

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ARDENT PRESCHOOL GREYSTONE LLC	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 8/18/2026
Facility Address: 6801 TATTERSALL WAY, HOOVER, AL 35242, Shelby	Licensee: ARDENT PRESCHOOL GREYSTONE LLC	Telephone #: (205) 396-1250
Ages: 6 Weeks to 6 Years	Director (if applicable): RANA SWEAT	Capacity: 292 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Each child's hands washed after diapering, Inspection Form Comments: Per video footage on June 26th, staff did not wash hands after changing diapers in the 18 month- 2 1/2 year classroom.	8/17/2026
Failed - Staff use clean disposable gloves for diapering each child/for each diaper change, Inspection Form Comments: Per video footage on June 26th, staff did not use clean disposable gloves in between diaper changes in the 18 month- 2 1/2 year classroom.	8/17/2026
Failed - 18 up to 2½ years 1 to 7, Inspection Form Comments: Per video footage on June 26th, the 18 month- 2 1/2 year classroom was out of ratio 13 children to 1 staff member.	8/17/2026
Per video footage on June 26th, children were not being handled gently in the 18 month- 2 1/2 year classroom., Ad Hoc Comments: NA	8/17/2026
Children were not being handled gently in the 6- 12 month classroom during the Department visit., Ad Hoc Comments: NA	8/17/2026
A laminator was being used in the 18 month- 2 1/2 year classroom while children were playing. This is a hazard., Ad Hoc Comments: NA	8/17/2026

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.

Signature of Facility Representative

Date

JESSICA VICE

8/18/26

Signature of DHR Licensing Representative

Date

COPIES TO: ____Center_____