

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: WEINACKER'S MONTESSORI SCHOOL, INC	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 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 <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
CORRECTED DEFICIENCIES VERIFIED THROUGH ARISE.	
Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: There are no staff present with CPR and first aid.	8/10/2026
Failed - Medical, Staff Checklist Comments: Incomplete - Missing signature of medical doctor, physician assistant, or certified nurse practitioner and date.	8/10/2026
Failed - TB Test Date and Results, Staff Checklist Comments: Incomplete - Date and results	8/17/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Expired	8/10/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	9/29/2026
Failed - Verification of Education, Staff Checklist Comments: Missing documentation	8/11/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / Infant Room Comments: Missing	8/7/2026
Failed - *Unbreakable mirror-full length, Classroom Checklist / Preschool 2 Comments: Missing	8/7/2026
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 8/10/2026

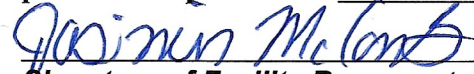
Comments: NA

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 N/A, 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

LaDanika York

9-29-2026

Date

09/29/26

Signature of DHR Licensing Representative

Date

COPIES TO: ____ Facility _____