DHR-DFC-1926

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

## SECTION A - IDENTIFYING INFORMATION

| | | |
|---|---|---|
| **Facility Name:** Judy Patooties | **Type of Facility:** Day ☑ Night ☐ Family ☐ Group ☑ Center ☐ S.A.P. ☐ | **Date of Visit:** 10 / 29 / 2024 (month / day / year) |
| **Facility Address:** 194 Adams St. Dadeville, AL 36853 | **Licensee:** TaSheba Taylor Jefferson | **Telephone #:** (256) 307-1165 |
| **Ages:** 6wks to 13yrs (day) / 6wks to 13yrs (night) | **Director** *(if applicable)*: N/A | **Capacity:** 12 (day) / 12 (night) |

## SECTION B - DEFICIENCY INFORMATION

| *Column 1* — Performance Standard Deficiency **HAZARDS MUST BE CORRECTED IMMEDIATELY** | *Column 2* — Date Corrected by Licensee |
|---|---|
| 1. Home and Staff records are incomplete see page | |
| 10 of the evaluation. | |
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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 ~~10~~ 11/12/2024 RBB, 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* _____ *Date* 10/29/2024

*Signature of DHR Licensing Representative* Robi Bussee *Date* 10/29/2024

COPIES TO: licensee

Copy mailed 11/12/24 RBB