

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: GRECS EARLY LEARNING CENTER MID CITY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 7/2/2026
Facility Address: 3767 PROFESSIONAL PARKWAY, MOBILE, AL 36609, Mobile	Licensee: GULF REGIONAL EARLY CHILDHOOD SERVICES	Telephone #: (251) 444-1761
Ages: 6 Weeks to 8 Years	Director (if applicable): WENDY MCEARCHERN	Capacity: 79 , 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 - Suitability Determination (Every 5 years), Staff Checklist Comments: A staff's Suitability Determination has expired on file in the center.	Pending Correction
Failed - Hazardous substances locked, Classroom Checklist / K3 Comments: There are hazardous substances not under lock and key or combination lock. (Disinfectant Spray, Lysol Clorox Spray)	7/2/2026

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 07/16/2026, 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.

Candace Ellis
Signature of Facility Representative

LESLIE WILLIAMS

7/2/2026
Date

07/02/2026

***Signature of DHR Licensing
Representative***

Date

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