

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                           |                                                                                                                   |                                           |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Facility Name:<br>NEW DIMENSIONS CHILD<br>DEVELOPMENT CENTER              | Type of Facility : Center [X]<br>Day [X]      OST [ ]<br>Night [ ]      Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>9/22/2026               |
| Facility Address:<br>2200 MAIN AVENUE, NORTHPORT,<br>AL 35476, Tuscaloosa | Licensee:<br>NEW DIMENSIONS<br>MINISTRIES                                                                         | Telephone #:<br>(205) 333-3230            |
| Ages:<br>6 Weeks to 12 Years                                              | Director (if applicable):<br>TAMIKA SYLVESTER                                                                     | Capacity:<br>50      NA<br>Day      Night |

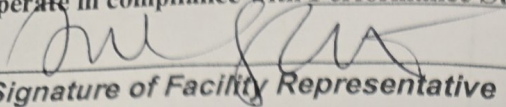
**SECTION B - DEFICIENCY INFORMATION**

| <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 - Character and suitability review conducted on required person (every 5 years), Inspection Form<br>Comments: One staff being used as a floater did not have both background checks. | Pending Correction                    |
| Failed - Any incident in which the health, welfare, or safety of a child is at risk, Inspection Form<br>Comments: The center did not report with in 24 hours.                               | Pending Correction                    |
| Failed - Individual records on each child on file on first day of attendance, Inspection Form<br>Comments: The child did not have the pre admission form in the file.                       | Pending Correction                    |
| REPORT KNOWN/SUSPECTED, Allegation<br>Comments: Staff failed to report suspected child abuse.                                                                                               | 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 \_\_\_\_\_, 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

BRANDUL PERINE

\_\_\_\_\_  
Signature of DHR Licensing  
Representative

9.22.26

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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