

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: TEDDY BEARS CHILD CARE	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 3/26/2026
Facility Address: 3763 DAUPHIN ISLAND PKWY., MOBILE, AL 36605, Mobile	Licensee: ARNETTA CRAIG	Telephone #: (251) 478-1441
Ages: 6 Weeks to 17 Years/6 Weeks to 17 Weeks	Director (if applicable):	Capacity: 56 / 56 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
DISCIPLINARY PRACTICES, Allegation	Pending Correction
Comments: (03/26/2026) In the Toddler Classroom, there is a spray bottle of OdoBan not under lock& key or combination lock., Ad Hoc	Pending Correction
Comments: NA Per video footage on 03/25/2026, the Department Representative observe the Toddlers & Nursery Room unsupervised for an undetermined amount of time., Ad Hoc	Pending Correction
Comments: NA Per video footage on 03/25/2026, the Department Representative observe the children's hands not washed after toileting/diaper change., Ad Hoc	Pending Correction
Comments: NA Per video footage on 03/25/2026, the Department Representative observe cleaning interfering with the supervision of the children., Ad Hoc	Pending Correction
Comments: NA Per video footage on 03/25/2026, the Department Representative observe the staff diapering a child standing on the floor., Ad Hoc	Pending Correction
Comments: NA Per video footage on 03/25/2026, the Department Representative observe the staff person not washing her hands with soap and warm running water before and immediately after diapering each child., Ad Hoc	Pending Correction

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 _____, 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.

Arnetta Craig

Signature of Facility Representative

March 27, 2026

Date

AMY HORN

Signature of DHR Licensing Representative

Date

COPIES TO: _____