

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: NEW DIRECTION CHILDCARE FACILITY	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 10/1/2025
Facility Address: 109 WEST CONECUH AVENUE, UNION SPRINGS, AL 36089, Bullock	Licensee: NEW DIRECTION CHILD CARE FACILITY, LLC	Telephone #: (334) 738-8263
Ages: 3 Months to 12 Years	Director (if applicable): BRENDA HILL	Capacity: 84 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Records on file at time of employment, Inspection Form Comments: There is one staff that does not have a complete file.	9/29/2025
Failed - Medical, Staff Checklist Comments: expired	9/24/2025
Failed - Medical, Staff Checklist Comments: expired	9/29/2025
Failed - Health and Safety Training, Staff Checklist Comments: There is no verification of health and safety training in file.	9/30/2025
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / 0-18 months Comments: Changing table is not anchored.	9/30/2025
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / 18-30 months Comments: Changing table is not anchored.	9/30/2025

The cabinet door in the sink area in the toddler/preschool area is off the hinge., Ad Hoc Comments: NA	9/30/2025
The Cabinet door on the medicine cabinet at the far end of the toddler/preschool area has a loose hinge which allows the door to fall down., Ad Hoc Comments: NA	9/30/2025
On the playground there is a root area that is a tripping hazard close to the fence where the apple board is hanging., Ad Hoc Comments: NA	9/30/2025
In the 12-to-18-month room by the office area there is a broken face plate on an electrical outlet., Ad Hoc Comments: NA	9/30/2025

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 corrected, 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

10/24/25
Date

JAY DALTON

Signature of DHR Licensing Representative

10/24/25
Date

COPIES TO: Brenda Hill