

**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: 3/10/2026 |
| 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> HAZARDS MUST BE CORRECTED IMMEDIATELY* | Date Corrected by Licensee |
|---|-------------------------------|
| Deficiency Summary A 15-month-old child was not handled gently on 2/13/26. Staff picked up two children at once and one of the children fell out of staff's arms, hitting the ground., Ad Hoc Comments: NA | 2/17/2026 |
| The bottom left side of the toddler playground fence is detached at the bottom., Ad Hoc Comments: NA | 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 3/25/26, 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.

Amy Dagnan
Signature of Facility Representative

3/10/2026
Date

JESSICA VICE

3/10/26

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____ Director _____