

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDS 1ST DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 12/8/2025
Facility Address: 97 CRYSTAL AVENUE, HUEYTOWN, AL 35023, Jefferson	Licensee: CURTIS ACOFF	Telephone #: (205) 370-4070
Ages: 0 Weeks to 15 Years/0 Weeks to 15 Years	Director (if applicable):	Capacity: 21 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Medical, Staff Checklist	Pending Correction
Comments: Expired	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Missing 1-11	
Failed - Medical, Staff Checklist	Pending Correction
Comments: Expired	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: Expired	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Expired	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Missing signatures	
Failed - Immunization Certificate, Child Checklist	Pending Correction
Comments: Ga immunization	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: Missing dates	

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

Elton A. Cobb
Signature of Facility Representative

Date _____

Signature of DHR Licensing Representative

Date _____

COPIES TO: _____