Comments: NA	4/17/2026

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 _____, as verification that deficiencies have been corrected.

N/A

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
 CATRESSA ROZELL

 Signature of DHR Licensing

4-27-26

 Date
 4/17/26

 Date

Representative

COPIES TO: _____