

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: MORE ROOM TO GROW	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☒ Family ☐ University ☐ Group ☐	Date of Visit: 1/23/2026
Facility Address: 1955 WALNUT STREET, MONTGOMERY, AL 36106, Montgomery	Licensee: MORE ROOM TO GROW	Telephone #: (334) 593-5766
Ages: 0 Months to 18 Years/0 Months to 18 Years	Director (if applicable): VIRGINIA BASS	Capacity: 30 / 30 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - 0 up to 18 months 1 to 5, Inspection Form Comments: 1 staff to 6 kids	1/23/2026
Failed - Center free of apparent hazards, Inspection Form Comments: paint peeling throughout the center, broken blinds, ceiling fan dirty	1/23/2026
Failed - Medical, Staff Checklist Comments: expired	1/23/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: missing	1/23/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: missing	1/29/2026
Failed - Preadmission Form, Child Checklist Comments: wrong form	1/26/2026
Failed - Preadmission Form, Child Checklist Comments: wrong form	1/26/2026
Failed - Immunization Certificate, Child Checklist Comments: missing	1/23/2026
Failed - Preadmission Form, Child Checklist Comments: missing signatures	1/26/2026
Failed - Furniture child size, clean, good condition, Classroom Checklist / infants room Comments: broken blinds	1/23/2026
Failed - Shelving for equipment and supplies/anchored, Classroom	1/23/2026

Checklist / PreSchoolers Comments: tv not secured or anchored Failed - Shelving for equipment and supplies/anchored, Classroom 1/23/2026 Checklist / Afterschool Comments: tv not secured or anchored

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
n/a, 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

KAMILA CROWELL

02/17/2026

Signature of DHR Licensing Representative

Date

COPIES TO: _person in charge_____