

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: NEW BEGINNINGS CHRISTIAN ACADEMY, INC.	Type of Facility : Center [X] Day [X]            OST [ ] Night [X]        Family [ ] University [ ] Group [ ]	Date of Visit: 5/19/2026
Facility Address: 3511 RETAIL DRIVE, PHENIX CITY, AL 36869, Russell	Licensee: NEW BEGINNINGS CHRISTIAN ACADEMY, INC	Telephone #: (334) 214-9353
Ages: 6 Weeks to 14 Years/6 Weeks to 14 Years	Director (if applicable): TERESA JOHNSON	Capacity: 120     /     120 Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<u>Date Corrected by</u> Licensee
<b>Deficiency Summary</b>	
There was not adequate lighting during naptime in the 4 year old classroom., Ad Hoc Comments: NA	5/21/2026
An outlet cover was missing in the 18-2.5 year old classroom, Ad Hoc Comments: NA	5/21/2026
Hazardous substance (Windex) was in reach of children in the 18-2.5 year old classroom., Ad Hoc Comments: NA	5/21/2026
Staff was out of ratio in the infant room., Ad Hoc Comments: NA	5/21/2026

**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 W/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.

Debra M. Johnson  
**Signature of Facility Representative**

5/21/2024  
Date

SHYNECSA BLEVINS

Shyneesa Blevins  
Date

**Signature of DHR Licensing Representative**

COPIES TO: Director