ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
NEW BEGINNINGS CHRISTIAN ACADEMY, INC.	Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	4/22/2026
Facility Address:	Licensee:	Telephone #:
3511 RETAIL DRIVE, PHENIX CITY, AL 36869, Russell	NEW BEGINNINGS CHRISTIAN ACADEMY, INC	(334) 214-9353
Ages:	Director (if applicable):	Capacity:
6 Weeks to 14 Years/6 Weeks to 14 Years	TERESA JOHNSON	120 / 120 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Posted Daily schedule w/ 60 minutes of active play, Classroom Checklist / Head Start Class A Comments: only has 30 minutes	4/22/2026
Failed - Electrical outlets covered, Classroom Checklist / After-schoolers Comments: missing outlet cover	4/22/2026
Failed - Electrical outlets covered, Classroom Checklist / 3 year olds Comments: missing outlet cover	4/22/2026
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / Head Start Class A Comments: one of the shelving is not anchored	4/23/2026
Failed - Hazardous substances locked, Classroom Checklist / Head Start Class A Comments: hazard was not lock	4/22/2026
Failed - Posted Daily schedule w/ 60-90 minutes of active play, Classroom Checklist / Head Start Class B Comments: missing 30 minutes	4/22/2026
Failed - Cribs/2 feet of space between occupied cribs, Classroom Checklist / Infant Comments: occupied cribs weren't two feet apart	4/22/2026
Failed - Electrical outlets covered, Classroom Checklist / Head Start C Comments: missing	4/22/2026

Failed - Hazardous substances locked, Classroom Checklist / Head Start C 4/22/2026
Comments: hazardous substance wasn't lock

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 N/A, 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.

Teresa M. Johnson — 4/24/2026
Signature of Facility Representative — Date

SHYNECSA BLEVINS Shynecsa Blevins 4-24-26
Signature of DHR Licensing Representative — Date

COPIES TO: Director