

ALABAMA DEPARTMENT OF HUMAN RESOURCES  
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

<b>Facility Name:</b> Seahorse Adventure	<b>Type of Facility:</b> Family <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/>	Group <input type="checkbox"/> Center <input checked="" type="checkbox"/> S.A.P. <input type="checkbox"/>	<b>Date of Visit:</b> 6 / 7 / 2024 <small>month day year</small>
<b>Facility Address:</b> 5901 Hargrave Rd S Tuscaloosa AL 35405	<b>Licensee:</b> Doris Stephens	<b>Telephone #:</b> (205) 499-5708	
<b>Ages:</b> Out to 12 to 18 <small>day night</small>	<b>Director (if applicable):</b> Cherrilla Wiley	<b>Capacity:</b> 30 / K <small>day night</small>	

SECTION B - DEFICIENCY INFORMATION

Column 1	Performance Standard Deficiency <i>*HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Column 2 Date Corrected by Licensee
	All performance standards have been met at this time.	

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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative Cherrilla Wiley Date 6/7/24

Signature of DHR Licensing Representative Brandal Perine Date 6-7-2024

COPIES TO: Director