

**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

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

the center.

Failed - Immunization Certificate, Child Checklist

Pending Correction

Comments: A child's immunization has expired on file in the center.

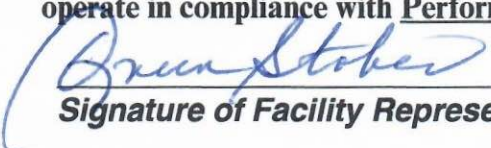
Failed - Preadmission Form, Child Checklist

Pending Correction

Comments: A child's preadmission form is incomplete on file in the center.

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.



Signature of Facility Representative

LESLIE WILLIAMS

7/29/24

Date

07/29/2026

Signature of DHR Licensing Representative

Date

COPIES TO: Queen Stokes