

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: Sherrie Tate	Type of Facility: Family <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Group <input type="checkbox"/> Night <input type="checkbox"/> Center <input type="checkbox"/> S.A.P. <input type="checkbox"/>	Date of Visit: 08 / 29 / 2023 month day year
Facility Address: 1704 Rocky Brook Road Opelika, AL 36801	Licensee: Sherrie Tate	Telephone #: (334) 749-0020
Ages: 6wks to 12yrs NA to N/A day night	Director (if applicable): N/A	Capacity: 6 / N/A day / night

SECTION B - DEFICIENCY INFORMATION

Column 1	Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY*	Column 2 Date Corrected by Licensee
1.	Children's records are incomplete see page 12 of the evaluation.	

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 09/12/2023, 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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative Sherrie Tate Date 8/29/23
 Signature of DHR Licensing Representative Robin Bussie Date 08/29/2023

COPIES TO: licensee

Copy mailed 09/01/23 R08