

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: GRANAS ELITE CARE	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 3/6/2026
Facility Address: 35161 US HWY 280, SYLACAUGA, AL 35150, Talladega	Licensee: ELITE CARE, INC.	Telephone #: (256) 346-3101
Ages: 1 Months to 14 Years	Director (if applicable): LISA ROBERTSON	Capacity: 91            /    NA Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
On March 6, 2026, in the 12 months - 18 months over the counter medication was not under lock and key., Ad Hoc Comments: NA	Pending Correction
On March 6, 2026, in the 12 months - 18 months over the counter medication was missing the Medication Authorization Form signed by a parent, Ad Hoc Comments: NA	Pending Correction
On March 6, 2026, in the 12 months - 18 months room, over the counter did not have a physician statement, Ad Hoc Comments: NA	Pending Correction
On March 6, 2026, in the 2 1/2 - 3 year old classroom a hazard (dawn dish detergent that states "keep out the reach of children") was not under lock and key, Ad Hoc Comments: NA	Pending Correction
On March 6, 2026, in the 2 1/2 - 3 year old classroom, the required small table and chairs was missing, Ad Hoc Comments: NA	Pending Correction
On March 6, 2026, a child older than 2 1/2 was grouped with children younger than 2 1/2 years in the 18 months - 2 1/2 years classroom, Ad Hoc Comments: NA	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**

BRIDGETTE SMITH

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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