

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: THE MONTESSORI SCHOOL OF HUNTSVILLE #3	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 5/27/2026
Facility Address: 15975 CHANEY THOMPSON RD, HUNTSVILLE, AL, 35803, Madison	Licensee: MONTESSORI SOCIETY OF HUNTSVILLE	Telephone #: (256) 881-3790
Ages: 18 Months to 10 Years	Director (if applicable): REBECCA DUKE	Capacity: 97 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
[InspectionSummaryDescription] HAZARD PREVENTION, Allegation Comments: On 4/10/26, observed a paint can, composter, and ladder in an area accessible to children.	4/10/2026
SUPERVISION AT ALL TIMES, Allegation Comments: Staff state and video footage verify that a 19-month-old child was left unsupervised in the outdoor classroom space for 90 seconds on April 3, 2026.	Pending Correction <i>RD 5/27/26</i>

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 6/10/26, 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.

Rebecca Duke

Signature of Facility Representative

5/27/26

Date

LEA RAE GAINES

**Signature of DHR Licensing
Representative**

5/27/26

Date

COPIES TO: _____

2/27/26

Lea Rae Gaines