

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: THE CHURCH AT GRANTS MILL CHILDREN'S CTR	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☐ Family ☐ University ☐ Group ☐	Date of Visit: 5/27/2026
Facility Address: 6001 OLD LEEDS ROAD, IRONDALE, AL 35210, Jefferson	Licensee: THE CHURCH AT GRANTS MILL CHILDREN'S CTR	Telephone #: (205) 790-1055
Ages: 6 Weeks to 13 Years	Director (if applicable): DENISE SINGLETON	Capacity: 154 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by</u> <u>Licensee</u>
Deficiency Summary	
Failed - Soft material prohibited in infant's sleeping environment, no pillows, quilts, comforters, etc., Inspection Form Comments: There is an infant asleep in a crib with their arms swaddled.	5/27/2026
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: 3 signatures missing on second page.	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / Nursery 1 Comments: All-purpose cleaner not under lock and key	5/27/2026

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
6/10/26, 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

Deise Sengle
Signature of Facility Representative

JOY FRAZIER

Signature of DHR Licensing Representative

COPIES TO: _____Director_____