

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDZ ZONE LEARNING ACADEMY LLC	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 8/12/2026
Facility Address: 2850 E. SOUTH BLVD, MONTGOMERY, AL 36116, Montgomery	Licensee: KIDZ ZONE LEARNING ACADEMY LLC	Telephone #: (334) 649-1999
Ages: 6 Weeks to 13 Years	Director (if applicable): TRACEY FAYE HILL	Capacity: 158 / 55 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 - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some staff not enrolled in the Alabama Pathway's Professional Development registry	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing #10	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing #11	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired 7/14/2021	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing #10	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: not processed by CAN unit	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: expired	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: preAdmission incomplete	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: no immunization record	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: expired 3/30/2026	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 8/19/26, 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.

Michael DHR
Signature of Facility Representative

8/12/26
Date

BRIDGETTE SMITH

[Signature]
Signature of DHR Licensing Representative

8/12/2026
Date

COPIES TO: person in charge