

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                     |                                                                                                                           |                                                        |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Facility Name:<br>GRACE CHILDCARE PRESCHOOL<br>CTR OF EXCELLE       | Type of Facility : Center [X]<br>Day [X]            OST [ ]<br>Night [ ]        Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>7/17/2025                            |
| Facility Address:<br>159 HEMLEY AVENUE, MOBILE,<br>AL 36607, Mobile | Licensee:<br>GRACE COMMUNITY<br>ACTION ALLIANCE, INC.                                                                     | Telephone #:<br>(251) 478-9200                         |
| Ages:<br>6 Weeks to 18 Months                                       | Director (if applicable):<br>SOLOMON CURRY                                                                                | Capacity:<br>15        /        NA<br>Day        Night |

**SECTION B - DEFICIENCY INFORMATION**

| <b>Performance Standard Deficiency<br/>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>                                                                                                                                                                                   | <b>Date Corrected by<br/>Licensee</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Deficiency Summary</b>                                                                                                                                                                                                                                           |                                       |
| Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form<br>Comments: An overgrowth of vines and weeds along the playground fence; Sticks/ small branches from the trees.                                                | Pending Correction                    |
| Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form<br>Comments: Some of the facility staff are not enrolled in Alabama Pathway's Registry | Pending Correction                    |
| Failed - Bio-contaminants shall be stored in a labeled container and disposed of properly, Inspection Form<br>Comments: Missing a bio-contaminant container                                                                                                         | Pending Correction                    |
| Failed - Ongoing Training, Staff Checklist<br>Comments: Missing 24 hrs                                                                                                                                                                                              | Pending Correction                    |
| Failed - Preadmission Form, Child Checklist<br>Comments: Missing preadmission                                                                                                                                                                                       | Pending Correction                    |

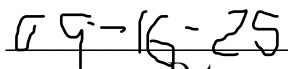
**INSTRUCTIONS TO LICENSEE:** Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human 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**

Shundr Nevels

  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_