

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: PAMELA J. THOMAS	Type of Facility : Center [ ] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [X]	Date of Visit: 6/11/2026
Facility Address: 1113 HARNORA ROAD, DAPHNE, AL 36526, Baldwin	Licensee: PAMELA THOMAS	Telephone #: (251) 621-1373
Ages: 6 Weeks to 5 Years	Director (if applicable):	Capacity: 12       /    NA Day       Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	4/2/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Expired	4/2/2026

**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.

Pamela Thomas  
Signature of Facility Representative

06/11/26

\_\_\_\_\_  
Date

OLIVA JACKSON

06/11/26

\_\_\_\_\_  
Signature of DHR Licensing Representative

\_\_\_\_\_  
Date

COPIES TO: ARISE

RECEIVED VIA  
EMAIL  
ay 7/7/26