

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: DIXON'S TOTAL TOUCH CHILD DEV. CTR, INC.	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/4/2026
Facility Address: 821 SOUTH WILSON AVENUE, PRICHARD, AL 36610, Mobile	Licensee: DIXON'S TOTAL TOUCH CHILD DEV. CTR, INC.	Telephone #: (251) 456-5251
Ages: 8 Weeks to 12 Years	Director (if applicable): JOANN EMILY MURPHY	Capacity: 172 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Hazardous substances locked, Classroom Checklist / Nursery Comments: There are hazardous substances not under lock and key or combination lock. (Clorox Wipes, Lysol Spray)	8/4/2026
Failed - Hazardous substances locked, Classroom Checklist / Toddler 1 Comments: There are hazardous substances not under lock and key or combination lock. (Glade Spray)	8/4/2026

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 N/A , 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.

Joann Murphy

Signature of Facility Representative

8-4-2026

Date _____

LESLIE WILLIAMS

08/04/2026

***Signature of DHR Licensing
Representative***

Date

COPIES TO: Joann Murphy