

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

**SECTION A- IDENTIFYING INFORMATION**

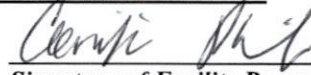
|                                                                     |                                                                                                                                                   |                                                                                                 |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Facility Name:<br>NIK NAK DAYCARE                                   | Type of Facility : Center [ ]<br>Day [X]                      OST [ ]<br>Night [ ]                      Family [X]<br>University [ ]<br>Group [ ] | Date of Visit:<br>8/19/2026                                                                     |
| Facility Address:<br>2877 U.S. HWY 29 N, AUBURN, AL<br>36830, Macon | Licensee:<br>CORNIKI PHILPOT                                                                                                                      | Telephone #:<br>(334) 734-2705                                                                  |
| Ages:<br>6 Weeks to 12 Years                                        | Director (if applicable):                                                                                                                         | Capacity:<br>6                      /                      NA<br>Day                      Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b> | Date Corrected by<br>Licensee |
|-----------------------------------------------------------------------------------------|-------------------------------|
| <b>Deficiency Summary</b><br><br>NO DEFICIENCIES OBSERVED AT THE TIME OF VISIT.         |                               |

**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.

  
\_\_\_\_\_  
Signature of Facility Representative

\_\_\_\_\_  
08/19/2026  
Date

\_\_\_\_\_  
AMY HORN  
Signature of DHR Licensing Representative

\_\_\_\_\_  
08/19/2026  
Date

**Received**

SEP 01 2026