ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
NINA NICKS JOSEPH C.D.C.	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	11/13/2025
Facility Address: 209 SOUTH WASHINGTON AVE., MOBILE, AL 36602, Mobile	Licensee: CHILD DAY CARE ASSOCIATION, INC.	Telephone #: (251) 433-1310
Ages: 6 Weeks to 12 Years	Director (if applicable): LESLIE RIDLEY FULLER	Capacity: 172 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
All deficiencies corrected on 12/01/2025.	
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 of the facility staff are not enrolled in Alabama Pathways Registry.	11/21/2025
Failed - Most recent licensing evaluation, Inspection Form Comments: Not posted	11/17/2025
Failed - Most recent deficiency report, Inspection Form Comments: Not posted	11/17/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing documentation	11/17/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing documentation	11/17/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/results	12/1/2025
Failed - Medical, Staff Checklist Comments: Missing documentation/expired	12/1/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/expired	12/3/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing documentation/wrong form	12/1/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/expired	11/25/2025

Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing documentation	11/17/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/expired	11/21/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/TB exp	11/25/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/exp	11/21/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/exp	11/21/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/exp	11/25/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/exp	11/25/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/no results	12/1/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing documentation	11/17/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/tb date	11/25/2025
Failed - Medical, Staff Checklist Comments: Missing documentation/exp	11/21/2025
Failed - Medical, Staff Checklist Comments: Missing documentation/exp	12/3/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing documentation	11/17/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Missing documentation/exp	12/3/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing documentation	11/17/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing documentation	11/17/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing documentation	11/17/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	11/20/2025
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Failed - Preadmission Form, Child Checklist Comments: Missing documentation	11/20/2025
Failed - Preadmission Form, Child Checklist Comments: Missing documentation	11/20/2025

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.

[signature] 12-2-2025

Signature of Facility Representative Date

AMY HORN

____________________________ ______________________

Signature of DHR Licensing Representative Date

COPIES TO: ________________________