ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: NEXT GENERATION LEARNING CENTER	Type of Facility:Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 05/23/2025
Facility Address: 870 TERRACE DRIVE, ALEXANDER CITY, AL 35010, Tallapoosa	Licensee: LEAP OF FAITH OUTREACH MINISTRIES	Telephone #: (256) 329-0304
Ages: 6 Weeks to 12 Years	Director (if applicable): BRENDA GAMBLE	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Poison control center, Inspection Form Comments: Incorrect telephone number posted	05/23/2025
Failed - Most recent licensing evaluation, Inspection Form Comments: not posted	05/23/2025
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: Some staff not registered in Alabama Pathways	
Failed - Each child signed in and signed out with a written signature or bio-metric ID, Inspection Form Comments: 4 children not signed in for the day. Some children missing full parent signatures	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: vines and protruding weeds on the fence line	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: standing water inside of a play boat on the playground	
Failed - Outdoor area adjoins or is safely accessible, Inspection Form Comments: Playground is not safely accessible from the school-aged building. Metal poles along fence line, parts of the mobile building is not under pinned. loose boards on the bridge	
Failed - Hazardous substances under lock and key or combination	05/23/2025

lock, Inspection Form Comments: cabinet with various hazards not under lock and key in the school aged room	
Failed - Center free of apparent hazards, Inspection Form Comments: In the school-aged room, a cabinet containing various hazards not under lock and keyIn the Pre-K classroom, a toy storage container was broken (slits in hard plastic)	05/23/2025
Failed - Hazardous substances locked, Classroom Checklist / Infant Comments: A hazard (wite-out) not under lock and key	05/23/2025
Failed - *Interlocking manipulative play sets, different types-6, Classroom Checklist / 3 year old Comments: Only 2 interlocking toys	
Failed - *Magnets, Classroom Checklist / 3 year old Comments: missing magnets	05/23/2025
Failed - *Measuring and pouring equipment, Classroom Checklist / 3 year old Comments: no measuring and pouring equipment	05/23/2025
Failed - *Interlocking manipulative play sets, different types-6, Classroom Checklist / Pre-K Comments: missing 2 interlocking toys	
Failed - Hazardous substances locked, Classroom Checklist / After School Comments: A cabinet containing various chemicals (Clorox, Raid, Clorox wipes and hand sanitizer) was not under lock and key	05/23/2025

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.

Brenda Gamble 5/23/25

_____ _____

Signature of Facility Representative Date

bridgette smith Bridgette Smith 5/23/25

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____