

**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: 9/25/2026
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

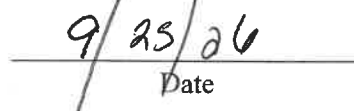
<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	<u>Date Corrected by Licensee</u>
Deficiency Summary	
No deficiencies cited this visit.	
Per multiple staff statements, on April 10, 2026 a four (4) year old child was left in the classroom unsupervised for approximately 3-4 minutes., Ad Hoc Comments: NA	9/1/2026
Per multiple staff statements, on May 15, 2026 a four (4) year old child was left in the classroom unsupervised for approximately 2 minutes., Ad Hoc Comments: NA	9/1/2026

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 _____, 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

LEA RAE GAINES

9/25/26

***Signature of DHR Licensing
Representative***

Date

COPIES TO: _____