

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: SHERRIE TATE	Type of Facility : Center [] Day [X] OST [] Night [] Family [X] University [] Group []	Date of Visit: 05/16/2025
Facility Address: 1704 ROCKY BROOK ROAD, OPELIKA, AL, 36801, Lee	Licensee: SHERRIE TATE	Telephone #: (334) 749-0020
Ages: 6 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
All deficiencies are corrected.	
Failed - Outdoor play equipment not designed to be portable anchored, Inspection Form Comments: The swing set is not anchored.	05/16/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: The staff is not enrolled in Pathways.	06/23/2025
Failed - Medical, Staff Checklist Comments: The licensee's medical is expired.	05/16/2025

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 N/A , 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**.

Sherrie Tate
Signature of Facility Representative

6-24-25
Date

robin bussie

Signature of DHR Licensing Representative

06/23/2025
Date

COPIES TO: Licensee