ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: NEXT LEVEL LEARNING ACADEMY, LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 9/30/2026
Facility Address: 1719 2ND AVE NORTH, BESSEMER, AL 35020, Jefferson	Licensee: LAQUESHA SANDERS	Telephone #: ~~(205) 506-7575~~ 205-997-9399
Ages: 0 Weeks to 15 Years/0 Weeks to 15 Years	Director (if applicable): LAQUESHA SANDERS	Capacity: 121 / 121 Day Night

205-997-9399

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: All staff not enrolled in Pathways	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incorrect letter	Pending Correction
Failed - Application, Staff Checklist Comments: no record	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - Medical, Staff Checklist Comments: no record	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: no record	Pending Correction

Failed - Verification of Education, Staff Checklist Comments: no record	Pending Correction
Failed - References, Staff Checklist Comments: no record	Pending Correction
Failed - Written Verification of Standards Read, Staff Checklist Comments: no record	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: no record	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: no record	Pending Correction
Failed - Application, Staff Checklist Comments: no record	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - Medical, Staff Checklist Comments: no record	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: no record	Pending Correction
Failed - Medical, Staff Checklist Comments: no doctor signature	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: no record	Pending Correction
Failed - Medical, Staff Checklist Comments: no record	Pending Correction
Failed - Medical, Staff Checklist Comments: no record	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incorrect letter	Pending Correction

Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: missing dr signatures	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 10/14/26 **, 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.

LaQuesha Sanders — 09-30-26

Signature of Facility Representative — Date

JOY FRAZIER — **9/30/2026**

Signature of DHR Licensing Representative — Date

COPIES TO: Director