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

## SECTION A- IDENTIFYING INFORMATION

| | | |
|---|---|---|
| Facility Name:<br>SPRINGHILL BRIGHT BEGINNINGS LLC | Type of Facility : Center [X]<br>Day [X] OST [ ]<br>Night [X] Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>9/24/2026 |
| Facility Address:<br>701 West Interstate 65 Service Road North, Mobile, AL 36608, Mobile | Licensee:<br>SPRINGHILL BRIGHT BEGINNINGS LLC | Telephone #:<br>(251) 340-1205 |
| Ages:<br>6 Weeks to 17 Years/6 Weeks to 17 Years | Director (if applicable): | Capacity:<br>92 / 92<br>Day Night |

## SECTION B - DEFICIENCY INFORMATION

| Performance Standard Deficiency<br>***HAZARDS MUST BE CORRECTED IMMEDIATELY**** | **Date Corrected by Licensee** |
|---|---|
| **Deficiency Summary**<br>NO DEFICIENCIES OBSERVED AT THE TIME OF VISIT. | |

**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.**

Olivia Whigham — 09/24/26

***Signature of Facility Representative*** — Date

*LaDanika York* — **09/24/26**

***Signature of DHR Licensing Representative*** — Date