

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: O2B KIDS CAPSHAW	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 12/5/2025
Facility Address: 6715 WALL TRIANA HWY, HUNTSVILLE, AL 35757, Madison	Licensee: O2B EARLY EDUCATION HOLDING, INC	Telephone #: (352) 338-9660
Ages: 6 Weeks to 12 Years	Director (if applicable): JENNIFER GRAHAM	Capacity: 180 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary SUPERVISION AT ALL TIMES, Allegation Comments: Staff written statement confirms some staff on electronics devices when supervising children. There was dawn dish washing liquid near the sink in the pre-k classroom., Ad Hoc Comments: NA There was dawn dish wasing liquid near the sin in the infant A classroom., Ad Hoc Comments: NA There was dawn dish washing liquid near the sink in the infant B classroom., Ad Hoc Comments: NA	Pending Correction 11/18/2025 11/18/2025 11/18/2025

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

LATONYA JAMES

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____