

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                         |                                                                                                                                                                                                                                                                                        |                                      |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Facility Name:<br>PRIMROSE SCHOOL OF MADISON                            | Type of Facility : Center <input checked="" type="checkbox"/><br>Day <input checked="" type="checkbox"/><br>Night <input type="checkbox"/><br>OST <input type="checkbox"/><br>Family <input type="checkbox"/><br>University <input type="checkbox"/><br>Group <input type="checkbox"/> | Date of Visit:<br>9/17/2026          |
| Facility Address:<br>124 PLAZA BOULEVARD, MADISON,<br>AL 35758, Madison | Licensee:<br>SANDPIPER EDUCATIONAL<br>SERVICES, LLC                                                                                                                                                                                                                                    | Telephone #:<br>(256) 772-2029       |
| Ages:<br>6 Weeks to 12 Years                                            | Director (if applicable):<br>AMY GALLAGHER                                                                                                                                                                                                                                             | Capacity:<br>180 / NA<br>Day / Night |

**SECTION B - DEFICIENCY INFORMATION**

| Performance Standard Deficiency                                                                                                                                                                                           | Date Corrected by Licensee                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>                                                                                                                                                                             |                                              |
| <b>Deficiency Summary</b>                                                                                                                                                                                                 |                                              |
| There were no deficiencies noted during today's visit.                                                                                                                                                                    |                                              |
| Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form<br>Comments: On 8/26/26, the coating/ covering on the stairs of the play equipment on the PreK playground is tearing. | Pending Correction                           |
| Failed - CA/N Clearance Form (Every Five Years), Staff Checklist<br>Comments: On 8/26/26, the staff's CA/N was expired.                                                                                                   | Pending Correction<br><i>annexed 9-17-26</i> |
| Failed - Medical, Staff Checklist<br>Comments: On 8/26/26, the staff's medical was expired.                                                                                                                               | 9/4/2026                                     |
| Failed - Medical, Staff Checklist<br>Comments: On 8/26/26, the staff's medical was expired.                                                                                                                               | 9/4/2026                                     |

**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.

**Signature of Facility Representative**

Date \_\_\_\_\_

ASJOIA MCGHEE

**9/17/26**

**Signature of DHR Licensing Representative**

Date \_\_\_\_\_

COPIES TO:          Center