ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: AL STEM ED EARLY CHILDHOOD LEARNING CTR	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 2/11/2026
Facility Address: 2500-35TH AVENUE NORTH, BIRMINGHAM, AL 35207, Jefferson	Licensee: ALABAMA STEM EDUCATION, INC.	Telephone #: (205) 436-2107
Ages: 6WEEKS Year16YEARS	Director (if applicable): JUANITA GRAHAM	Capacity: 60 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Staff suitability letter is incomplete.	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Staff can is incomplete.	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Staff CA/N is incomplete.	Pending Correction
The staff files are incomplete., Ad Hoc Comments: NA	Pending Correction

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 _____2/25/26_____, 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.

___MaggieHawkins_____ _____02/11/2026_____
_____

Signature of Facility Representative Date

CATRESSA ROZELL

_____ _____**2/1626**_____

Signature of DHR Licensing Representative Date

COPIES TO: _____