

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

SECTION A- IDENTIFYING INFORMATION

| | | |
|--|---|--|
| Facility Name: HUGS AND LOVE PRESCHOOL ACADEMY LLC | Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group [] | Date of Visit: 8/13/2025 |
| Facility Address: 6102 UNIVERSITY BLVD, COTTONDALE, AL, 35453, Tuscaloosa | Licensee: HUGS AND LOVE PRESCHOOL ACADEMY LLC | Telephone #: (205) 248-7361 |
| Ages: 6 Weeks to 12 Years | Director (if applicable): MARSHA JONES | Capacity: 30 / 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 | |
| The infant room is out of ratio., Ad Hoc Comments: NA | Pending Correction |
| There is a TV not anchored, on top of a container, in the 3 year old room., Ad Hoc Comments: NA | Pending Correction |
| There is not enough staff to conduct center businnes., Ad Hoc Comments: NA | Pending Correction |

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 _____, 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.

Marsha Jones
Signature of Facility Representative

8/13/25
Date

Brandul Perine

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____