

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: NOAH'S ARK CHILD CARE & DEVELOPMENT CTR.	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 3/20/2026
Facility Address: 1350 CODY ROAD N., MOBILE, AL 36608, Mobile	Licensee: NEW GENERATION COMM. DEVELOPMENT CTR.	Telephone #: (251) 510-4519
Ages: 6 Weeks to 5 Years	Director (if applicable): BRENDA GASTON	Capacity: 30        /    NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incomplete	3/6/2026
Failed - Photo ID Verification, Staff Checklist Comments: incomplete	2/27/2026
Failed - Verification of Education, Staff Checklist Comments: incomplete	3/11/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: incomplete	3/6/2026
Failed - Ongoing Training, Staff Checklist Comments: incomplete	3/6/2026
Failed - Health and Safety Training, Staff Checklist Comments: incomplet	3/6/2026
Failed - References, Staff Checklist Comments: incomplete one with relative	2/27/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: incomplete	3/6/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: incomplete	3/6/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incomplete	3/6/2026
Failed - Ongoing Training, Staff Checklist Comments: incomplete	3/6/2026
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	3/6/2026

Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incomplete	3/6/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	3/13/2026
Failed - Preadmission Form, Child Checklist Comments: incomplete	3/11/2026
Failed - Immunization Certificate, Child Checklist Comments: incomplete	3/13/2026
Failed - Immunization Certificate, Child Checklist Comments: incomplete	3/11/2026

**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: \_\_\_\_\_