

**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: 9/2/2026
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):	Capacity: 6 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There were no children enrolled at time of visit.	
Failed - Medical, Staff Checklist	Pending Correction
Comments: Current medical exam is not on file.	
Failed - Medical, Staff Checklist	Pending Correction
Comments: Medical exam has expired.	

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 09/16/26, 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.

Tate
Signature of Facility Representative

09/02/26
Date

Natalie Sumrall

_____ 09/02/2026 _____

***Signature of DHR Licensing
Representative***

Date

COPIES TO: ____Licensee_____