

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

SECTION A- IDENTIFYING INFORMATION

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| Facility Name: ARDENT PRESCHOOL TOWN MADISON | 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: 2/20/2026 |
| Facility Address: 799 Town Madison Boulevard, Madison, AL 35758, Madison | Licensee: ARDENT PRESCHOOL TOWN MADISON | Telephone #: (205) 903-8721 |
| Ages: 6 Weeks to 6 Years | Director (if applicable): Leeann Brandon | Capacity: 152 / NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i> | Date Corrected by Licensee |
|---|-----------------------------------|
| <p>Deficiency Summary</p> <p>ROUGH OR HARSH HANDLING, Allegation Pending Correction Comments: Per video footage confirmed, on January 27, 2026, a staff in the wobbler classroom was pushing a seventeen-month-old child down forcefully on the cot, restricting movement and using rough and harsh handling during naptime.</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 3/10/2026, 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.

Lee Ann Brandon
Signature of Facility Representative

2.24/26
Date

LATONYA JAMES

Signature of DHR Licensing Representative

2/20/2026

Date

COPIES TO: ___Leeann Brandon_____