

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ARDENT PRESCHOOL VALLEYDALE LLC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 6/12/2026
Facility Address: 25 SOUTHLAKE LANE, HOOVER, AL 35244, Shelby	Licensee: ARDENT PRESCHOOL VALLEYDALE LLC	Telephone #: (205) 444-5437
Ages: 6 Weeks to 6 Years	Director (if applicable): JULIA HAYS	Capacity: 195 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Fence or wall free of sharp edges, Inspection Form Comments: Several broken fence boards on the playground.	6/12/2026
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Advanced Comments: Cleaning supplies	6/12/2026

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 6/26/26, 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.

Julia M Hays

6/12/2026

Signature of Facility Representative

Date

JESSICA VICE

6/12/26

Signature of DHR Licensing Representative

Date

COPIES TO: Center _____