

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: NEW LIFE EARLY LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 5/14/2026
Facility Address: 3912 PULASKI PIKE NW #B, HUNTSVILLE, AL 35810, Madison	Licensee: NEW LIFE EARLY LEARNING CENTER	Telephone #: (256) 489-0549
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 89 NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Center free of apparent hazards, Inspection Form Comments: There are cots stacked too high in two classrooms	5/14/2026
Failed - Each child's hands washed after diapering, Inspection Form Comments: incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: incomplete	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Infants Comments: Lysol wipes	Pending Correction
Failed - Indoor thermometer (child safe), Classroom Checklist / Toddlers Comments: incomplete	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / 3's Comments: purse not under lock and key	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / 4-5 Comments: purse not locked	Pending Correction
There are two infants with blankets in their sleeping environment. ,	Pending Correction

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Comments: NA

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: _____