10-15ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: GROWING IN GRACE	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/30/2026
Facility Address: 655 Northgate Drive Northwest, Arab, AL 35016, Marshall	Licensee: AMANDA TANNER	Telephone #: (256) 640-8700
Ages: 0 Months to 12 Years	Director (if applicable):	Capacity: 105 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - References, Staff Checklist Comments: missing two references.	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: needs updated training.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: needs updated training	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: needs 2026 training	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Needs 2026 training	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 _____10-15-26_____, 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 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 Date

CATHERINE PAULK

_____ _____**9-30-26**_____
Signature of DHR Licensing Date

Representative

COPIES TO: _____center_____