ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: THE MONTESSORI SCHOOL OF HUNTSVILLE #3	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [Group [ ]	Date of Visit: 7/31/2025
Facility Address: 15975 CHANEY THOMPSON RD, HUNTSVILLE, AL, 35803, Madison	Licensee: MONTESSORI SOCIETY OF HUNTSVILLE	Telephone #: (256) 881-3790
Ages: 18 Months to 10 Years	Director (if applicable): REBECCA DUKE	Capacity: 97 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor area adjoins or is safely accessible, Inspection Form Comments: Need secure access to the playground for toddlers and need areas with blind spots barricaded	Pending Correction
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: blind spot-on preschool playground	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: observed 5 of 12 inService hrs	Pending Correction
Failed - References, Staff Checklist Comments: no references	Pending Correction
Failed - TB Test Date and Results, Staff Checklist Comments: expired	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: incomplete	Pending Correction
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / Toddler 2 Comments: changing table is not anchored	Pending Correction
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / Toddler 2 Comments: changing table not anchored	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 Date

Lea Rae Gaines

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____