

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: THIS OLDE HOUSE II	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 6/30/2026
Facility Address: 22628 BUCKSVILLE RD, MCCALLA, AL 35111, Tuscaloosa	Licensee: THIS OLDE HOUSE, INC	Telephone #: (205) 477-6599
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 75 NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> 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: one staff	✓ Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: incomplete	Pending Correction
Failed - Medical, Staff Checklist Comments: incomplete	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: incomplete	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: incomplete	Pending Correction
Failed - Photo ID Verification, Staff Checklist Comments: incomplete	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incomplete	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**.

Sherry Swin
Signature of Facility Representative

6/30/26
Date

BRANDUL PERINE

Signature of DHR Licensing Representative

Date

COPIES TO: _____