ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
HUGABUG CHILDCARE CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	7/21/2025
Facility Address:	Licensee:	Telephone #:
8030 HWY 43 NORTH, NORTHPORT, AL, 35473-3000, Tuscaloosa	LISA G SMELLEY	(205) 330-0410
Ages:	Director (if applicable):	Capacity:
6 Weeks to 8 Years		82 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: The grass on the infant playground is ankle length	7/22/2025
Failed - Outdoor play area enclosed by a fence or wall at least 4 feet in height, Inspection Form Comments: Not 4 feet on the back of the playground	7/28/2025
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: incomplete	7/25/2025
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: incomplete	7/22/2025
Failed - Interstate CA/N if applicable (within 5 years), Staff Checklist Comments: incomplete	7/28/2025
Failed - Medical, Staff Checklist Comments: incomplete	7/22/2025
Failed - Immunization Certificate, Child Checklist Comments: expired	7/25/2025
Failed - Diapering area, Classroom Checklist / Littles Comments: Torn diaper pad	8/1/2025
Failed - Diapering area, Classroom Checklist / Littles	7/22/2025

Comments: Torn diaper pad Failed - Indoor thermometer (child safe), Classroom Checklist / Pre-K Comments: incomplete Failed - Indoor thermometer (child safe), Classroom Checklist / Toddlers Comments: incomplete	7/21/2025 7/21/2025

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 _____, 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.

Lisa Shelley — 10/31/2025

Signature of Facility Representative — Date

BRANDUL PERINE

Signature of DHR Licensing Representative — Date

COPIES TO: _____