

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

SECTION A- IDENTIFYING INFORMATION

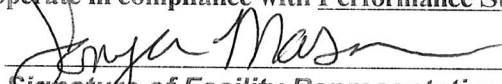
Facility Name: GROWING IN GRACE	Type of Facility: Center <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> OST <input type="checkbox"/> Night <input type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Group <input type="checkbox"/>	Date of Visit: 05/16/2025
Facility Address: 1023 FIFTH AVENUE SE, DECATUR, AL, 35601, Morgan	Licensee: GROWING IN GRACE CHILDCARE CENTER LLC	Telephone #: (256) 686-3450
Ages: 3 Weeks to 4 Years	Director (if applicable): SONYA MASON	Capacity: 28 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary No deficiencies were cited during this visit in areas observed.	

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.



 Signature of Facility Representative

5/16/25

 Date

Lea Rae Gaines

 Signature of DHR Licensing
 Representative

 Date

COPIES TO: _____