

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BY HIS GRACE DAYCARE & LEARNING CENTER 1	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/1/2026
Facility Address: 1609 WEST MONTGOMERY RD, TUSKEGEE, AL 36083, Macon	Licensee: TKJ BY HIS GRACE MINISTRIES	Telephone #: (334) 399-2338
Ages: 6 Weeks to 13 Years	Director (if applicable): TERRENCE JOHNSON	Capacity: 150 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
DISCIPLINARY PRACTICES, Allegation	Pending Correction
Comments: Per staff written statement a staff watched a child being hit by another child and the staff did not do anything about it.	
RATIOS MAINTAINED, Allegation	Pending Correction
Comments: Per staff written statements in the afternoons the center is out of ratio.	
On the front preschool playground, the yellow taxi equipment is peeling paint., Ad Hoc	Pending Correction
Comments: NA	
On the back toddler playground there is a blue car with exposed nails sticking up., Ad Hoc	Pending Correction
Comments: NA	
On the back toddler playground there is a blue climbing bar apparatus that has exposed rust., Ad Hoc	Pending Correction
Comments: NA	
There is hazardous substance not under lock on key in the infant room (6wks-18m) Vaseline, wizard spray, anti-chaff cream., Ad Hoc	9/1/2026
Comments: NA	
In both after school rooms (5yr-13 yr) by the clear glass doors there if floor tile loose and not secured this is a tripping hazard., Ad Hoc	Pending Correction
Comments: NA	

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 09-15-2026, 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.

<u>Verena Johnson</u>	<u>09/01/2026</u>
<i>Signature of Facility Representative</i>	Date

<u>KAMILA CROWELL</u>	<u>09-01-2026</u>
<i>Signature of DHR Licensing Representative</i>	Date

COPIES TO: _____director_____