

**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: 154 HEMLEY AVENUE, MOBILE, AL 36607, Mobile	Licensee: GRACE COMMUNITY ACTION ALLIANCE, INC.	Telephone #: (251) 478-9200
Ages: 5 Years to 12 Years	Director (if applicable): SOLOMON L CURRY	Capacity: 28 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Staff member is entered in the main building and volunteer staff is not entered in Arise. Both files checked during this visit. All children files are entered in main building and checked during this visit.	
Failed - *Wheeled vehicles to sit on and maneuver - 2, Inspection Form Comments: Missing	Pending Correction
Failed - *Wheel vehicles to pull or push - 2, Inspection Form Comments: Missing	Pending Correction
Failed - *Toys for digging, Inspection Form Comments: Missing	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

Date

SHUNDR NEVELS

**Signature of DHR Licensing
Representative**

Date

COPIES TO: _____