ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: STEPPING STONES LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 3/5/2026
Facility Address: 12815 MEMORIAL PARKWAY S, HUNTSVILLE, AL 35803, Madison	Licensee: STEPPING STONES LEARNING CENTER LLC	Telephone #: (256) 880-5959
Ages: 6 Weeks to 16 Years	Director (if applicable): REAGAN GRACE BROWN	Capacity: 127 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: Missing physician signature at the bottom.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Pre-admission form is missing information on pages one (1) and two (2) as of 3/5/26.	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 _____3/19/26_____, 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.

Reagan Grace Bown

_____ _____

Signature of Facility Representative Date

AJOIA MCGHEE **3/5/26**

_____ _____

Signature of DHR Licensing Representative Date

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