ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: NEW LIFE DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 7/29/2026
Facility Address: 951 NEW JERSEY ST, MOBILE, AL 36604, Mobile	Licensee: NEW LIFE HOLINESS CHURCH	Telephone #: (251) 438-3111
Ages: 6 Weeks to 12 Years	Director (if applicable): QUEEN LIFE DEVELOPMENT STOKES	Capacity: 75 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There are thorny vines growing on the fence on Playground 1 and Playground 2.	7/29/2026
Failed - TB Test Date and Results, Staff Checklist Comments: A staff member is missing a TB test date and result on file in the center.	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: A staff member is missing a TB test date and result on file in the center.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: A child's preadmission form is not complete on file in the center.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: A child's preadmission form is incomplete on file in the center.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: A child's preadmission form is incomplete on file in the center.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: A child's preadmission form is incomplete on file in the center.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: A child's preadmission form is incomplete on file in	Pending Correction

the center. Failed - Immunization Certificate, Child Checklist Comments: A child's immunization has expired on file in the center. Failed - Preadmission Form, Child Checklist Comments: A child's preadmission form is incomplete on file in the center.	Pending Correction 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 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.

Queen Stokes — 7/29/24

Signature of Facility Representative — Date

LESLIE WILLIAMS — 07/29/2026

Signature of DHR Licensing Representative — Date

COPIES TO: Queen Stokes