

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	12/12/2025
Comments: Expired	
Failed - Health and Safety Training, Staff Checklist	12/9/2025
Comments: Missing 1-11	
Failed - Medical, Staff Checklist	12/12/2025
Comments: Expired	
Failed - Health and Safety Training, Staff Checklist	12/9/2025
Comments: Expired	
Failed - Immunization Certificate, Child Checklist	12/19/2025
Comments: Expired	
Failed - Preadmission Form, Child Checklist	12/8/2025
Comments: Missing signatures	
Failed - Immunization Certificate, Child Checklist	12/19/2025
Comments: Ga immunization	
Failed - Preadmission Form, Child Checklist	12/8/2025
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

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.

CcA
Signature of Facility Representative

1-27-2026
Date

SHUNDR NEVELS

Signature of DHR Licensing Representative

Date

COPIES TO: _____