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

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary All deficiencies corrected effective 11-18-2025.	
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.	11/10/2025
Failed - Diapering area washable cleaned and disinfected after each use, Inspection Form Comments: The diapering mat is torn and has exposed foam.	11/18/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have the required ongoing training.	11/10/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have the required ongoing training.	11/10/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have the required ongoing training.	11/10/2025
Failed - Immunization Certificate, Child Checklist Comments: Child does not have the required immunization	10/25/2025

certificate.
Failed - Preadmission Form, Child Checklist 11/18/2025
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 _____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.

_____ _____
Signature of Facility Representative Date

ROBIN BUSSIE
_____ _____**11/18/2025**_____
Signature of DHR Licensing Representative Date

COPIES TO: _____Licensee_____