ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: FIRST YEARS CHILD DEVELOPMENT CENTR	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 6/9/2026
Facility Address: 4686 STATE HIGHWAY 21 N, BURKVILLE, AL 36752, Lowndes	Licensee: KATINA JAMES	Telephone #: (334) 281-8627
Ages: 6 Weeks to 13 Years	Director (if applicable): KATINA DENISE JAMES	Capacity: 45 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: The staff's medical form expired 4/15/2026.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: The new staff needs three more hours of ongoing training.	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 _____6/23/2026_____, 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.

Katina James — 6/9/26

Signature of ~~Facility~~ Representative Date

LEANNA TOWERY

_____ **_____6/9/2026_____**

Signature of DHR Licensing Representative Date

COPIES TO: director