

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: HUGS AND LOVE PRESCHOOL ACADEMY LLC	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 8/28/2026
Facility Address: 6102 UNIVERSITY BLVD, COTTONDALE, AL 35453, Tuscaloosa	Licensee: HUGS AND LOVE PRESCHOOL ACADEMY LLC	Telephone #: (205) 248-7361
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): MARSHA JONES	Capacity: 30 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Broken crawl through	Pending Correction
Failed - Concrete/asphalt not used under equipment, Inspection Form Comments: One crawl though with slide	Pending Correction
Failed - Character and suitability review conducted on required person (every 5 years), Inspection Form Comments: incomplete	Pending Correction
Failed - Foods that may cause choking prepared appropriately for the child, Inspection Form Comments: mini corn dogs	Pending Correction
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	Pending Correction
Failed - Drinking water without added sweeteners or carbonation readily available throughout the day, Inspection Form Comments: Not offered outside	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: incomplete	Pending Correction
Failed - Designated activity areas, Classroom Checklist / Bumblebees	Pending Correction

Comments: One room on license used for storage

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.

Marsha Jones

Signature of Facility Representative

8/28/2026

Date

BRANDUL PERINE

Signature of DHR Licensing Representative

Date

COPIES TO: _____