

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ARDENT PRESCHOOL REDSTONE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 12/10/2025
Facility Address: 2400 RIDEOUT RD SW, HUNTSVILLE, AL 35808, Madison	Licensee: ARDENT PRESCHOOL REDSTONE, LLC	Telephone #: (256) 837-5437
Ages: 6 Weeks to 6 Years	Director (if applicable): JOHN LABRECHE	Capacity: 287 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Amended on March 30, 2026.	
PUNISHMENT BY CHILD, Allegation	2/9/2026
Comments: Per video footage, on October 27, 2025, a staff in the twenty-four to thirty-six month (toddler B) classroom grabbed her child's hand and forced her child to hit another child.	
REPORTED 24 HRS/5 DAYS, Allegation	2/9/2026
Comments: The incident was not reported within 24 hours to the Department.	
ROUGH OR HARSH HANDLING, Allegation	2/9/2026
Comments: Per video footage, on October 27, 2025, a staff in the twenty-four month (toddler B) classroom pressed her finger into a child's forehead, causing the child to fall down.	
., Ad Hoc	2/9/2026
Comments: NA	

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

LATONYA JAMES

Signature of DHR Licensing Representative

Date

COPIES TO: _____