

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: STORK'S NEZT PREPARATORY CDC, INC.	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 5/22/2026
Facility Address: 4908 OAK CIRCLE DRIVE N., MOBILE, AL 36609, Mobile	Licensee: STORK'S NEZT PREPARATORY CDC, INC.	Telephone #: (251) 665-5566
Ages: 6 Weeks to 12 Years	Director (if applicable): MARILYN HALL	Capacity: 72 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
CHILD ABUSE AND NEGLECT, Allegation	4/22/2026
Comments: STAFF WORKING AT FACILITY	
The Toddler 3's Classroom is out of ratio due to staff having an indicated CA/N., Ad Hoc	6/5/2026
Comments: NA	
(4/22/2026)The most recent deficiency report is not posted., Ad Hoc	5/13/2026
Comments: NA	
(4/22/2026) The most recent evaluation is not posted., Ad Hoc	4/22/2026
Comments: NA	
(4/22/2026) In the PreK Classroom, the staff purse is not under lock & key or combination., Ad Hoc	5/13/2026
Comments: NA	
(4/22/2026) Spray bottle with purple liquid in it was not labelled., Ad Hoc	5/13/2026
Comments: NA	
(4/22/2026) In the Toddler classroom, there are uncovered electrical outlets., Ad Hoc	5/13/2026
Comments: NA	
(4/22/2026) The cleaning chemical closet was not under lock & key or combination lock., Ad Hoc	5/13/2026
Comments: NA	
5/22/26 The most recent evaluation report is not posted., Ad Hoc	Pending Correction
Comments: NA	

(Received copy in mail today posting as required. MHA)

5/22/26 The Toddler 3's Classroom is out of ratio due to staff Pending Correction
having an indicated CA/N., Ad Hoc *Still waiting on Montgomery*
Comments: NA *Decision, employee still working as of 5/27/2026* *MTT*

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.

Marilyn Hall
Signature of Facility Representative

22 May 2026
Date

LaDanika York

Signature of DHR Licensing Representative

Date

COPIES TO: _____