

**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: 5/6/2026
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
Deficiency Summary	
INJURY REQUIRING MEDICAL, Allegation 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.	Pending Correction
Per staff written statements and video footage, on May 4, 2026, a four (4) year old child in the pre-k one (1) classroom was left on the playground unsupervised for approximately six (6) minutes., 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 5/14/2026, 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.

Ebony Swain
Signature of Facility Representative

5/06/2026
Date

LATONYA JAMES
Signature of DHR Licensing Representative

5/6/2026
Date

COPIES TO: _Ebony Meade_____