

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDSVILLE LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 11/18/2025
Facility Address: 235 RICE MINE RD NE, TUSCALOOSA, AL 35406, Tuscaloosa	Licensee: SHARON CADDELL (TOT WORLD INC.)	Telephone #: (205) 758-0920
Ages: 3 Weeks to 12 Years	Director (if applicable): SHARON CADDELL	Capacity: 109 NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Hazardous substances under lock and key or combination lock, Inspection Form Comments: Disinfectant spray in restroom in 3 year old classroom (near kitchen). Corrected 11/18/25.	11/18/2025
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: Border around playground is loose/ not connected. Balance beam is wobbly/ unsecure. Large rock at the bottom of curved slide. Broken kitchen set accessible to children.	11/18/2025
Failed - Infants not seated for more than 15 minutes, Inspection Form Comments: Infants who were not asleep were in bouncers for more than 15 minutes.	11/18/2025
Failed - Required ratios maintained at all times, Inspection Form Comments: Incorrect suitability for Pre K1 teacher.	11/18/2025
Failed - 4 years up to school age 1 to 18, Inspection Form Comments: Staff has incorrect suitability.	11/18/2025
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: incorrect	12/3/2025
Failed - Preadmission Form, Child Checklist Comments: incomplete	11/19/2025
Failed - Preadmission Form, Child Checklist Comments: incomplete	11/19/2025

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

BRANDUL PERINE

12/5/2025

Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____