

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: 9/16/2026
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 / 0 Day Night

SECTION B - DEFICIENCY INFORMATION

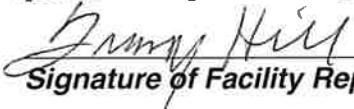
<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some staff not enrolled in the Alabama Pathway's Professional Development registry	8/19/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing #10	8/31/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing #11	9/14/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired 7/14/2021	8/12/2026
Failed - Health and Safety Training, Staff Checklist Comments: missing #10	8/19/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: not processed by CAN unit	8/31/2026
Failed - Immunization Certificate, Child Checklist Comments: expired	9/14/2026
Failed - Preadmission Form, Child Checklist Comments: preAdmission incomplete	8/31/2026
Failed - Immunization Certificate, Child Checklist Comments: no immunization record	8/19/2026
Failed - Immunization Certificate, Child Checklist Comments: expired 3/30/2026	8/19/2026

On September 16, 2026, the facility failed to report to the
Department the construction of classroom walls to the toddler
classroom and preschool classrooms, Ad Hoc
Comments: NA

Pending Correction

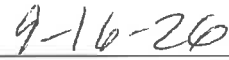
INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before _____, 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

BRIDGETTE SMITH



Date

**Signature of DHR Licensing
Representative**

Date

COPIES TO: _____