ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

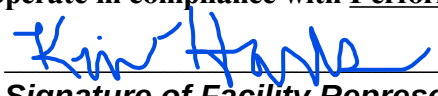
Facility Name: NEW ADVENTURES LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 8/14/2025
Facility Address: 301 HALE STREET, OXFORD, AL 36203, Calhoun	Licensee: KIMBERLY AND CHRISTOPHER HANKS	Telephone #: (256) 770-7237
Ages: 1 Months to 1 Years	Director (if applicable): KIMBERLY HANKS	Capacity: 118 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary Failed - Hazardous substances locked, Classroom Checklist / Nursery Comments: Sanitizer spray and staff's lotion not under lock and key.	8/14/2025

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 _____NA_____, 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.



8/14/2025

Signature of Facility Representative Date

Jaime Bowman **08/14/2025**

Signature of DHR Licensing Date

Representative

COPIES TO: _Kimberly Hanks__