

## Plan of Correction

### SECTION A - IDENTIFYING INFORMATION

Facility Name: PRIMROSE SCHOOL OF MADISON WEST	Type of Facility:    Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 117 FIELD VIEW LANE MADISON, AL 35756	Mailing Address: 117 CREEKMOUND DRIVE MADISON, AL, 35806-____
Telephone Number: (256) 870-1022	Licensee: BLACK CAP EDUCATION, LLC.
Capacity: 220	Director: AMY GALLAGHER
Age Range: 6 Weeks to 12 Years	Date Prepared: 6/16/2026

### SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency, the plan of action, and the target date for each item:

Deficiency Plan of Correction	Date to be completed
-------------------------------	----------------------