

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

**SECTION A- IDENTIFYING INFORMATION**

|                                                                        |                                                                                                                   |                                                  |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Facility Name:<br>LITTLE CUBS LEARN AND PLAY<br>DEV. CTR               | Type of Facility : Center [X]<br>Day [X]      OST [ ]<br>Night [ ]      Family [ ]<br>University [ ]<br>Group [ ] | Date of Visit:<br>7/2/2026                       |
| Facility Address:<br>341 1ST STREET SW, ALABASTER,<br>AL 35007, Shelby | Licensee:<br>LITTLE CUBS LEARN AND<br>PLAY DEV. CTR                                                               | Telephone #:<br>(205) 358-8270                   |
| Ages:<br>6 Weeks to 12 Years                                           | Director (if applicable):<br>LONNIE BANKS                                                                         | Capacity:<br>37      /      NA<br>Day      Night |

**SECTION B - DEFICIENCY INFORMATION**

| <u>Performance Standard Deficiency</u><br><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>                                                                                                                                                    | Date Corrected by<br>Licensee |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>Deficiency Summary</b>                                                                                                                                                                                                                  |                               |
| 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<br>Comments: Some staff are not enrolled in Alabama Pathways. | Pending Correction            |
| Failed - Suitability Determination (Every 5 years), Staff Checklist<br>Comments: The staff does not have a suitability letter.                                                                                                             | Pending Correction            |
| Failed - Medical, Staff Checklist<br>Comments: The staff's medical form expired 12/31/2025.                                                                                                                                                | Pending Correction            |
| Failed - Health and Safety Training, Staff Checklist<br>Comments: The staff does not have 11 hours of health and safety training.                                                                                                          | 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 7/16/2026, 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.

**Lonnie Banks**

*Signature of Facility Representative*

Date

LEANNA TOWERY

*Signature of DHR Licensing Representative*

7/2/2026

Date

COPIES TO: director