

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

SECTION A- IDENTIFYING INFORMATION

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| Facility Name: TRANSFORMATION CENTER | Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group [] | Date of Visit: 10/16/2025 |
| Facility Address: 2625 LOWER WETUMPKA RD, MONTGOMERY, AL, 36110, Montgomery | Licensee: TRANSFORMATION MONTGOMERY, INC | Telephone #: (334) 398-8147 |
| Ages: 4 Years to 5 Years | Director (if applicable): DEBBIE PEAVY | Capacity: 20 / NA Day Night |

SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i> | Date Corrected by Licensee |
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| Deficiency Summary | |
| Failed - Bio-contaminants shall be stored in a labeled container and disposed of properly, Inspection Form Comments: The facility does not have a labeled bio-contaminant container. | 10/15/2025 |
| Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: On the playground there is a section of black plastic barrier around the mulch that is cracked with sharp edges. | 10/15/2025 |
| Failed - Fence or wall free of sharp edges, Inspection Form Comments: On the playground there is a vent beside the door leading to the playground that has sharp edges. | 10/16/2025 |
| Failed - Outdoor play area free of apparent hazardous conditions;, Inspection Form Comments: On the playground there is exposed felt under the mulch. | 10/15/2025 |
| Failed - Director authorized to conduct center business, Inspection Form Comments: The director was not available to conduct center business. | 10/6/2025 |

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| <p>Failed - Special dietary needs in accordance with written instructions, Inspection Form Comments: There are two children with special dietary needs that do not have written instructions.</p> | 10/15/2025 |
| <p>Failed - Copies provided to all parents/guardians, Inspection Form Comments: There was not current documentation of parents/guardians receiving copies of the emergency preparedness and response plan.</p> | 10/15/2025 |
| <p>Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: The vehicle inspection form was not available on the day of visit.</p> | 10/15/2025 |
| <p>Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some of the staff are not enrolled in Alabama Pathways.</p> | 10/15/2025 |
| <p>Failed - Name of director/staff in charge, Inspection Form Comments: The name of the staff in charge is not posted.</p> | 10/15/2025 |
| <p>Failed - Fire, Inspection Form Comments: There was not any documentation of quarterly fire drills.</p> | 10/15/2025 |
| <p>Failed - Tornado, Inspection Form Comments: There was not any documentation of quarterly tornado drills.</p> | 10/15/2025 |
| <p>Failed - Lockdown, Inspection Form Comments: There was not any documentation of quarterly lockdown drills.</p> | 10/15/2025 |
| <p>Failed - Relocation, Inspection Form Comments: There was not any documentation of quarterly relocation drills.</p> | 10/15/2025 |
| <p>Failed - Ongoing Training, Staff Checklist Comments: The director does not have 24 hours of current ongoing training.</p> | 10/30/2025 |
| <p>Failed - Health and Safety Training, Staff Checklist Comments: The director does not have 12 hours of current health and safety training.</p> | 10/15/2025 |

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| Failed - Ongoing Training, Staff Checklist Comments: The staff does not have 12 hours of current ongoing training. | 10/31/2025 |
| Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of current health and safety training. | 10/16/2025 |
| Failed - Hazardous substances locked, Classroom Checklist / Transformation Pre-K Comments: Hazardous substances not under lock and key (dish detergent, hand sanitizer, dry sweet cloth refills, Swiffer mop refills). | 10/1/2025 |
| On the playground there was a cracked plastic bucket., Ad Hoc Comments: NA | 10/1/2025 |
| On the playground there was a pile of long broken tree limbs in the corner of the fence., Ad Hoc Comments: NA | 10/6/2025 |
| The keys to the vehicle were not available on the day of visit., Ad Hoc Comments: NA | 10/6/2025 |
| Child #1 preadmission form had incomplete addresses, missing addresses, and needs five full parent signatures., Ad Hoc Comments: NA | 10/13/2025 |
| Child #2 preadmission form has missing addresses and phone numbers., Ad Hoc Comments: NA | 10/13/2025 |
| Child #3 preadmission form has missing doctor's name, address, and phone number., Ad Hoc Comments: NA | 10/13/2025 |
| Child #4 preadmission form has incomplete addresses., Ad Hoc Comments: NA | 10/13/2025 |
| Child #5 preadmission form needs full name of doctor and has incomplete addresses., Ad Hoc Comments: NA | 10/13/2025 |
| Child #6 preadmission form has incomplete addresses and needs full | 10/13/2025 |

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| name of doctor., Ad Hoc Comments: NA | |
| Child #7 preadmission form has incomplete addresses., Ad Hoc Comments: NA | 10/13/2025 |
| Child #8 preadmission form has incomplete addresses and parent must circle yes or no on the back of the form., Ad Hoc Comments: NA | 10/13/2025 |
| Child #10 preadmission form needs full name of doctor and needs to list child's food allergy on the back of the form., Ad Hoc Comments: NA | 10/13/2025 |
| Child #11 preadmission form has incomplete addresses and the parent must circle yes or no on the back of the form., Ad Hoc Comments: NA | 10/13/2025 |
| Child #14 preadmission form has incomplete addresses., Ad Hoc Comments: NA | 10/13/2025 |
| Child #15 preadmission form has incomplete addresses., Ad Hoc Comments: NA | 10/13/2025 |
| Child #17 preadmission form has incomplete addresses and the parent must list allergies on the back of the form., Ad Hoc Comments: NA | 10/13/2025 |
| Child #18 preadmission form has incomplete and missing addresses., Ad Hoc Comments: NA | 10/13/2025 |
| Child #3 does not have an immunization form on file., Ad Hoc Comments: NA | 10/13/2025 |
| Child #8 does not have an immunization form on file., Ad Hoc Comments: NA | 10/13/2025 |
| The staff that interprets does not have an application on file. , Ad Hoc Comments: NA | |
| The staff that interprets does not have three references on file. , Ad Hoc Comments: NA | |

The staff that interprets does not have a Child Abuse and Neglect form on file., Ad Hoc

Comments: NA

The staff that interprets does not have a suitability letter on file., Ad Hoc

Comments: NA

The staff that interprets does not have a photo ID on file., Ad Hoc

Comments: NA

The staff that interprets does not have 11 hours of health and safety training., Ad Hoc

Comments: NA

The staff that interprets does not have 12 hours of ongoing training., Ad Hoc

Comments: NA

The staff that interprets does not have medical form on file., Ad Hoc

Comments: NA

The staff that interprets does not have TB test on file., Ad Hoc

Comments: NA

The staff that interprets does not have written verification of standards read on file., Ad Hoc

Comments: NA

The staff that interprets does not have verification of education on file., Ad Hoc

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 October 30, 2025, 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

Leanna Towery

Signature of DHR Licensing Representative

Date

_____**10/16/2025**_____
Date

COPIES TO: director