

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: BY HIS GRACE DAYCARE & LEARNING CENTER V	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 9/25/2026
Facility Address: 1767 HALCYON BOULEVARD, MONTGOMERY, AL 36117, Montgomery	Licensee: TKJ BY HIS GRACE MINISTRIES	Telephone #: (334) 593-9439
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): TOKEISHON CURTIS	Capacity: 116 / 30 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary CORPORAL/PHYSICAL PUNISH, Allegation Comments: Based on the findings of the investigation, it was determined that a teacher at the center used inappropriate discipline, including corporal punishment, toward a child. There are no classrooms set up with the required equipment needed for each area., Ad Hoc Comments: NA	Pending Correction
There are multiple health and safety violations throughout the facility., Ad Hoc Comments: NA	Pending Correction

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.

Alexis McCall

09/25/2026

Signature of Facility Representative

Date

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***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____