

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: NIKKILAND LEARNING CENTER (ENSLEY)	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/24/2026
Facility Address: 517 24TH STREET, BIRMINGHAM, AL 35218, Jefferson	Licensee: TONEKA MOORE	Telephone #: (205) 202-6065
Ages: 6 Weeks to 12 Years	Director (if applicable): TONEKA MOORE	Capacity: 90 / 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	
There were no deficiencies noted during today's visit.	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: On 9/9/26, the grass on the playground was high.	9/24/2026
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: On 9/9/26, all staff were not enrolled/ updated in Alabama Pathways.	Pending Correction

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 10/1/26, 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.

Signature of Facility Representative

Date

AJOIA MCGHEE

Signature of DHR Licensing Representative

Date

COPIES TO: _____ Center _____