ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LITTLE PALS, INC	Type of Facility : Center [ ] Day [X] OST [ ] Night [ ] Family [ ] University [Group [X]	Date of Visit: 06/12/2025
Facility Address: 705 SHELBY FOREST TRAIL, CHELSEA, AL, 35043, St. Clair	Licensee: BARBARA GASS	Telephone #: (205) 612-0393
Ages: 0 Weeks to 5 Years	Director (if applicable):	Capacity: 12 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary Failed - Medical, Staff Checklist Comments: expired 3/19/25	06/26/2025

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 NA____, 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.

Barbara Gass — 8-8-2025

Signature of Facility Representative — Date

sonya long — **6/26/2025**

Signature of DHR Licensing Representative — Date

COPIES TO: ___licensee_____