

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: BRIGHT FUTURES CHILDREN'S CENTER, TOO	Type of Facility: Center <input checked="" type="checkbox"/> [X] Day <input checked="" type="checkbox"/> [X] Night <input type="checkbox"/> [] Family <input type="checkbox"/> [] University <input type="checkbox"/> [] Group <input type="checkbox"/> []	Date of Visit: 05/02/2025
Facility Address: 1962 SKIPPERVILLE ROAD, OZARK, AL 36360, Dale	Licensee: BRIGHT FUTURES CHILDREN CENTER, LLC	Telephone #: (334) 443-0497
Ages: 6 Weeks to 12 Years	Director (if applicable): TOMEKIA CREWS	Capacity: 119 / NA Day / Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
<p>Deficiency Summary</p> <p>In the 2 1/2 to 3 year old room chemicals were not under lock and key. (disinfectant spray, cleaner), Ad Hoc Comments: NA</p> <p>There are exposed roots on the small playground. Large enough to cause tripping., Ad Hoc Comments: NA</p> <p>On the large playground there is exposed cement at the end of the bike track., Ad Hoc Comments: NA</p>	

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 _____, 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.

Signature of Facility Representative

Tomekia Crews

Date

5-5-25

Jay Dalton

***Signature of DHR Licensing
Representative***

COPIES TO: _____

Date