

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                     |                                                                                                                   |                                                  |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Facility Name:<br>DOODLEBUGS                                        | Type of Facility : Center [ ]<br>Day [X]      OST [ ]<br>Night [ ]      Family [ ]<br>University [ ]<br>Group [X] | Date of Visit:<br>3/27/2026                      |
| Facility Address:<br>506 WEBSTER CIRCLE, VERNON, AL<br>35592, Lamar | Licensee:<br>TIFFINEY R. STANFORD                                                                                 | Telephone #:<br>(205) 695-8383                   |
| Ages:<br>6 Weeks to 12 Years                                        | Director (if applicable):<br>N/A                                                                                  | Capacity:<br>12      /      NA<br>Day      Night |

**SECTION B - DEFICIENCY INFORMATION**

| <b><u>Performance Standard Deficiency</u></b><br><b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b> | <b>Date Corrected by<br/>Licensee</b> |
|-------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Deficiency Summary</b>                                                                             |                                       |
| Failed - Most recent licensing evaluation posted, Inspection Form<br>Comments: not able to locate     | 3/17/2026                             |
| Failed - Most recent deficiency report posted, Inspection Form<br>Comments: not able to locate        | 3/17/2026                             |
| Failed - Fire, Inspection Form<br>Comments: unable to locate record sheet                             | 3/17/2026                             |
| Failed - Tornado, Inspection Form<br>Comments: unable to locate record sheet                          | 3/17/2026                             |
| Failed - Lockdown, Inspection Form<br>Comments: unable to locate record sheet                         | 3/17/2026                             |
| Failed - Relocation, Inspection Form<br>Comments: unable to locate record sheet                       | 3/17/2026                             |
| Failed - Medical, Staff Checklist<br>Comments: expired                                                | 3/17/2026                             |

Failed - Suitability Determination (Every 5 years), Staff Checklist  
Comments: expired

3/27/2026

Failed - Medical, Staff Checklist  
Comments: expired

3/27/2026

Failed - Immunization Certificate, Child Checklist  
Comments: expired

3/27/2026

**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.

Peggy Stanford

*Signature of Facility Representative*

3-27-26

*Date*

Rolanda Nelson

*Signature of DHR Licensing Representative*

03/27/2026

*Date*

COPIES TO: Peggy Syanford