

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

SECTION A- IDENTIFYING INFORMATION

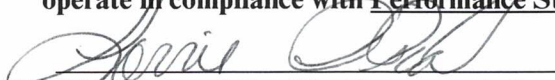
Facility Name: CHASE LEARNING CENTER & DAYCARE, INC.	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 7/29/2026
Facility Address: 330 CANYON PARK DRIVE, PELHAM, AL 35124, Shelby	Licensee: CHASE LEARNING CENTER & DAYCARE, INC.	Telephone #: (205) 620-1616
Ages: 6 Weeks to 12 Years	Director (if applicable): LORRIE P'POOL	Capacity: 146 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary ALL DEFICIENCIES CORRECTED THROUGH ARISE ON 08/03/2026. Failed - By August 1, 2022, director/all teachers/substitutes/all 8/3/2026 service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some of the facility staff are not registered in Alabama Pathways Registry. Failed - Suitability Determination (Every 5 years), Staff Checklist 8/3/2026 Comments: Expired	

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
 AMY HORN

8/03/2026
 Date

**Signature of DHR Licensing
Representative**

8/03/2026
 Date

COPIES TO: _____