ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE CUBS LEARN AND PLAY DEV. CTR	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 7/21/2026
Facility Address: 341 1ST STREET SW, ALABASTER, AL 35007, Shelby	Licensee: LITTLE CUBS LEARN AND PLAY DEV. CTR	Telephone #: (205) 358-8270
Ages: 6 Weeks to 12 Years	Director (if applicable): LONNIE BANKS	Capacity: 37 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary ALL DEFICIENCIES CORRECTED THROUGH ARISE ON 08/10/2026.	
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 are not enrolled in Alabama Pathways.	8/3/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: The staff does not have a suitability letter.	8/10/2026
Failed - Medical, Staff Checklist Comments: The staff's medical form expired 12/31/2025.	7/21/2026
Failed - Health and Safety Training, Staff Checklist Comments: The staff does not have 11 hours of health and safety training.	8/3/2026
7/21/26 The room 3 infant/toddler classroom had one teacher with four children 19 months-2 1/2 years, and three children 11-18 months of age., Ad Hoc Comments: NA	7/21/2026

7/21/26 The room 3 infant/toddler classroom had one child over 2 1/2 years of age with six children under 2 1/2 years of age. , Ad Hoc Comments: NA	7/21/2026
7/21/26 The room 1 preschool classroom had two children under 2 1/2 years of age with thirteen children over 2 1/2 years of age., Ad Hoc Comments: NA	7/21/2026

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.

_____ **08/10/2026**
Signature of Facility Representative Date

AMY HORN

_____ _____**08/10/2026**_____
Signature of DHR Licensing Representative Date

COPIES TO: _____DIRECTOR_____