

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: NEW DIMENSIONS CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 1/28/2026
Facility Address: 2200 MAIN AVENUE, NORTHPORT, AL, 35476, Tuscaloosa	Licensee: NEW DIMENSIONS MINISTRIES	Telephone #: (205) 333-3230
Ages: 6 Weeks to 12 Years	Director (if applicable): TAMIKA SYLVESTER	Capacity: 50        /        NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
Failed - Drinking water without added sweeteners or carbonation readily available throughout the day, Inspection Form Comments: incomplete	Pending Correction
Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: incomplete	Pending Correction
Failed - Service staff not counted in ratio unless they meet qualifications of staff for whom substituting, Inspection Form Comments: incomplete	Pending Correction
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: incomplete	Pending Correction
Failed - References, Staff Checklist Comments: One incomplete	Pending Correction
Failed - Indoor thermometer (child safe), Classroom Checklist / EXPLORERS 1 Comments: Upon arrival the temp was under 68.	1/28/2026
There are two cribs in the infant room with chipped paint. , Ad Hoc Comments: NA	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

BRANDUL PERINE

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_