Number of Staff	

S No.	Questions	Answer	Comments

Name of Teacher / Room #	
Age of Children	
Number of Children	
Number of Staff	

S No.	Questions	Answer	Comments

4. Ad Hoc Deficiency

S No.	Deficiency
1	On 5/13/26, staff files were incomplete.

Provider's Signature

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: NIKKILAND LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [X] Family [ ] University [ ] Group [ ]	Date of Visit: 5/13/2026
Facility Address: 1161 CENTERPOINT PARKWAY, BIRMINGHAM, AL 35215, Jefferson	Licensee: THE CHURCH OF LOVE	Telephone #: (205) 427-8899
Ages: 6 Weeks to 12 Years/12 Days to 12 Days	Director (if applicable): TONEKA MOORE	Capacity: 154 / 154 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: On 5/13/26, two (2) staff with infant-child CPR and first aid were not present.	Pending Correction T.M 5/13/26 First Aid Present
Failed - Medical, Staff Checklist Comments: On 5/13/26, the staff person's medical was expired.	Pending Correction T.M 5/20/26
Failed - Hazardous substances locked, Classroom Checklist / Classroom #2 Comments: On 5/13/26, Lysol spray was not under lock and key.	5/13/2026
Failed - Hazardous substances locked, Classroom Checklist / Classroom #3 Comments: On 5/13/26, Lysol spray was not under lock and key.	5/13/2026
On 5/13/26, staff files were incomplete. , Ad Hoc Comments: NA	Pending Correction 5/27/26

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 ___5/27/26_____, 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.

Tonesha Moore — 5/27/26

Signature of Facility Representative — Date

AJOIA MCGHEE — **5/13/26**

Signature of DHR Licensing Representative — Date

COPIES TO: _____Center_____