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: 5/20/2026
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): OLIVIA WALLACE	Capacity: 180 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Per written statements and video footage, on March 20, 2026, a three (3) year old child was found by a staff member in the Sophmore A classroom unsupervised for approximately six (6) minutes., Ad Hoc Comments: NA	Pending Correction
The facility failed to report to the Department within twenty-four hours, that a child was found unsupervised in a classroom., Ad Hoc Comments: NA	Pending Correction
In the preschool classroom (Junior A) a staff's purse was sitting on the table., Ad Hoc Comments: NA	5/20/2026

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 ____6/10/26_____, 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.

_____ 5.20.2026

Signature of Facility Representative Date

LATONYA JAMES

_____ **5/20/2026**

Signature of DHR Licensing Representative Date

COPIES TO: ___Olivia Wallace_____