

ALABAMA DEPARTMENT OF HUMAN RESOURCES  
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A - IDENTIFYING INFORMATION

Facility Name: <b>Futuristics Aca</b>	Type of Facility: 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"/>	Date of Visit: <b>3 / 7 / 2024</b> month day year
Facility Address: <b>1507 2nd Ave Tuscaloosa AL 35401</b>	Licensee: <b>Celicia McLean</b>	Telephone #: <b>205 247-7442</b>	
Ages: <b>18mon</b> to <b>6yrs</b> , <input checked="" type="checkbox"/> to <input checked="" type="checkbox"/> day night	Director (if applicable): <b>Celicia McLean</b>	Capacity: <b>20</b> / <input checked="" type="checkbox"/> day night	

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 Celicia McLean Date 3/7/24

Signature of DHR Licensing Representative Brad Pate Date 3-7-2024

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Facility Name: <b>Futuristics Aca</b>	Type of Facility: 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"/>	Date of Visit: <b>1 / 3 / 2024</b> month day year
Facility Address: <b>1507 3rd Ave Tuscaloosa AL 35401</b>	Licensee: <b>Cecilia Meeag</b>	Telephone #: <b>(256) 247-7942</b>	
Ages: <b>18mon</b> to <b>days</b> / <b>X</b> to <b>X</b> day night	Director (if applicable): <b>Cecilia Meeag</b>	Capacity: <b>20</b> / <b>X</b> day night	

SECTION B - DEFICIENCY INFORMATION

Column 1	Performance Standard Deficiency <i>*HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Column 2 Date Corrected by Licensee
①	The 18-2 1/2 year old room is out of ratio due to <sup>an</sup> incomplete C.A/N Form.	
②	The staff files are incomplete (see pg 18).	

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 1-17-2024, as verification that deficiencies have been corrected.

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Signature of Facility Representative Cecilia Meeag Date 1-3-2024

Signature of DHR Licensing Representative Brandi Perre Date 1-3-2024

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