

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: O2B KIDS MADISON	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 7/22/2025
Facility Address: 11676 COUNTY LINE ROAD, MADISON, AL, 35756, Madison	Licensee: O2B EARLY EDUCATION HOLDING, INC.	Telephone #: (256) 635-2722
Ages: 6 Weeks to 12 Years	Director (if applicable): Meosha Williams	Capacity: 156 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Failed - Hazardous substances locked, Classroom Checklist / Freshman A Comments: cleaning products in a cabinet secured with a latch.	7/22/2025
Failed - Hazardous substances locked, Classroom Checklist / Senior A Comments: Cleaning products not under lock and key.	7/22/2025
Per staff written statements confirmed, on June 13, 2025, a four-year-old child was found in the senior B (pre-k) classroom asleep unsupervised for approximately twenty minutes. The health, welfare and safety of the child was at risk., Ad Hoc Comments: NA	Pending Correction

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.

Meosha Williams

Signature of Facility Representative

LaTonya James

Signature of DHR Licensing Representative

Date

Date

COPIES TO: _____