

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: WESTMINSTER HEAD START	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/9/2026
Facility Address: 1520 RICKWOOD ROAD, FLORENCE, AL 35630, Lauderdale	Licensee: CAPNA, INC.	Telephone #: (256) 606-8078
Ages: 3 Years to 5 Years	Director (if applicable): CRYSTAL BECKLOFF	Capacity: 92 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: On Sept. 9, 2026, some staff is not in Alabama Pathways.	9/14/2026
Failed - Health and Safety Training, Staff Checklist Comments: On Sept. 9, 2026, staff's file is missing number ten health & safety training.	9/11/2026
Failed - Preadmission Form, Child Checklist Comments: On Sept. 9, 2026, need parent signature on second page.	9/23/2026

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 N/A , 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.

Crystal J Beckloff

Signature of Facility Representative

9.14.2026

Date

LATONYA JAMES

Signature of DHR Licensing Representative

9/14/2026

Date

COPIES TO: _Crystal Beckloff_____