

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: PRISCILLA PEARSON	Type of Facility : Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 12/11/2025
Facility Address: 115 SOUTH GOODMAN ROAD, DADEVILLE, AL 36853, Tallapoosa	Licensee: PRISCILLA PEARSON	Telephone #: (256) 825-9826
Ages: 6 Weeks to 12 Years	Director (if applicable): N/A	Capacity: 12 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
All deficiencies corrected effective 12/11/2025.	
Failed - Preadmission Form, Child Checklist Comments: The child's preadmission form is incomplete.	12/18/2025
One child has an incomplete preadmission form., Ad Hoc Comments: NA	12/18/2025
One child does not have the required immunization form., Ad Hoc Comments: NA	12/11/2025

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.


Signature of Facility Representative

12-11-2025
Date

ROBIN BUSSIE

**Signature of DHR Licensing
Representative**

12/11/2025

Date

COPIES TO: _____ Licensee _____