

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: JUDY PATOOTIES	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 10/24/2025
Facility Address: 194 ADAMS ST., DADEVILLE, AL, 36853, Tallapoosa	Licensee: TASHEBA JEFFERSON	Telephone #: (256) 307-1165
Ages: 6 Weeks to 13 Years/6 Weeks to 13 Years	Director (if applicable): N/A	Capacity: 12 / 12 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - At least two adults present and supervising the children when seven or more children are present, Inspection Form Comments: On 10/24/2025, there was one staff member caring for eight children.	10/24/2025
Failed - Dangerous substances locked, Inspection Form Comments: There are two bottles of dish soap sitting on the back of the kitchen sink.	10/24/2025
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: All required documents are not uploaded to Pathways.	
Failed - Diapering area washable cleaned and disinfected after each use, Inspection Form Comments: The diapering mat is torn and has exposed foam.	
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have the required ongoing training.	

Failed - Ongoing Training, Staff Checklist

Comments: Staff does not have the required ongoing training.

Failed - Ongoing Training, Staff Checklist

Comments: Staff does not have the required ongoing training.

Failed - Immunization Certificate, Child Checklist


Comments: Child does not have the required immunization certificate.

Failed - Preadmission Form, Child Checklist

Comments: The child's preadmission form is incomplete.

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 11/07/2025, 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.



Signature of Facility Representative

ROBIN BUSSIE

Signature of DHR Licensing Representative

10-24-2025
Date

10/24/2025

Date

COPIES TO: _____ Licensee _____