

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: ALABAMA STEM EDUCATION	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 07/01/2025
Facility Address: 417 FOURTH STREET NORTH, BESSEMER, AL 35020, Jefferson	Licensee: ALABAMA STEM EDUCATION	Telephone #: (205) 436-2107
Ages: 12 MONTHS to 10 YEARS	Director (if applicable): JUANITA GRAHAM	Capacity: 30 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

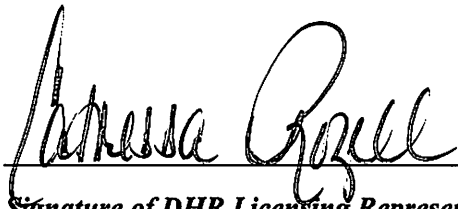
Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary There are no deficiencies that were noted or observed on today's visit. All 07/01/2025 Health and Safety met as of 7/1/25., Ad Hoc Comments: NA	

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.

Maggie Beckia
Signature of Facility Representative

7-1-25
Date

A handwritten signature in black ink, appearing to read "Amanda Gzell", written over a horizontal line.

Signature of DHR Licensing Representative

7/1/25

Date

COPIES TO: _____