

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: NIKKILAND LEARNING CENTER (ENSLEY)	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 10/22/2025
Facility Address: 517 24TH STREET, BIRMINGHAM, AL 35218, Jefferson	Licensee: TONEKA MOORE	Telephone #: (205) 202-6065
Ages: 6 Weeks to 12 Years	Director (if applicable): TONEKA MOORE	Capacity: 90 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: Two staff with incomplete CA/N	10/21/2025
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: incomplete	10/21/2025
Failed - Heating/air conditioning provided, Inspection Form Comments: A/c not working on one side of the building.	10/21/2025
Failed - Temperature between 68-82 degrees, Inspection Form Comments: incomplete	10/17/2025
Failed - Center free of apparent hazards, Inspection Form Comments: There are stained ceiling tiles throughout the center.	10/21/2025
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Broken equipment	10/17/2025
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Grass is ankle length	10/22/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Incomplete	8/8/2025
Failed - Preadmission Form, Child Checklist Comments: incomplete (initials)	8/12/2025
Failed - Immunization Certificate, Child Checklist	10/17/2025

Comments: incomplete
There is one staff present in the center with an indicated CA/N., Ad 10/21/2025
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Comments: NA

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

Date

BRANDUL PERINE

Signature of DHR Licensing Representative

Date

COPIES TO: _____