

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

**SECTION A- IDENTIFYING INFORMATION**

|  |   |   |
|--|---|---|
| Facility Name:<br>GRACIE'S GARDEN  | Type of Facility : Center [ ]<br>Day [X]      OST [ ]<br>Night [ ]      Family [X]<br>University [ ]<br>Group [ ] | Date of Visit:<br>2/18/2026                     |
| Facility Address:<br>1761 ENGLISH KNOLL LN,<br>BIRMINGHAM, AL 35235, Jefferson | Licensee:<br>VICKY MARSHALL<br>BRANDY   | Telephone #:<br>(205) 502-6353                  |
| Ages:<br>3 Years to 5 Years  | Director (if applicable):<br>N/A  | Capacity:<br>6      /      NA<br>Day      Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>  | <b>Date Corrected by<br/>Licensee</b> |
|--|---------------------------------------|
| <b>Deficiency Summary</b>  |                                       |
| Failed - Dangerous substances locked, Inspection Form<br>Comments: There is plant food and insect spray sitting in the kitchen not under lock and key or combination lock. | 1/15/2026                             |
| Failed - Fire, Inspection Form<br>Comments: Provider does not have written documentation of drills.  | 2/18/2026                             |
| Failed - Tornado, Inspection Form<br>Comments: Provider does not have written documentation of drills.   | 2/18/2026                             |
| Failed - Lockdown, Inspection Form<br>Comments: Provider does not have written documentation of drills.  | 2/18/2026                             |
| Failed - Relocation, Inspection Form<br>Comments: Provider does not have written documentation of drills.  | 2/18/2026                             |
| Failed - Certificate of rabies vaccination, Inspection Form<br>Comments: One dog does not have a current rabies certificate.   | 1/23/2026                             |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: The licensee does not have a current suitability letter.                                  | 2/18/2026                             |
| Failed - Medical, Staff Checklist<br>Comments: The substitute does not have a current medical.   | 2/18/2026                             |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: The household member does not have a current suitability letter.                          | 2/18/2026                             |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: The household member does not have a current suitability letter.                          | 1/30/2026                             |
| Failed - Preadmission Form, Child Checklist  | 2/18/2026                             |

|   |                    |
|---|--------------------|
| Comments: Addresses are incomplete.<br>Failed - Preadmission Form, Child Checklist                        | 2/18/2026          |
| Comments: Addresses are incomplete.<br>Failed - Preadmission Form, Child Checklist                        | 2/18/2026          |
| Comments: Addresses are incomplete.<br>The substitute does not have a current suitability letter., Ad Hoc | Pending Correction |
| Comments: NA  |                    |

**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 03/04/2026, 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

ROBIN BUSSIE

02/18/2026

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_ Licensee \_\_\_\_\_