

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: PURPOSE DRIVEN CHILDCARE CENTER	Type of Facility: Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 06/05/2025
Facility Address: 10719 LANDMARK LANE, COALING, AL, 35453, Tuscaloosa	Licensee: KELVIN ANTHONY HEWITT	Telephone #: (205) 409-6565
Ages: 6 Weeks to 8 Years	Director (if applicable): SYLVIA HEWITT	Capacity: 0 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary There are hazards not under lock and key throughout the center., Ad Hoc Comments: NA	06/05/2025

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 06/05/2025, 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.

Sylvia Hewitt
Signature of Facility Representative

6/5/2025
Date

Brandul Perine

Signature of DHR Licensing
Representative

Date

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