

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: PRESCHOOL PARTNERS	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/2/2026
Facility Address: 4447 MONTEVALLO ROAD, BIRMINGHAM, AL 35213, Jefferson	Licensee: PRESCHOOL PARTNERS	Telephone #: (205) 951-5151
Ages: 24 Months to 6 Years	Director (if applicable): PATRICIA SIMPSON	Capacity: 120 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

[illegible]

Failed - Health and Safety Training, Staff Checklist Comments: not complete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not completed	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incorrect FBI/ABI letter	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not complete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not complete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not complete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not complete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not complete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not complete	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: not in file	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not complete	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: not complete	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: missing signature	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 9/16/26, 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

JOY FRAZIER

Date

9/2/26

Signature of DHR Licensing Representative

Date

COPIES TO: Director