

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BRIGHT PATHS ACADEMY LLC	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 6/30/2026
Facility Address: 524 AUGUSTA AVENUE, MONTGOMERY, AL 36111, Montgomery	Licensee: BRIGHT PATHS ACADEMY LLC	Telephone #: (334) 593-3772
Ages: 6 Weeks to 12 Years	Director (if applicable): JENNIFER MOORE	Capacity: 28 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There no deficiencies observed on today's visit.	
Failed - Ongoing Training, Staff Checklist Comments: missing	5/27/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	5/27/2026
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Failed - Health and Safety Training, Staff Checklist Comments: missing	5/27/2026
Failed - Ongoing Training, Staff Checklist Comments: missing	5/27/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	5/27/2026
Failed - Verification of Education, Staff Checklist Comments: missing	6/4/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: missing	6/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	5/27/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: missing	6/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing	5/27/2026

Failed - Immunization Certificate, Child Checklist Comments: expired	6/4/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	6/4/2026

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.

Jennifer Moore 06/30/2026
Signature of Facility Representative Date

KAMILA CROWELL 06-30-2026
Signature of DHR Licensing Representative Date

COPIES TO: __director