

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: KIDZ VILLA LEARNING ACADEMY	Type of Facility : Center [ ] Day [X]            OST [ ] Night [X]        Family [ ] University [ ] Group [X]	Date of Visit: 6/30/2026
Facility Address: 4251 TARA DRIVE WEST, MOBILE, AL 36619, Mobile	Licensee: RAYMONDA PARKER	Telephone #: (251) 367-3346
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 12            /    12 Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
Failed - Medical, Staff Checklist Comments: On 6/18/26, licensee's Medical is expired.	6/29/2026
Failed - Medical, Staff Checklist Comments: Substitute's Medical Report is expired.	6/29/2026
Failed - Medical, Staff Checklist Comments: Substitute's Medical Report is expired.	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 \_\_\_\_\_, 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.**

Raymonda Parker  
**Signature of Facility Representative**

06/30/26  
Date

DEBORAH LANG-DIXON

\_\_\_\_\_

***Signature of DHR Licensing  
Representative***

Date

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