

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

SECTION A- IDENTIFYING INFORMATION

| | | |
|---|--|---|
| Facility Name: PRIMROSE SCHOOL OF MEADOWBROOK | Type of Facility : Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/> | Date of Visit: 5/21/2026 |
| Facility Address: 4855 MEADOWBROOK ROAD, BIRMINGHAM, AL 35242, Shelby | Licensee: TDF EDUCATION, LLC | Telephone #: (205) 991-3020 |
| Ages: 6 Weeks to 12 Years | Director (if applicable): STACY VINES | Capacity: 160 / 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 - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training. | |
| Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training. | |
| Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training. | |
| Failed - Medical, Staff Checklist Comments: The staff's medical expired 3/16/26. | |
| Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training. | |
| Failed - Medical, Staff Checklist | |

Comments: The staff does not have a medical form.

Failed - Verification of Education, Staff Checklist

Comments: The staff does not have verification of education.

Failed - Ongoing Training, Staff Checklist

Comments: The staff does not have four hours of ongoing training.

Failed - Health and Safety Training, Staff Checklist

Comments: The staff does not have 11 hours of health and safety training.

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 6/4/26, 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.



Signature of Facility Representative

LEANNA TOWERY

Signature of DHR Licensing Representative

5/21/26

Date

5/21/26

Date

COPIES TO: director