

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: GRACIE'S ADVENTURE CLUB	Type of Facility: Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 04/17/2025
Facility Address: 519 SOUTH OATES STREET, DOTHAN, AL, 36301, Houston	Licensee: GRACIE'S ADVENTURE CLUB LLC	Telephone #: (334) 699-2405
Ages: 6 Weeks to 13 Years	Director (if applicable): SOPHIA RIGGINS	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
There was a tear in the back changing table pad., Ad Hoc Comments: NA	05/23/2025
The changing table was not disinfected between diaper changes., Ad Hoc Comments: NA	05/23/2025
In the 6 week to 18 month room there were 18 children to 3 teacher., Ad Hoc Comments: NA	05/23/2025
In the 24 to 36 month room disinfectant spray was not locked up, Ad Hoc Comments: NA	05/23/2025
In the cloud room disinfectant spray was not locked up., Ad Hoc Comments: NA	05/23/2025

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.

Signature of Facility Representative

Jay Dalton

Date

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____