

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: AVALON MONTESSORI SCHOOL	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/25/2026
Facility Address: 395 RAY THORINGTON RD, MONTGOMERY, AL 36117, Montgomery	Licensee: SG EDUCATION GROUP INC	Telephone #: (334) 593-1462
Ages: 6 Weeks to 6 Years	Director (if applicable): SONIA CHAUDHURI	Capacity: 102 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Concrete is exposed under the climber on the 2 1/2 and up playground.	Pending Correction
Failed - Fence or wall free of sharp edges, Inspection Form Comments: Fence is detached at the top and has sharp edges.	Pending Correction
Failed - Gates secured, Inspection Form Comments: The gate has holes along the inside edges on the 2 1/2 and under playground.	Pending Correction
Failed - Shade and sun areas provided, Inspection Form Comments: There is no shade on the 2 1/2 and up playground.	Pending Correction
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Unused equipment beside the shed is posing a hazard. There is a large opening under the shed. There is an exposed electrical chord on the 2 1/2 and under playground.	Pending Correction
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: Staff are not listed in Alabama Pathways.	Pending Correction
Failed - Records on file at time of employment, Inspection Form Comments: Several staff do not have complete files.	Pending Correction
Failed - Ongoing Training, Staff Checklist	Pending Correction

Comments: expired	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: expired	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: .	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: .	
Failed - Photo ID Verification, Staff Checklist	Pending Correction
Comments: .	
Failed - Current Driver's License, Staff Checklist	Pending Correction
Comments: .	
Failed - Written Verification of Standards Read, Staff Checklist	Pending Correction
Comments: .	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: .	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: .	
Failed - Ongoing Training, Staff Checklist	Pending Correction
Comments: .	
Failed - Hazardous substances locked, Classroom Checklist / Infant 1	Pending Correction
Comments: Hazards are not under lock and key.	
Failed - Medication locked, Classroom Checklist / Infant 1	Pending Correction
Comments: Medications are not under lock and key.	
Failed - Hazardous substances locked, Classroom Checklist / Infant 2	Pending Correction
Comments: Hazards not under lock and key.	
Failed - Medication locked, Classroom Checklist / Infant 2	Pending Correction
Comments: Medications not under lock and key.	
Failed - Hazardous substances locked, Classroom Checklist / Pre Primary 1	Pending Correction
Comments: Hazards not under lock and key.	
Failed - Medication locked, Classroom Checklist / Pre Primary 1	Pending Correction
Comments: Medication not under lock and key.	
Failed - Hazardous substances locked, Classroom Checklist / Primary 1	Pending Correction
Comments: Hazards not locked.	
Failed - Medication locked, Classroom Checklist / Primary 1	Pending Correction
Comments: Medication not locked.	
Failed - Hazardous substances locked, Classroom Checklist / Toddler	Pending Correction
Comments: Hazards not under lock and key.	
Failed - Medication locked, Classroom Checklist / Toddler	Pending Correction
Comments: Medication not under lock and key.	

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

_____, 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.

Sonia Chaudhuri
Signature of Facility Representative

8/25/26
Date

JESSICA VICE

08/25/2026

Signature of DHR Licensing Representative

Date

COPIES TO: _____ Center _____