ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MAXINE ROBERTSON/TEE TEE'S	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [X] University [ ] Group [ ]	Date of Visit: 06/17/2025
Facility Address: 6425 PLANTATION COURT, TUSCALOOSA, AL, 35401, Tuscaloosa	Licensee: MAXINE WOODS-ROBERTSON	Telephone #: (251) 281-1838
Ages: 6 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 5 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Children's records complete, Inspection Form Comments: record missing parental signatures	06/17/2025
Failed - Records for caregivers/substitutes, Inspection Form Comments: staff record in-complete	
Failed - Record for licensee/household member, Inspection Form Comments: staff record in-complete	
Failed - Most recent deficiency report posted, Inspection Form Comments: not posted	06/17/2025
Failed - Most recent licensing evaluation posted, Inspection Form Comments: not posted	
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: some required document not uploaded	
Failed - Relocation, Inspection Form Comments: no record of drills being conducted	
Failed - Lockdown, Inspection Form Comments: no record of drills being conducted	

Failed - Tornado, Inspection Form
Comments: no record of drills being conducted

Failed - Fire, Inspection Form
Comments: no record of drills being conducted

Failed - Electrical outlets covered, Inspection Form
Comments: Outlets expose in kitchen and family room

Failed - Home free of apparent hazardous conditions, Inspection Form
Comments: Outlets expose in kitchen and family room

Failed - Health and Safety Training, Staff Checklist
Comments: no record of current training

Failed - Verification of Education, Staff Checklist
Comments: no record of education

Failed - CA/N Clearance Form (Every Five Years), Staff Checklist
Comments: no record

Failed - Health and Safety Training, Staff Checklist
Comments: no record of current training

Failed - Preadmission Form, Child Checklist
Comments: missing signatures

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 July 1, 2025 **, 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.

Maxine Robertson
Signature of Facility Representative

6-17-2025
Date

Signature of DHR Licensing Representative

6/17/2025
Date

COPIES TO: Maxine Robertson