

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: NEW GROWTH CHILDCARE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/3/2026
Facility Address: 3388 SOUTH HULL STREET, MONTGOMERY, AL 36105, Montgomery	Licensee: NEW GROWTH CHILDCARE LLC	Telephone #: (334) 356-1110
Ages: 6 Weeks to 13 Years	Director (if applicable): SONDRA HARRIS	Capacity: 64 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: Missing	9/21/2026
Failed - Each child signed in and signed out with a written signature or bio-metric ID, Inspection Form Comments: Missing	9/21/2026
Failed - Most recent Health department inspection report and food permit or written permission for catering food, Inspection Form Comments: Missing	9/21/2026
Failed - Preadmission Form, Child Checklist Comments: Missing information	9/16/2026
Failed - Preadmission Form, Child Checklist Comments: Missing information	9/16/2026
Failed - Preadmission Form, Child Checklist	9/16/2026

Comments: Missing information	
Failed - Preadmission Form, Child Checklist Comments: Missing information	9/16/2026
Failed - Preadmission Form, Child Checklist Comments: Missing information	9/16/2026
Failed - Preadmission Form, Child Checklist Comments: Missing information	9/16/2026
Failed - Preadmission Form, Child Checklist Comments: Missing information	9/16/2026
Failed - Preadmission Form, Child Checklist Comments: Missing information	9/16/2026
Failed - Preadmission Form, Child Checklist Comments: Missing information	9/16/2026

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 _____, 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.

Sondra Harris

Signature of Facility Representative

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Signature of DHR Licensing Representative

Date

9/21/26

Date

COPIES TO: _____