ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SPRINGHILL BRIGHT BEGINNINGS LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 7/28/2026
Facility Address: 701 West Interstate 65 Service Road North, Mobile, AL 36608, Mobile	Licensee: SPRINGHILL BRIGHT BEGINNINGS LLC	Telephone #: (251) 340-1205
Ages: 6 Weeks to 17 Years/6 Weeks to 17 Years	Director (if applicable):	Capacity: 92 / 92 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Upon arrival, no one was present to conduct center business. , Ad Hoc Comments: NA	Pending Correction
Per video footage, on July 21, 2026, an infant child was left unattended while being diapered and fell on the floor., Ad Hoc Comments: NA	Pending Correction
Per video footage, On July 21, 2026, all children did not have staff supervision at all times., Ad Hoc Comments: NA	Pending Correction

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 08/11/2026**, 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.

Erika Canada 07/28/26

Signature of Facility Representative Date

LaDanika York **07/28/2026**

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Signature of DHR Licensing Representative Date

COPIES TO: _____Facility_____