ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: HILLCREST CHILD CARE	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 6/10/2025
Facility Address: 940 HILLCREST ROAD, TUSCALOOSA, AL, 35405, Tuscaloosa	Licensee: HILLCREST CHILD CARE, INC.	Telephone #: (205) 752-4400
Ages: 3 Weeks to 9 Years	Director (if applicable): SHARON CADDELL	Capacity: 84 , NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary Failed - Child care workers/teachers/subs meet qualification and have 12 hours of training within 30 days of employment, Inspection Form Comments: One staff with an incomplete suitability letter	6/27/2025
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: One flat ball & a broken tricycle	6/10/2025
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	6/27/2025

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.

Shan C. Lucas — 10/27/25

Signature of Facility Representative — Date

BRANDUL PERINE

Signature of DHR Licensing Representative — Date

COPIES TO: _____