

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

**SECTION A- IDENTIFYING INFORMATION**

|   |  |  |
|---|--|--|
| Facility Name:<br>WHIZ KIDZ CHILD CARE CENTER,<br>INC.                      | Type of Facility : Center [X]<br>Day [X]            OST [ ]<br>Night [ ]           Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>2/5/2026                         |
| Facility Address:<br>1820 BESSEMER ROAD,<br>BIRMINGHAM, AL 35208, Jefferson | Licensee:<br>WHIZ KIDZ CHILD CARE<br>CENTER, INC.  | Telephone #:<br>(205) 923-0123                     |
| Ages:<br>6 Weeks to 10 Years  | Director (if applicable):<br>SANDRA LAMPKIN  | Capacity:<br>45        /    NA<br>Day        Night |

**SECTION B - DEFICIENCY INFORMATION**

| <b>Performance Standard Deficiency</b><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>  | <b>Date Corrected by</b><br><b>Licensee</b> |
|--|---|
| <b>Deficiency Summary</b>  |   |
| Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form<br>Comments: Only one staff present on today's visit | 12/22/2025                                  |
| Failed - Infant -Child CPR Certification, Staff Checklist<br>Comments: Expired   | 12/22/2025                                  |
| Failed - Infant -Child First Aid Certificate, Staff Checklist<br>Comments: Expired   | 12/22/2025                                  |
| Failed - Immunization Certificate, Child Checklist<br>Comments: Expired  | 12/17/2025                                  |
| Failed - Immunization Certificate, Child Checklist<br>Comments: Expired  | 12/17/2025                                  |
| Failed - Immunization Certificate, Child Checklist<br>Comments: Expired  | 12/17/2025                                  |
| Failed - Immunization Certificate, Child Checklist<br>Comments: Missing  | 12/17/2025                                  |
| Failed - Waterproof mattress, sheets, Classroom Checklist / Infant Room<br>Comments: Missing 1 mattress  | 12/22/2025                                  |

**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.**

Myra Campbell

02/06/26

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

\_\_\_\_\_  
Date

SHUNDR NEVELS

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

\_\_\_\_\_  
Date

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