

**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: 2/11/2026
Facility Address: 159 HEMLEY AVENUE, MOBILE, AL 36607, Mobile	Licensee: GRACE COMMUNITY ACTION ALLIANCE, INC.	Telephone #: (251) 478-9200
Ages: 3 Weeks to 18 Months	Director (if applicable): SOLOMON CURRY	Capacity: 15        /        NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
Failed - Fire, Inspection Form Comments: No documentation	2/13/2026
Failed - Medication administered only with written authorization from parent and child's health professional, Inspection Form Comments: Missing authorization from parent and health professional	2/13/2026
Failed - Vehicle safety check, Inspection Form Comments: Expired	1/31/2026
Failed - Most recent fire inspection report within 5 years, Inspection Form Comments: Expired	1/29/2026
Failed - Medical, Staff Checklist Comments: Expired	3/10/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing	4/8/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing 11 hrs	4/8/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing	4/8/2026
Failed - Ongoing Training, Staff Checklist Comments: Missing	4/8/2026
Failed - Preadmission Form, Child Checklist Comments: incomplete	2/11/2026
Failed - Preadmission Form, Child Checklist	2/11/2026

Comments: Missing dates	
Failed - Hazardous substances locked, Classroom Checklist / Infants Room	2/11/2026
Comments: Cabinet and the laundry room contain hazards that are not under lock and key/ combination lock	
Failed - Medication locked, Classroom Checklist / Infants Room	2/11/2026
Comments: Medication not under lock and key/ combination lock	

**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.**

<u>Solomon Curry</u>	<u>04/06/2026</u>
<b>Signature of Facility Representative</b>	Date
<u>SHUNDR NEVELS</u>	
<b>Signature of DHR Licensing Representative</b>	Date

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