

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: NEW GENERATION PRESCHOOL IN MONTGOMERY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/18/2026
Facility Address: 3461 OLD SELMA RD, MONTGOMERY, AL 36108, Montgomery	Licensee: NEW GENERATION PRESCHOOL IN MONTGOMERY	Telephone #: (334) 593-2754
Ages: 6 Weeks to 15 Years	Director (if applicable): CINDL STRAUGHN	Capacity: 84 / NA Day Night

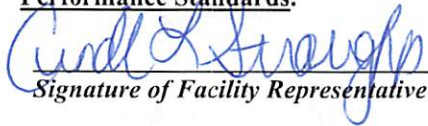
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
(09/18/2026) Three (3) school-agers does not have a Pre-Admission at the facility., Ad Hoc Comments: NA	Pending Correction
08/12/2026 The playground for children 2 1/2 and younger is restricted due to the fallen tree on the fence. The playground is restricted until a DHR Representative inspect the playground and the issue is resolved, Ad Hoc Comments: NA	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 09/30/2026, 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 of Facility Representative

_____09/18/2026_____
Date

AMY HORN

Signature of DHR Licensing Representative

_____09/18/2026_____
Date

COPIES TO: _____DIRECTOR_____