

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: VISIONS OF LEARNING ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 2/25/2026
Facility Address: 1622 PULASKI PIKE, HUNTSVILLE, AL 35816, Madison	Licensee: CYNTHIA THOMAS-SEAY	Telephone #: (256) 427-5558
Ages: 6 Weeks to 12 Years	Director (if applicable): CYNTHIA THOMAS-SEAY	Capacity: 138 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area enclosed by a fence or wall at least 4 feet in height, Inspection Form Comments: small fence on the side	3/4/2026
Failed - *Wheeled vehicles to sit on and maneuver - 2, Inspection Form Comments: One tricycle with missing petals	3/2/2026
Failed - *Wheel vehicles to pull or push - 2, Inspection Form Comments: 3 Yellow and red cars with broken wheels	3/2/2026
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: Staff counted in the ratio with background checks	3/9/2026
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: incomplete one staff	3/4/2026
Failed - Medical exam and TB test on file at time of employment, Inspection Form Comments: Two expired	2/25/2026
Failed - Staff able to see all children, Inspection Form Comments: Three classrooms' staff unable to see the children during nap	2/25/2026
Failed - Transportation checklists used as required, Inspection Form Comments: Incorrect	2/25/2026
Failed - Shelving for equipment and supplies/anchored, Classroom	2/27/2026

Checklist / Pre Toddler B Comments: 2 shelves
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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.

Signature of Facility Representative

BRANDUL PERINE

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____