ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: DECATUR CITY HEAD START	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 10/30/2025
Facility Address: 2014 SANDLIN ROAD SW, DECATUR, AL 35601, Morgan	Licensee: CAPNA INC.	Telephone #: (256) 350-1476
Ages: 3 Weeks to 5 Years	Director (if applicable): APRIELL BURGESS	Capacity: 108 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: incomplete	10/31/2025
Failed - Medical, Staff Checklist Comments: expired	11/5/2025
Failed - Ongoing Training, Staff Checklist Comments: observed 5 of 12 in service hours	7/31/2025
Failed - Health and Safety Training, Staff Checklist Comments: expired	10/31/2025
Failed - Preadmission Form, Child Checklist Comments: missing signature on page 2	11/5/2025

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 _____x_____, 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.

Apriell Burgess _____ 11/17/25 _____

Signature of Facility Representative Date

LEA RAE GAINES

_____ ___**11/17/25**_____

Signature of DHR Licensing Representative Date

COPIES TO: _____