

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: HUGABUG CHILDCARE CENTER	Type of Facility: Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 6/24/2026
Facility Address: 810 HWY 43 NORTH, NORTHBURT, AL 35473-3000, Tuscaloosa	Licenses: LISA G SMELLEY	Telephone #: (205) 219-3644
Ages: 6 Weeks to 5 Years	Director (if applicable)	Capacity: 82 : NA Day : Night

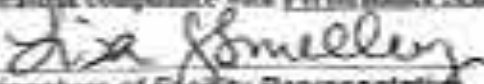
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Character and suitability review conducted on required person (every 3 years), Inspection Form Comments: two staff incomplete	7/7/2026
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Two sand boxes with standing water	6/24/2026
Failed - One flush socket for each 15 children, Inspection Form Comments: Two toilets without lids on the back	6/24/2026
Failed - Expressed human milk sent in container labeled with infant's full name/dates, and specific written instructions on how to prepare, store, and use, Inspection Form Comments: not labeled	6/24/2026
Failed - No physical restraint as punishment, Inspection Form Comments: One child restrained in a feeding chair for biting	7/7/2026
Failed - Records on file at time of employment, Inspection Form Comments: none/none	7/7/2026
Failed - Medical, Staff Checklist Comments: Expired	7/7/2026
Failed - Medical, Staff Checklist Comments: Expired	7/7/2026
Failed - Medical, Staff Checklist Comments: Expired	7/7/2026
Failed - Medical, Staff Checklist	7/7/2026

Comments: expired Failed - Plastic-lined, covered container, Classroom Checklist / Toddlers	6/24/2026
Comments: Broken Failed - Hazardous substances locked, Classroom Checklist / Toddlers	6/24/2026
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 _____, as verification that deficiencies have been corrected.

NOTICE: Any misreading 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.


Signature of Facility Representative

8/11/2026
Date

BRANDI PERINE

Signature of DHR Licensing
Representative

Date

COPIES TO: _____