ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: VINEHOUSE NURSERY, LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 6/17/2026
Facility Address: 105 PLAZA CIRCLE, SUITE 100, 200, 300 ALABASTER, AL 35007, Shelby	Licensee: VINEHOUSE NURSERY, LLC	Telephone #: (205) 564-8564
Ages: 6 Weeks to 5 Years	Director (if applicable):	Capacity: 51 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary SUPERVISION AT ALL TIMES, Allegation Comments: Per witness statement.	Pending Correction

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 _____7/1/2026_____, 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.

Kim M. Kerf _____ 06/17/2026 _____
Signature of Facility Representative Date

LEANNA TOWERY
_____ _____**6/17/2026**_____
Signature of DHR Licensing Representative Date

COPIES TO: director