

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: THE LEARNING TREASURE PRESCHOOL	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 11/25/2025
Facility Address: 604 FIRST STREET, LANETT, AL, 36863, Chambers	Licensee: KRISTINA J. STORY	Telephone #: (334) 644-5125
Ages: 6 Weeks to 14 Years	Director (if applicable): KRISTINA STORY	Capacity: 34 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	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: Some staff not enrolled in the Alabama Pathway's Professional Development Registry	Pending Correction
Failed - Lockdown, Inspection Form Comments: Evidence of lockdown drill not available	Pending Correction
Failed - Relocation, Inspection Form Comments: Evidence of relocation drills not available	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: CAN form is expired	Pending Correction
Failed - Medical, Staff Checklist Comments: wrong form	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing 4 hours of ongoing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing 14 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing #7	Pending Correction
5 children files not in the Arise system, Ad Hoc	11/25/2025

Comments: NA

In the infant classroom (six weeks - 18 months) there was 1 ripped mattress, Ad Hoc

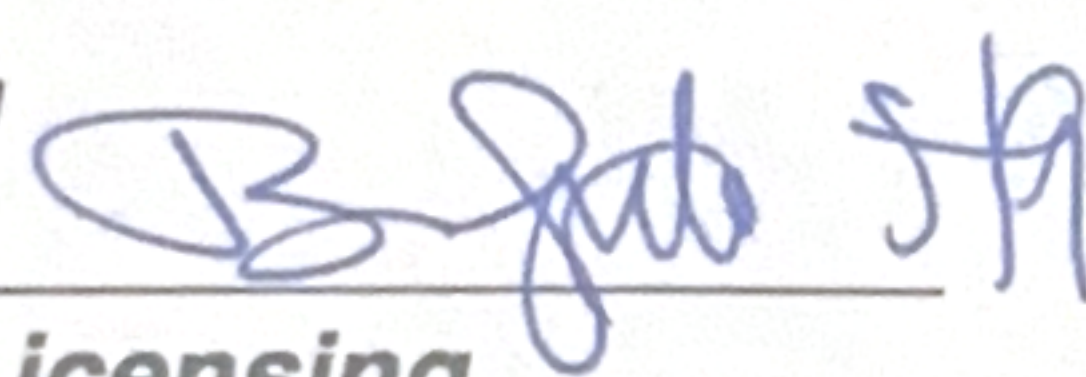
Comments: NA

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 12/12/2025, 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

BRIDGETTE SMITH


Signature of DHR Licensing Representative

11/25/25
Date

11-25-25
Date

COPIES TO:

Director