ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
WEINACKER'S MONTESSORI SCHOOL, INC	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	8/7/2026
Facility Address: 513 GEORGIAN DR, MOBILE, AL 36609, Mobile	Licensee: WEINACKER'S MONTESSORI SCHOOL, INC	Telephone #: (251) 342-5399
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 99 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form	Pending Correction
Comments: There are no staff present with CPR and first aid.	
Failed - Medical, Staff Checklist	Pending Correction
Comments: Incomplete - Missing signature of medical doctor, physician assistant, or certified nurse practitioner and date.	
Failed - TB Test Date and Results, Staff Checklist	Pending Correction
Comments: Incomplete - Date and results	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist	Pending Correction
Comments: Expired	
Failed - Suitability Determination (Every 5 years), Staff Checklist	Pending Correction
Comments: Expired	
Failed - Verification of Education, Staff Checklist	Pending Correction
Comments: Missing documentation	
Failed - Indoor thermometer (child safe), Classroom Checklist / Infant Room	8/7/2026
Comments: Missing	
Failed - *Unbreakable mirror-full length, Classroom Checklist / Preschool 2	8/7/2026
Comments: Missing	
Failed - *Unbreakable mirror-full length, Classroom Checklist / Preschool Room	8/7/2026
Comments: Missing	
Changing mat in infant classroom has multiple holes in it. , Ad Hoc	Pending Correction

Comments: NA Staff purses not under lock and key or combination lock., Ad Hoc 8/7/2026 Comments: NA

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 __08/21/26_____, 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.

Jasimin McCants 08/07/2026

Signature of Facility Representative Date

LaDanika York

08/07/26

Signature of DHR Licensing Representative Date

COPIES TO: ____Facility_____