ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: TRANSFORMATION CENTER	Type of Facility:Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 12/17/2024
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

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Child care workers/teachers/subs meet requirements for Health & Safety training, Inspection Form Comments: Missing Trainings	
Failed - Substitute staff meet qualifications of staff for whom substituting, Inspection Form Comments: Missing Health & Safety trainings	
Failed - Most recent licensing evaluation, Inspection Form Comments: Not Posted	04/15/2025
Failed - Most recent deficiency report, Inspection Form Comments: Not Posted	04/15/2025
Failed - Ongoing Training, Staff Checklist Comments: Missing documentation	
Failed - Health and Safety Training, Staff Checklist Comments: Missing 4 classes	
Failed - Health and Safety Training, Staff Checklist Comments: Missing 10 trainings	
Failed - Health and Safety Training, Staff Checklist Comments: Missing 3 trainings	
Failed - Ongoing Training, Staff Checklist Comments: Missing documentation	
Failed - Ongoing Training, Staff Checklist Comments: Missing Documentation	
Failed - Health and Safety Training, Staff Checklist Comments: Missing 3 trainings	

Failed - Preadmission Form, Child Checklist
Comments: Missing documentation
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Failed - Preadmission Form, Child Checklist
Comments: Missing documentation

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 Date

Amy Horn

______________________________ ____________________
Signature of DHR Licensing Date

Representative

COPIES TO: _____