7/1ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: NEW HORIZON ACADEMY LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 6/23/2026
Facility Address: 200 OPORTO MADRID BLVD. N, BIRMINGHAM, AL 35206, Jefferson	Licensee: SHARON JONES	Telephone #: (205) 502-7531
Ages: 8 Weeks to 13 Years	Director (if applicable): SHARON SHARON JONES	Capacity: 45 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: All staff are not enrolled in Pathways	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: not in pathways	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not in pathways	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: not in pathways	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not in pathways	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: not in pathways	Pending Correction
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Failed - Health and Safety Training, Staff Checklist Comments: not in pathways	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: not in pathways	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not in pathways	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: 3 signatures missing on the second page.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: second page not complete.	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 _______7/1/2026___________, 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] 07/09/2026

Signature of Facility Representative Date

JOY FRAZIER

6/23/2026

Signature of DHR Licensing Representative Date

COPIES TO: _______Director ___________________