

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ARDENT PRESCHOOL REDSTONE	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: 4/22/2026
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> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<p>Deficiency Summary</p> <p>INJURY REQUIRING MEDICAL, Allegation Pending Correction Comments: Per video footage, on March 4, 2026, a twenty-three-month-old child in the 18 to 24 month (explores) classroom elbow was dislocated by a staff while on the playground.</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 5/13/2026, 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.

Bony Swain
Signature of Facility Representative

4/22/2026
Date

LATONYA JAMES

Signature of DHR Licensing Representative

4/22/2026

Date

COPIES TO: ___Ebony Meade_____