

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE CUBS LEARN AND PLAY DAYCARE	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 7/17/2026
Facility Address: 1040 14TH STREET, SUITE A & B CALERA, AL 35040, Shelby	Licensee: LITTLE CUBS LEARN AND PLAY DAYCARE,LLC	Telephone #: (205) 690-8600
Ages: 6 Weeks to 12 Years	Director (if applicable): LONNIE BANKS	Capacity: 30 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
ALL DEFICIENCIES CORECTED THROUGH ARISE ON 08/10/2026.	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: On the playground, there is exposed tarp under the mulch and an electrical wire hanging off the building.	6/17/2026
Failed - Ongoing Training, Staff Checklist Comments: The director does not have 24 hours of ongoing training.	6/24/2026
Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training.	6/24/2026
Failed - Medical, Staff Checklist Comments: The staff's medical form expired 1/6/26.	7/6/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: The staff's suitability letter expired 3/24/26.	8/10/2026
Failed - Ongoing Training, Staff Checklist Comments: The director does not have 24 hours of ongoing training.	7/6/2026

Failed - Health and Safety Training, Staff Checklist

7/6/2026

Comments: The staff does not have 11 hours of health and safety training.

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 N/A , 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

08/10/2026

Date

AMY HORN

Signature of DHR Licensing Representative

08/10/2026

Date

COPIES TO: _____ DIRECTOR _____