

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

**SECTION A- IDENTIFYING INFORMATION**

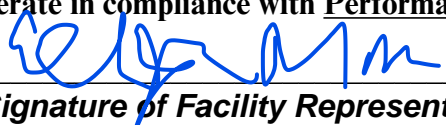
Facility Name: FUTURISTICS BABYSITTING	Type of Facility : Center [X] Day [X]            OST [ ] Night [X]        Family [ ] University [ ] Group [ ]	Date of Visit: 6/4/2026
Facility Address: 6726 OLD GREENSBORO ROAD, TUSCALOOSA, AL 35405, Tuscaloosa	Licensee: CELICIA MCCA	Telephone #: (205) 887-3225
Ages: 6 Weeks to 18 Months/6 Weeks to 18 Months	Director (if applicable): CELICIA MCCA	Capacity: 15        /        NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	Date Corrected by Licensee
<b>Deficiency Summary</b> Infants are not allowed to form their own sleep pattern., Ad Hoc Comments: NA	Pending Correction
Infants are not being held while bottle feeding. , Ad Hoc Comments: NA	Pending Correction

**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**

BRANDUL PERINE

\_\_\_\_\_  
**Signature of DHR Licensing**

5/04/26  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

***Representative***

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