ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ARDENT PRESCHOOL TRACE CROSSINGS	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 5/7/2026
Facility Address: 5390 MAGNOLIA TRACE, HOOVER, AL 35242, Jefferson	Licensee: ARDENT PRESCHOOL TRACE CROSSINGS LLC	Telephone #: (205) 733-5437
Ages: 6 Weeks to 6 Years	Director (if applicable): ELIZABETH WHATLEY	Capacity: 215 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: There is a bag of seed on the pathway to the playground that is open and accessible to the children. The dragon on the splash pad has peeling paint.	5/7/2026
Failed - Exposed electrical outlets have protective covers, Inspection Form Comments: Plugs do not have protective covers in several areas of the facility.	5/7/2026

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 _____x_____, 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.

Devin Harmon _____ _____

Signature of Facility Representative Date

JESSICA VICE

_____ **_____5/7/26_____**

Signature of DHR Licensing Representative Date

COPIES TO: _____Center_____