

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: BRIGHT BEGINNINGS LEARNING CENTER	Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 1908 MAUVILLA DRIVE DEMOPOLIS, AL 36732	Mailing Address: P.O. BOX 71412 TUSCALOOSA, AL, 35407-____
Telephone Number: (334) 287-0550	Licensee: DONNETTA TAYLOR
Capacity: 69	Director: DONNETTA TAYLOR
Age Range: 0 Weeks to 17 Years	Date Prepared: 4/17/2026

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency, the plan of action, and the target date for each item:

Deficiency Plan of Correction	Date to be completed
Failed - Ongoing Training, Staff Checklist Plan of Action - complete training	5/19/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - will complete training	5/19/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - complete trainings	4/30/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - complete training	5/19/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - complete training	5/19/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - complete training	5/19/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - complete training	5/19/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - complete training	5/19/2026