ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: CAPSTONE CHILD DEV. CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 11/19/2025
Facility Address: 1509 UNIV. BLVD. EAST, TUSCALOOSA, AL, 35404, Tuscaloosa	Licensee: CAPSTONE CHILD DEV. CENTER, INC.	Telephone #: (205) 556-9041
Ages: 3 Weeks to 9 Years	Director (if applicable): SHANNON MASSEY	Capacity: 114 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Ongoing Training, Staff Checklist Comments: INCOMPLETE	12/12/2025
Failed - Health and Safety Training, Staff Checklist Comments: INCOMPLETE	12/12/2025
Failed - Ongoing Training, Staff Checklist Comments: incomplete	12/12/2025
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	12/12/2025
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Failed - Health and Safety Training, Staff Checklist Comments: incomplete	12/12/2025
Failed - Ongoing Training, Staff Checklist Comments: incomplete	12/12/2025
Failed - Health and Safety Training, Staff Checklist Comments: incomplete	12/12/2025
Failed - Immunization Certificate, Child Checklist Comments: incomplete	12/3/2025

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 _____, 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

BRANDUL PERINE

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____