

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: COMMUNITY NURSERY & PRESCHOOL SITE II	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 1/9/2026
Facility Address: 3055 SPRINGHILL AVE, MOBILE, AL 36607, Mobile	Licensee: COMMUNITY CHURCH MINISTRIES PRESCHOOL	Telephone #: (251) 450-2300
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): ANTIONETTE COKER	Capacity: 75 , 75 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
RATIOS MAINTAINED, Allegation	1/9/2026
Comments: Observed upon arrival	
Upon arrival, there is not a person in charge to conduct center business., Ad Hoc	1/9/2026
Comments: NA	
The facility did not notify in writing to the Department prior to occurrence: of new playground structure., Ad Hoc	1/9/2026
Comments: NA	
Upon arrival, the toddler class was out of ratio and was unsupervised for an undetermined amount of time., Ad Hoc	1/9/2026
Comments: NA	
In the nursery, there is a child eating their snack off of the high chair tray., Ad Hoc	1/9/2026
Comments: NA	
In the Beginners I/II classroom, there is a can of air fresher and a container of disinfecting wipes not under lock & key or combination lock., Ad Hoc	1/9/2026
Comments: NA	
In the toddler room, there are five uncover electrical outlets., Ad Hoc	1/9/2026
Comments: NA	
In the children's restroom, there is a container of handsoap that is not under lock & key or combination lock., Ad Hoc	1/9/2026
Comments: NA	

In the preschool classroom, there is a bottle of hand sanitizer,
disinfecting wipes and febreze not under lock & key or
combination lock., Ad Hoc
Comments: NA

1/9/2026

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

AMY HORN

Signature of DHR Licensing Representative

Date

1/9/2026
Date

COPIES TO: _____

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.

Antionette Cosker
Signature of Facility Representative

1/9/2020
Date

AMY HORN

Signature of DHR Licensing Representative

Date

COPIES TO: _____

Rec'd on Arise
1/14/20 AH