

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: GROWING ROOM AUBURN	Type of Facility : Center [X] Day [X]      OST [ ] Night [ ]      Family [ ] University [ ] Group [ ]	Date of Visit: 4/10/2026
Facility Address: 644 NORTH DEAN RD, AUBURN, AL 36830, Lee	Licensee: LARK ASSOCIATES, INC.DBA GROWING ROOM	Telephone #: (334) 501-2044
Ages: 6 Weeks to 12 Years	Director (if applicable): CONSUELA GUICE	Capacity: 233      ,      NA Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b>	
On 4-10-26 in the school age classroom there was hazardous substance not under lock and key (bleach water solution)., Ad Hoc Comments: NA	4/10/2026
On 4-10-26 in the school age classroom there was missing outlet cover., Ad Hoc Comments: NA	4/10/2026
In the infant 1 classroom there two infants asleep in bouncers. , Ad Hoc Comments: NA	4/10/2026
On 4-10-26 in infant 2 classroom there was a missing outlet cover., Ad Hoc Comments: NA	4/10/2026

**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 W/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

*[Signature]*  
Signature of Facility Representative

4/10/24  
Date

SHYNECSA BLEVINS *Shynecca Blevins* 4-10-24

Signature of DHR Licensing Representative *Natalie Small* Date

COPIES TO: Director