DHR-DFC-1926

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: Bright Beginnings	**Type of Facility:** Day ☑ Night ☐ Family ☐ Group ☐ Center ☑ S.A.P. ☐	**Date of Visit:** 2 / 27 / 24 (month / day / year)
Facility Address: 8505 Hwy 157 Cullman AL 35057	**Licensee:** Linda Sandlin	**Telephone #:** (256) 734-0855
Ages: 3WKS to 6yrs / X to X (day / night)	**Director** *(if applicable)*: Linda Sandlin	**Capacity:** 50 / X (day / night)

SECTION B - DEFICIENCY INFORMATION

Column 1 — Performance Standard Deficiency **HAZARDS MUST BE CORRECTED IMMEDIATELY**	*Column 2* — Date Corrected by Licensee
① There were hazards not under lock & key in the 3WKS- 18m old room. (Aquaphor and Dawn dish liquid).	SS 2.27.24

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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative Samantha Skinner *Date* 02-27-24

Signature of DHR Licensing Representative Jaime Bowman *Date* 2/27/24

COPIES TO: Samantha Skinner-Person in charge