

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

## SECTION A- IDENTIFYING INFORMATION

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

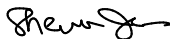
## SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>                                                                                                                                          | <b>Date Corrected by<br/>Licensee</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Deficiency Summary</b>                                                                                                                                                                                                        |                                       |
| 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<br>Comments: All staff are not enrolled in Pathways | Pending Correction                    |
| Failed - Ongoing Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                          | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                | Pending Correction                    |
| Failed - Ongoing Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                          | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                | Pending Correction                    |
| Failed - Ongoing Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                          | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                | Pending Correction                    |
| Failed - Ongoing Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                          | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                | Pending Correction                    |
| Failed - Ongoing Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                          | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                | Pending Correction                    |
| Failed - Ongoing Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                          | Pending Correction                    |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: not in pathways                                                                                                                                                | Pending Correction                    |

|                                                                                                   |                    |
|---------------------------------------------------------------------------------------------------|--------------------|
| Failed - Ongoing Training, Staff Checklist<br>Comments: not in pathways                           | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: not in pathways                 | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: not in pathways                           | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: not in pathways                 | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: not in pathways                           | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: not in pathways                 | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: not in pathways                           | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: not in pathways                 | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>Comments: 3 signatures missing on the second page. | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>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.**

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|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <br>_____<br><b>Signature of Facility Representative</b> | <u>07/09/2026</u><br>_____<br>Date    |
| <br>JOY FRAZIER<br>_____<br><b>Signature of DHR Licensing Representative</b>                                                                | <br><u>6/23/2026</u><br>_____<br>Date |

COPIES TO: \_\_\_\_\_ Director \_\_\_\_\_