

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

SECTION A- IDENTIFYING INFORMATION

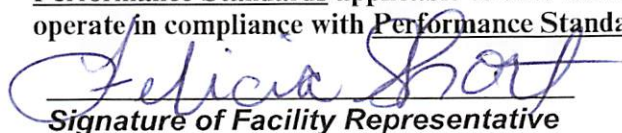
Facility Name: BY HIS GRACE DAYCARE & LEARNING CTR VIII	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 8/14/2026
Facility Address: 18510 US 280/431, SMITHS STATION, AL 36877, Russell	Licensee: TKJ BY HIS GRACE MINISTRIES INC.	Telephone #: (334) 560-5158
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): FELICIA SHORT	Capacity: 86 / 86 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
On 8-14-26 at the entrance area of the building there was ants., Ad Hoc Comments: NA	8/14/2026
On 8-14-26 in the infant classroom there was infant in the crib feeding., Ad Hoc Comments: NA	8/14/2026
On 8-14-26 in the infant room the lighting was not adequate. , Ad Hoc Comments: NA	8/14/2026

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 N/A, 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

8-14-26
Date

SHYNECSA BLEVINS

**Signature of DHR Licensing
Representative**

Date

COPIES TO: Director