

ALABAMA DEPARTMENT OF HUMAN RESOURCES CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: BY HIS GRACE DAYCARE & LEARNING CENTER V	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 9/3/2025
Facility Address: 1767 HALCYON BOULEVARD, MONTGOMERY, AL 36117, Montgomery	Licensee: TKJ BY HIS GRACE MINISTRIES	Telephone #: (334) 593-9439
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable):	Capacity: 116 30 Day Night

SECTION B - DEFICIENCY INFORMATION

[illegible]

Failed - Preadmission Form, Child Checklist
Comments: Missing documentation
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Comments: Missing documentation

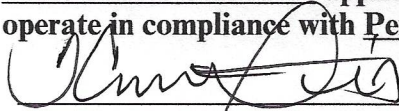
Pending Correction

Pending Correction

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

Amy Horn

09/03/2025
Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____