ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: ARDENT PRESCHOOL JONES VALLEY	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 4/30/2026
Facility Address: 1065 FOUR MILE POST RD, HUNTSVILLE, AL 35802, Madison	Licensee: ARDENT PRESCHOOL JONES VALLEY LLC	Telephone #: (256) 755-3038
Ages: 6 Weeks to 6 Years	Director (if applicable): JOHN LABRECHE	Capacity: 222 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medications and drugs kept under lock and key or combination lock, separate from harmful items, Inspection Form Comments: In the Beginners 1 classroom, there was Zep cleaner stored in the same storage box with diaper creams.	4/9/2026
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: On 4/9/2026, staff's training is not in Alabama Pathways.	5/12/2026

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 __N/A_____, 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 <u>Performance Standards</u>.

Reagan Armstead _____ 05/12/2026 _____

Signature of Facility Representative Date

LATONYA JAMES

_____ **5/12/2026**

Signature of DHR Licensing Representative Date

COPIES TO: _Reagan Armstead_____