ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: GRACE CHILDCARE PRESCHOOL CTR OF EXCELLE	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 1/29/2026
Facility Address: 159 HEMLEY AVENUE, MOBILE, AL 36607, Mobile	Licensee: GRACE COMMUNITY ACTION ALLIANCE, INC.	Telephone #: (251) 478-9200
Ages: 6 Weeks to 18 Months	Director (if applicable): SOLOMON CURRY	Capacity: 15 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Fire, Inspection Form Comments: No documentation	Pending Correction
Failed - Medication administered only with written authorization from parent and child's health professional, Inspection Form Comments: Missing authorization from parent and health professional	Pending Correction
Failed - Vehicle safety check, Inspection Form Comments: Expired	Pending Correction
Failed - Most recent fire inspection report within 5 years, Inspection Form Comments: Expired	Pending Correction
Failed - Medical, Staff Checklist Comments: Expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 11 hrs	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist	Pending Correction

Comments: Missing dates	
Failed - Hazardous substances locked, Classroom Checklist / Infants Room	Pending Correction
Comments: Cabinet and the laundry room contain hazards that are not under lock and key/ combination lock	
Failed - Medication locked, Classroom Checklist / Infants Room	Pending Correction
Comments: Medication not under lock and key/ combination lock	

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.

Malisa Curry — 2-13-2026

Signature of Facility Representative — Date

SHUNDR NEVELS

_____ — _____

Signature of DHR Licensing Representative — Date

COPIES TO: _____