ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

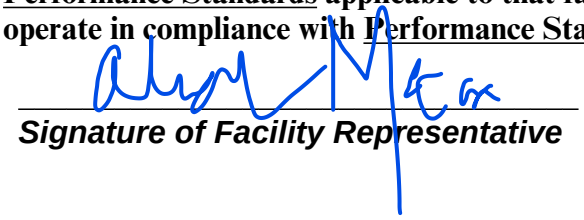
Facility Name: FUTURISTICS ACADEMY	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 12/10/2025
Facility Address: 1507 3RD AVE, TUSCALOOSA, AL, 35401, Tuscaloosa	Licensee: CELICIA MCCAA	Telephone #: (205) 292-7942
Ages: 2 Years to 12 Years	Director (if applicable): CELICIA MCCAA	Capacity: 24 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
Failed - Cots cleaned and clean bottom sheets and top sheet/covers provided before used by another child, Inspection Form Comments: No bottom sheets	12/10/2025
Failed - Outdoor area adjoins or is safely accessible, Inspection Form Comments: One gap at the bottom of the back fence	12/31/2025
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / future believers Comments: One shelf not anchored	12/31/2025

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

12/31/25

Date

BRANDUL PERINE

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____