

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: "BEE" SMART TUTORIAL & CDC	Type of Facility : Center ☒ Day ☒ OST ☐ Night ☒ Family ☐ University ☐ Group ☐	Date of Visit: 1/27/2026
Facility Address: 1625 LAKE STREET, MONTGOMERY, AL 36106, Montgomery	Licensee: PATRICIA V. DEAN	Telephone #: (334) 356-9201
Ages: 6 Weeks to 13 Years/6 Weeks to 13 Years	Director (if applicable): PATRICIA DEAN	Capacity: 72 / 60 Day Night

SECTION B - DEFICIENCY INFORMATION

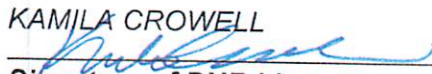
<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary There are no deficiencies observed on today's visit.	

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

1/27/2026
Date

KAMILA CROWELL

Signature of DHR Licensing Representative

1/27/26
Date

COPIES TO: director