

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: NEW RISING STAR EARLY CHILDHOOD DEV CTR	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 1/7/2026
Facility Address: 7401 LONDON AVENUE, BIRMINGHAM, AL 35206, Jefferson	Licensee: NEW RISING STAR MISSIONARY BAPTIST CH	Telephone #: (205) 995-4416
Ages: 6 Weeks to 11 Years	Director (if applicable): DEMETRIA FITTS	Capacity: 60 / NA Day Night

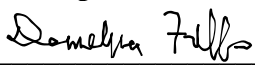
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some of the Facility staff are not enrolled in Alabama Pathway's Registry.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 8 hrs	8/15/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing 11 areas	8/19/2025
Failed - Health and Safety Training, Staff Checklist Comments: Missing 11 areas	8/13/2025
Failed - Preadmission Form, Child Checklist Comments: Missing signature	8/13/2025
Failed - Immunization Certificate, Child Checklist Comments: Expired	8/15/2025
Failed - Indoor thermometer (child safe), Classroom Checklist / Nursery Comments: Missing	8/14/2025
Failed - Indoor thermometer (child safe), Classroom Checklist / Toddler 1 Comments: Missing	8/14/2025
Failed - Indoor thermometer (child safe), Classroom Checklist / Toddler 2 Comments: Missing	8/14/2025

Failed - Indoor thermometer (child safe), Classroom Checklist / Pre K 3 Comments: Missing	8/14/2025
Failed - Indoor thermometer (child safe), Classroom Checklist / Pre k -4 Comments: Missing Staff files are incomplete., Ad Hoc Comments: NA	8/14/2025 Pending Correction

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	Date
SHUNDR NEVELS	_____
Signature of DHR Licensing Representative	Date

COPIES TO: _____