

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

**SECTION A- IDENTIFYING INFORMATION**

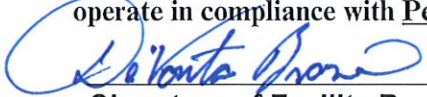
Facility Name: KIDS FIRST DEVELOPMENTAL ACADEMY	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 11/5/2025
Facility Address: 630-3RD AVENUE, WEST, BIRMINGHAM, AL 35204, Jefferson	Licensee: KIDS FIRST DEVELOPMENTAL ACADEMY,INC.	Telephone #: (205) 323-5431
Ages: 0 Weeks to 16 Years	Director (if applicable): YOLANDA TOMPKINS	Capacity: 139      , NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<u>Date Corrected by</u> Licensee
<b>Deficiency Summary</b>	
Failed - 0 up to 18 months 1 to 5, Inspection Form Comments: Due to one staff without a suitability letter	11/5/2025
Failed - Preadmission Form, Child Checklist Comments: Signatures are missing on page 2.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Immunization is expired.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Immunization not in file.	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Nursery 3 Comments: Disinfectant wipes not under lock and key/ Combination lock	11/5/2025
Failed - *Magnifying glass, Classroom Checklist / 2-Year-Olds Comments: Missing	11/5/2025
Failed - *Magnets, Classroom Checklist / 2-Year-Olds Comments: Missing	11/5/2025
Failed - *Nature collections, Classroom Checklist / 2-Year-Olds Comments: Missing	11/5/2025
Failed - *Measuring and pouring equipment, Classroom Checklist / 2-Year-Olds Comments: Missing	11/5/2025
One staff file is incomplete. , Ad Hoc Comments: NA	11/5/2025

**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.

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

11/10/2025  
\_\_\_\_\_  
Date

SHUNDR NEVELS  
\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_