

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

**SECTION A - IDENTIFYING INFORMATION**

Facility Name: ARDENT PRESCHOOL PATCHWORK FARMS	Type of Facility : Center [X] Day [X]      OST [ ] Night [ ]      Family [ ] University [ ] Group [ ]	Date of Visit: 8/25/2025
Facility Address: 3030 HEALTHY WAY, VESTAVIA, AL 35243, Jefferson	Licensee: ARDENT PRESCHOOL PATCHWORK FARMS LLC	Telephone #: (205) 834-9190
Ages: 6 Weeks to 6 Years	Director (if applicable): Amy Dagnan	Capacity: 292      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<u>Date Corrected by Licensee</u>
<b>Deficiency Summary</b>	
No deficiencies observed in areas visited on 8/25/25.	

**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.**

Amy Dagnan  
\_\_\_\_\_  
**Signature of Facility Representative**

08/25/2025  
\_\_\_\_\_  
Date

Jessica Vice  
\_\_\_\_\_  
**Signature of DHR Licensing Representative**

8/25/25  
\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_