

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ARDENT PRESCHOOL REDSTONE	Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 7/31/2025
Facility Address: 2400 RIDEOUT RD SW, HUNTSVILLE, AL 35808, Madison	Licensee: ARDENT PRESCHOOL REDSTONE, LLC	Telephone #: (256) 837-5437
Ages: 6 Weeks to 6 Years	Director (if applicable): JOHN LABRECHE	Capacity: 287 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
<p>Deficiency Summary</p> <p>Per staff written statements and video footage confirmed, on Monday, June 2, 2025, a two-and-a-half-year-old child was left in the classroom unsupervised for approximately ten minutes. The health, welfare and safety of the child was at risk</p>	

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

LaTonya James

7-31-25

Date

**Signature of DHR Licensing
Representative**

Date

COPIES TO: Jacqueline Arcock