

**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: 157 HEMLEY AVENUE, MOBILE, AL 36607, Mobile	Licensee: GRACE COMMUNITY ACTION ALLIANCE, INC.	Telephone #: (251) 478-9200
Ages: 36 Months to 60 Months	Director (if applicable): TONJA L WHITE	Capacity: 19 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: Cleaning supplies and staff belongings not under lock and key or combination lock.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing 11hrs	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: Missing	Pending Correction
Failed - *Doll clothes and blankets, Classroom Checklist / K3 and K4 TRAILER Comments: no blankets	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: _____