

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDZ R KIDZ LEARNING ACADEMY	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 3/6/2026
Facility Address: 2601 WOODLEY PARK DRIVE, Apt, suite, floor, etc. MONTGOMERY, AL 36116, Montgomery	Licensee: CHIQUITTA THOMAS	Telephone #: (334) 593-2560
Ages: 3 Weeks to 13 Years	Director (if applicable): CHIQUITTA THOMAS	Capacity: 174 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by Licensee</u>
Deficiency Summary QUALIFICATIONS OF STAFF, Allegation Comments: Staff files are not complete. (Missing CAN/ABI. Medical TB)	Pending Correction
There is chipped paint throughout the center., Ad Hoc 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 3/20/26, 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

KAMILA CROWELL

Date

3-6-26

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____ director _____