

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BY HIS GRACE DAYCARE & LEARNING CTR VIII	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 2/5/2026
Facility Address: 18510 US 280/431, SMITHS STATION, AL 36877, Russell	Licensee: TKJ BY HIS GRACE MINISTRIES INC.	Telephone #: (334) 560-5158
Ages: 6 Weeks to 12 Years/	Director (if applicable): FELICIA SHORT	Capacity: 86 / 86 Day Night

SECTION B - DEFICIENCY INFORMATION

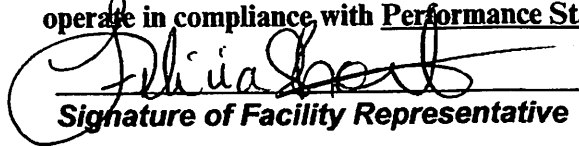
<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form	Pending Correction
Comments: peeling paint on climbing apparatus and the bicycle	
Failed - Required ratios maintained at all times, Inspection Form	2/5/2026
Comments: In the 4-year-old classroom there were a teacher sitting in the middle of to classroom	
Failed - All children supervised at all times, Inspection Form	2/5/2026
Comments: There were 5 children not supervised	
Failed - Staff in each room during napping/resting, Inspection Form	2/5/2026
Comments: In the 4-year-old classroom there were a teacher sitting in the middle of to classroom	
Failed - Staff able to see all children, Inspection Form	2/5/2026
Comments: In the 4-year-old classroom there were a teacher sitting in the middle of to classroom	
Failed - Formula provided by parent, must be labeled, ready to feed, and refrigerated, Inspection Form	2/5/2026
Comments: There was an infant bottle not labeled	
Failed - When able, infants allowed to sit in feeding chair, Inspection Form	2/5/2026
Comments: There was an infant laying the crib feeding	
Failed - Medical, Staff Checklist	Pending Correction
Comments: expired	
Failed - Written Verification of Standards Read, Staff Checklist	2/5/2026

Comments: wrong verification form	
Failed - Health and Safety Training, Staff Checklist	Pending Correction
Comments: missing #10	
Failed - Preadmission Form, Child Checklist	Pending Correction
Comments: missing full address	
Failed - *Non-toxic glue, paste, tape, Classroom Checklist / SCHOOL AGE ROOM	2/5/2026
Comments: missing non-toxic glue, paste, tape	
Failed - *Interlocking manipulative play sets – 1 per 5 children, Classroom Checklist / SCHOOL AGE ROOM	Pending Correction
Comments: missing interlocking	
Failed - Written schedule posted with 60-90 minutes of active play, Classroom Checklist / SCHOOL AGE ROOM	Pending Correction
Comments: missing schedule	
Failed - Shelving for equipment and supplies/anchored, Classroom Checklist / SCHOOL AGE ROOM	Pending Correction
Comments: shelving is not anchored	
Failed - Containers labeled, Classroom Checklist / INFANT ROOM JESSIE LYMONS	2/5/2026
Comments: container was not labeled	
Failed - *Easel, Classroom Checklist / PK1	Pending Correction
Comments: missing item	
Failed - *Non-toxic glue or paste; tape, Classroom Checklist / PK1	2/5/2026
Comments: missing	
Failed - *Paint brushes four ½ and 1 inch in width, Classroom Checklist / PK1	Pending Correction
Comments: not in the classroom	
Failed - *Interlocking manipulative play sets, different types-6, Classroom Checklist / PK1	Pending Correction
Comments: missing interlocking manipulative	
Failed - *Unbreakable mirror-full length, Classroom Checklist / PK1	Pending Correction
Comments: missing mirror	
Failed - *Toy telephones-2, Classroom Checklist / PK1	Pending Correction
Comments: missing item	
Failed - *Rhythm instruments – 1 per child in group, Classroom Checklist / PK1	Pending Correction
Comments: missing item	
Failed - *Easel, Classroom Checklist / PRESCHOOL ROOM	Pending Correction
Comments: missing easel	

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 2-19-26, as verification that deficiencies have been corrected.

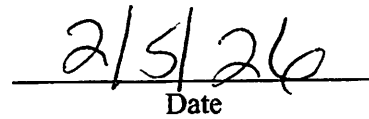
NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of

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

SHYNECSA BLEVINS

**Signature of DHR Licensing
Representative**


Date


Date

COPIES TO: Director