

**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 <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: 2/13/2026
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

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Failed - No positioning device used unless specified by physician, Inspection Form Comments: infant asleep in the swing	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Expired	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 2/27/2026, 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

JAIME BOWMAN

Date

Signature of DHR Licensing

Date

Representative

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