

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: JENE'S BRIGHT START	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 8/28/2026
Facility Address: 701 CO RD 15 N, AUTAUGAVILLE, AL 36003, Autauga	Licensee: JENE M GOLSON	Telephone #: (334) 399-4274
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
All deficiencies corrected during visit.	
Failed - Dangerous substances locked, Inspection Form Comments: Hazardous substances (cleaning supplies and laundry detergent) are not under lock and key or combination lock.	8/28/2026
Failed - Guns/firearms in locked storage, Inspection Form Comments: A loaded firearm (pellet gun) was not locked in storage.	8/28/2026
Failed - All poison kept in locked area, Inspection Form Comments: Hazardous substances (yard chemicals) stored in the shed was not under lock and key or combination lock.	8/28/2026

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.

_____ Jene M.
Golson _____

Signature of Facility Representative

_____ 08/28/26 _____

Date

Natalie Sumrall

***Signature of DHR Licensing
Representative***

_____ 08/28/26 _____

Date

COPIES TO: _____ Licensee _____