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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                            |                                                                                                                                                 |                                                            |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Facility Name:<br>HUDSON'S 1ST CLASS ACADEMY                               | Type of Facility : Center [X]<br>Day [X]                      OST [ ]<br>Night [ ]                    Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>9/24/2026                                |
| Facility Address:<br>1712 3RD AVE WEST, BIRMINGHAM,<br>AL 35208, Jefferson | Licensee:<br>HUDSON'S 1ST CLASS<br>ACADEMY,LLC                                                                                                  | Telephone #:<br>(205) 788-6777                             |
| Ages:<br>6 Weeks to 14 Years                                               | Director (if applicable):                                                                                                                       | Capacity:<br>27            /    NA<br>Day            Night |

**SECTION B - DEFICIENCY INFORMATION**

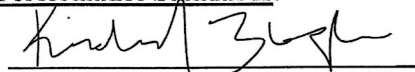
| <u>Performance Standard Deficiency</u><br><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i> | Date Corrected by<br>Licensee |
|-----------------------------------------------------------------------------------------|-------------------------------|
| <b>Deficiency Summary</b>                                                               |                               |
| Failed - Fire, Inspection Form<br>Comments: Missing                                     | Pending Correction            |
| Failed - Tornado, Inspection Form<br>Comments: Missing                                  | Pending Correction            |
| Failed - Lockdown, Inspection Form<br>Comments: Missing                                 | Pending Correction            |
| Failed - Relocation, Inspection Form<br>Comments: Missing                               | Pending Correction            |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing               | Pending Correction            |
| Failed - Medical, Staff Checklist<br>Comments: Expired                                  | Pending Correction            |
| Failed - Medical, Staff Checklist                                                       | Pending Correction            |

|                                                                              |                    |
|------------------------------------------------------------------------------|--------------------|
| Comments: Missing                                                            |                    |
| Failed - TB Test Date and Results, Staff Checklist<br>Comments: Missing      | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing    | Pending Correction |
| Failed - Medical, Staff Checklist<br>Comments: Expired                       | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing    | Pending Correction |
| Failed - Medical, Staff Checklist<br>Comments: Expired                       | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing    | Pending Correction |
| Failed - Ongoing Training, Staff Checklist<br>Comments: Missing 4 hours      | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: Missing    | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing information | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing information | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing information | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing information | Pending Correction |
| Failed - Immunization Certificate, Child Checklist<br>Comments: Expired      | Pending Correction |

|                                                                                                                                                                                                             |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing information                                                                                                                                | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing information                                                                                                                                | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing information                                                                                                                                | Pending Correction |
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing information                                                                                                                                | Pending Correction |
| There is a staff person who is missing their Photo ID, Medical/TB Form, References, CA/N, Suitability Letter, Verification of Standards Read, Ongoing and Health & Safety training., Ad Hoc<br>Comments: NA | 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 10/08/26, 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*

09/24/26

\_\_\_\_\_  
Date

*ARIANN CHARITY*

9/24/26

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

\_\_\_\_\_  
Date

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