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 [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	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

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**

Deficiency Summary

The facility came into compliance on 6/10/26 through submitting paperwork digitally in Arise.

Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training.	6/2/2026
Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training.	6/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training.	6/2/2026
Failed - Medical, Staff Checklist Comments: The staff's medical expired 3/16/26.	6/4/2026
Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training.	5/22/2026
Failed - Medical, Staff Checklist	6/4/2026

Comments: The staff does not have a medical form.

Failed - Verification of Education, Staff Checklist 5/27/2026
Comments: The staff does not have verification of education.

Failed - Ongoing Training, Staff Checklist 6/2/2026
Comments: The staff does not have four hours of ongoing training.

Failed - Health and Safety Training, Staff Checklist 6/10/2026
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 _____------_____, 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.

_____ 6/15/26
Signature of Facility Representative Date

LEANNA TOWERY

_____ **6/15/2026**
Signature of DHR Licensing Representative Date

COPIES TO: director