ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
JUBILEE EARLY CHILD DEV CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	8/14/2026
Facility Address:	Licensee:	Telephone #:
8930 SPANISH FORT BLVD, SPANISH FORT, AL 36527, Baldwin	JUBILEE EARLY CHILD DEV CENTER L.L.C.	(251) 625-1234 - 2
Ages:	Director (if applicable):	Capacity:
6 Weeks to 10 Years	HEATHER BANKESTER	94 / 30 Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Outdoor play area free of apparent hazardous conditions:, Inspection Form Comments: Wooden board barrier has split boards and holes causing tripping hazard for the children.	Pending Correction
Failed - Most recent licensing evaluation, Inspection Form Comments: Missing documentation	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing 1,2,3,4,5,6,7,8, & 10	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: Missing 1,3,4,5,6,7,8,9,10,11	Pending Correction
Failed - Application, Staff Checklist Comments: Page 3	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: Missing Documentation	Pending Correction
Failed - Application, Staff Checklist Comments: Page 3	Pending Correction
Failed - Verification of Education, Staff Checklist Comments: Missing Documentation	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Incomplete	Pending Correction
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Failed - Preadmission Form, Child Checklist Comments: Incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Incomplete	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Incomplete	Pending Correction
Failed - *Easel, Classroom Checklist / K4 Comments: Missing	Pending Correction
Failed - *Large non-toxic crayons/watercolor markers, Classroom Checklist / K4 Comments: Missing large crayons	Pending Correction
Failed - *Rhythm instruments – 1 per child in group, Classroom Checklist / K4 Comments: Missing	Pending Correction
Failed - *Measuring and pouring equipment, Classroom Checklist / K4 Comments: Missing	Pending Correction
Failed - *Large non-toxic crayons/markers, Classroom Checklist / One's B Comments: Missing large crayons	Pending Correction
Failed - *Measuring and pouring equipment, Classroom Checklist / Pre K 3 Comments: Missing	Pending Correction
Failed - *Easel, Classroom Checklist / Three A's Comments: Missing	Pending Correction
Failed - *Large non-toxic crayons/watercolor markers, Classroom Checklist / Three A's Comments: large crayons	Pending Correction
Failed - *Dress-up clothes for boys and girls, Classroom Checklist / Three A's Comments: Missing	Pending Correction
Failed - *Storage for dress-up clothes, Classroom Checklist / Three A's Comments: Missing	Pending Correction
Failed - *Measuring and pouring equipment, Classroom Checklist / Three A's	Pending Correction

Comments: Missing

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.

_____ 8/18/24

Signature of Facility Representative Date

LaDanika York

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____