ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: HUGABUG CHILDCARE CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 6/24/2026
Facility Address: 8030 HWY 43 NORTH, NORTHPORT, AL 35473-3000, Tuscaloosa	Licensee: LISA G SMELLEY	Telephone #: (205) 330-0410
Ages: 6 Weeks to 8 Years	Director (if applicable):	Capacity: 82 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: two staff incomplete	Pending Correction
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Two sand boxes with standing water	Pending Correction
Failed - One flush toilet for each 15 children, Inspection Form Comments: Two toilets without lids on the back	Pending Correction
Failed - Expressed human milk sent in container labeled with infant's full name/date, and specific written instructions on how to prepare, store, and use, Inspection Form Comments: not labeled	Pending Correction
Failed - No physical restraint as punishment, Inspection Form Comments: One child restricted in a feeding chair for biting	Pending Correction
Failed - Records on file at time of employment, Inspection Form Comments: incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
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Failed - Medical, Staff Checklist	Pending Correction

all deficiencies have been corrected 7/8

Comments: expired Failed - Plastic-lined, covered container, Classroom Checklist / Toddlers	Pending Correction
Comments: Broken Failed - Hazardous substances locked, Classroom Checklist / Toddlers	Pending Correction
Comments: Cabinet not locked	

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 July 7, 2026, 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 Smelley — 7/24/26

Signature of Facility Representative — Date

BRANDUL PERINE

Signature of DHR Licensing Representative — Date

COPIES TO: _____