ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDZ VISIONS LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 6/9/2026
Facility Address: 5741 KYSER COURT, MONTGOMERY, AL 36116, Montgomery	Licensee: VALERIE MCCANTS	Telephone #: (334) 593-2489
Ages: 6 Weeks to 14 Years	Director (if applicable): VALERIE MCCANTS	Capacity: 75 , NA Day Night

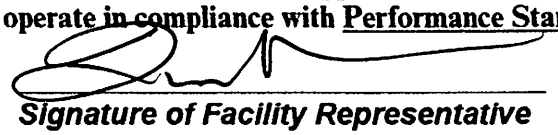
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: On the toddler playground the blue and yellow slide crawl-thru has paint peeling.	Pending Correction
Failed - Vehicle safety check, Inspection Form Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing 10 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - References, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Furniture child size, clean, good condition, Classroom Checklist / NURSERY 1 Comments: 5 cribs peeling paint	Pending Correction

There are several walls in the facility with chip paint., Ad Hoc Comments: NA	Pending Correction
The black vent in the 2.5yr to 3 yr classroom is dirty., 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 06-23-2026**, 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.



Signature of Facility Representative

6/9/26

Date

KAMILA CROWELL

Signature of DHR Licensing Representative

06-09-2026

Date

COPIES TO: director