ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: GRACE ACADEMY SCHOOL OF EXCELLENCE	Type of Facility : Center [X] Day [X] Night [ ] OST [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 06/20/2025
Facility Address: 1945 CENTERPOINT PKWY, CENTERPOINT, AL, 35215, Jefferson	Licensee: GREATER GRACE BAPTIST CHURCH	Telephone #: (205) 853-1410
Ages: 6 Weeks to 12 Years	Director (if applicable): NATASHA JOHNSON-RILEY	Capacity: 150 Day / NA Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY**	Date Corrected by Licensee
Deficiency Summary	
Failed - Ongoing Training, Staff Checklist Comments: Staff doesn't have ongoing training.	06/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: Staff member doesn't have current Health and Safety training.	06/20/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Staff person doesn't have a CA/N form.	
Failed - Ongoing Training, Staff Checklist Comments: Staff doesn't have ongoing training.	06/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: The staff members Health and Safety has expired.	06/20/2025
Failed - Medical, Staff Checklist Comments: Staff does not have a medical form	

Failed - TB Test Date and Results, Staff Checklist
Comments: Staff does not have a TB test.

Failed - Verification of Education, Staff Checklist
Comments: The staff does not have documentation of Education.

Failed - CA/N Clearance Form (Every Five Years), Staff Checklist
Comments: Staff person does not have a CA/N form.

Failed - Ongoing Training, Staff Checklist 06/20/2025
Comments: Staff does not have ongoing training.

Failed - Health and Safety Training, Staff Checklist 06/20/2025
Comments: Staff does not have Health and Safety training documentation.

Failed - CA/N Clearance Form (Every Five Years), Staff Checklist
Comments: Staff does not have a CA/N form.

Failed - Suitability Determination (Every 5 years), Staff Checklist
Comments: Staff does not have a current suitability letter.

Failed - Ongoing Training, Staff Checklist 06/20/2025
Comments: The staff does not have ongoing training.

Failed - Health and Safety Training, Staff Checklist 06/20/2025
Comments: Staff does not have Health and Safety training.

Failed - Photo ID Verification, Staff Checklist
Comments: Staff does not have photo ID verification.

Failed - Medical, Staff Checklist
Comments: Staff does not have a medical form.

Failed - TB Test Date and Results, Staff Checklist
Comments: Staff does not have a TB form.

Failed - Verification of Education, Staff Checklist
Comments: Staff does not have verification of Education.

Failed - References, Staff Checklist
Comments: Staff does not have required references.

Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Staff does not have the correct CA/N form.	
Failed - Written Verification of Standards Read, Staff Checklist Comments: Staff does not have verification of Standards Read.	06/04/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have ongoing training.	06/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: Staff does not have Health and Safety training.	06/20/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have ongoing training.	06/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: Staff does have Health and Safety training.	06/20/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have ongoing training.	06/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: Staff does not have Health and Safety training.	06/20/2025
Staff files are incomplete., Ad Hoc Comments: NA	

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 _____7/8/25_____, 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.

_____ _____

Landrin Story
Signature of Facility Representative

06/20/25
Date

Catressa Rozell
Catressa Rozell
Signature of DHR Licensing Representative

6/20/25
Date

COPIES TO: _____