

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: GRANAS ELITE CARE	Type of Facility : Center [X] Day [X]      OST [ ] Night [ ]    Family [ ] University [ ] Group [ ]	Date of Visit: 12/30/2025
Facility Address: 35161 US HWY 280, SYLACAUGA, AL 35150, Talladega	Licensee: ELITE CARE, INC.	Telephone #: (256) 346-3101
Ages: 1 Months to 14 Years	Director (if applicable): LISA ROBERTSON	Capacity: 91      /      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
no deficiencies noted at the time of visit	
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: The mop closet with cleaning supplies does not have a lock and key.	11/12/2025
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: On the Toddler playground there are small cut off poles poking through the fence.	11/12/2025
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 Comments: Not all staff are enrolled in the Alabama Pathway registry.	12/11/2025
Failed - Ongoing Training, Staff Checklist Comments: There are only 6 hours in the file.	12/16/2025
Failed - Ongoing Training, Staff Checklist Comments: There are only 6 hours in the file.	12/10/2025
Failed - Ongoing Training, Staff Checklist Comments: There are only 6 hours in the file.	12/10/2025
Failed - Ongoing Training, Staff Checklist Comments: There are only 6 hours in the file.	12/10/2025
Failed - Ongoing Training, Staff Checklist Comments: There are only 6 hours in the file.	12/10/2025

Failed - Electrical outlets covered, Classroom Checklist / Toddler 11/12/2025  
Comments: Power strip did not have protective cover.

**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.

Lisa Robertson  
**Signature of Facility Representative**

12-30-25  
Date

BRIDGETTE SMITH  
[Signature]  
**Signature of DHR Licensing Representative**

12-30-25  
Date

COPIES TO: Director