

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: ADVENTURE ACADEMY, LLC	Type of Facility : Center [ ] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [X]	Date of Visit: 5/13/2026
Facility Address: 5101 HOLMES AVENUE, HUNTSVILLE, AL 35816, Madison	Licensee: DEA FUQUA	Telephone #: (256) 489-1207
Ages: 7 Days to 13 Years	Director (if applicable): N/A	Capacity: 12        /        12 Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
On 03/17/2026 per provider statement, a 2 month old child was found unresponsive in his crib on 03/12/2026 , Ad Hoc Comments: NA	5/13/2026
On 03/17/2026 per provider statement, there were 5 children present on March 12, 2026 but 3 signed in (after the fact)., Ad Hoc Comments: NA	5/13/2026
On 03/17/2026, Provider stated sign in/out forms were not filled out on 3/12/2026., Ad Hoc Comments: NA	5/13/2026
On 03/17/2026 Preadmission forms were not filled out completely., Ad Hoc Comments: NA	5/13/2026

**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           N/A          , 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*

\_\_\_\_\_  
Date

          Rolanda Nelson            
*Signature of DHR Licensing Representative*

          5/13/26          

\_\_\_\_\_  
Date

COPIES TO:           Dea Fuqua