

**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] OST [] Night [] Family [] University [] Group []	Date of Visit: 8/18/2025
Facility Address: 1945 CENTERPOINT PK WY, 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 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Ongoing Training, Staff Checklist Comments: Staff doesn't have ongoing training.	6/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: Staff member doesn't have current Health and Safety training.	6/20/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Staff person doesn't have a CA/N form.	8/18/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff doesn't have ongoing training.	6/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: The staff members Health and Safety has expired.	6/20/2025
Failed - Medical, Staff Checklist Comments: Staff does not have a medical form	8/18/2025

Failed - TB Test Date and Results, Staff Checklist Comments: Staff does not have a TB test.	8/18/2025
Failed - Verification of Education, Staff Checklist Comments: The staff does not have documentation of Education.	8/18/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Staff person does not have a CA/N form.	8/18/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have ongoing training.	6/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: Staff does not have Health and Safety training documentation.	6/20/2025
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Staff does not have a CA/N form.	8/18/2025
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Staff does not have a current suitability letter.	8/18/2025
Failed - Ongoing Training, Staff Checklist Comments: The staff does not have ongoing training.	6/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: Staff does not have Health and Safety training.	6/20/2025
Failed - Photo ID Verification, Staff Checklist Comments: Staff does not have photo ID verification.	8/18/2025
Failed - Medical, Staff Checklist Comments: Staff does not have a medical form.	8/18/2025
Failed - TB Test Date and Results, Staff Checklist Comments: Staff does not have a TB form.	8/18/2025
Failed - Verification of Education, Staff Checklist Comments: Staff does not have verification of Education.	8/18/2025
Failed - References, Staff Checklist Comments: Staff does not have required references.	8/18/2025

Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Staff does not have the correct CA/N form.	8/18/2025
Failed - Written Verification of Standards Read, Staff Checklist Comments: Staff does not have verification of Standards Read.	6/4/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have ongoing training.	6/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: Staff does not have Health and Safety training.	6/20/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have ongoing training.	6/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: Staff does have Health and Safety training.	6/20/2025
Failed - Ongoing Training, Staff Checklist Comments: Staff does not have ongoing training.	6/20/2025
Failed - Health and Safety Training, Staff Checklist Comments: Staff does not have Health and Safety training.	6/20/2025
Staff files are incomplete., Ad Hoc Comments: NA	8/18/2025
The staff files are incomplete., Ad Hoc Comments: NA	8/18/2025
The staff are incomplete. , Ad Hoc Comments: NA	8/18/2025

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.

