

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: MONTESSORI WORLD PRESCH. & KINDERGARTEN	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 3/10/2026
Facility Address: 2061 LEROY STEVENS ROAD, MOBILE, AL 36695, Mobile	Licensee: MONTESSORI WORLD, INC.	Telephone #: (251) 634-8211
Ages: 24 Months to 12 Years	Director (if applicable): KUMKUM BARIK	Capacity: 40        /        NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b><u>Performance Standard Deficiency</u></b> <b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b> Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There is an active ant bed at the back of the fenced in playground.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: A staff member is missing Ongoing Training in their file in the center.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: A staff member is missing hours for Ongoing Training in their file in the center.	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 03/24/26, 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.**

Kumkum Barik

03-10-2026

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***Signature of Facility Representative***

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Date

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LESLIE WILLIAMS

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**03/10/2026**

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***Signature of DHR Licensing Representative***

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Date

COPIES TO: \_\_KumKum Barik\_\_\_\_\_