ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
AL STEM ED EARLY CHILDHOOD LEARNING CTR	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	7/22/2026
Facility Address: 2500-35TH AVENUE NORTH, BIRMINGHAM, AL 35207, Jefferson	Licensee: ALABAMA STEM EDUCATION, INC.	Telephone #: (205) 436-2107
Ages: 6 Weeks to 16 Years	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	
On 7/22/2026, a DHR representative witnessed two (2) schoolaged children napping in a room unsupervised (adjacent to prek room)., Ad Hoc Comments: NA	7/22/2026
On 7/22/2026, a DHR representative witnessed a schoolaged child walk into the office unsupervised., Ad Hoc Comments: NA	7/22/2026
On 7/22/2026, a DHR representative witnessed eight (8) schoolaged children unsupervised in a classroom for staff to open the front door for DHR., Ad Hoc Comments: NA	7/22/2026
On 7/22/2026, a DHR representative witnessed three (3) infants under 18 months and four (4) toddlers between 18-24 months supervised by one staff person in the infant room (out of ratio)., Ad Hoc Comments: NA	7/22/2026
On 7/22/2026, a DHR representative witnessed an infant under 12 months sleeping in a swing., Ad Hoc Comments: NA	7/22/2026
On 7/22/2026, a DHR representative witnessed an infant under 12 months sleeping with a blanket., Ad Hoc Comments: NA	7/22/2026
On 7/22/2026 a DHR representative witnessed nine (9) children present who were not signed in., Ad Hoc	Pending Correction

Comments: NA On 7/22/2026, a DHR representative witnessed hand sanitizer and cleaner with bleach in the office on the filing cabinet (not locked with key/combination lock)., Ad Hoc Comments: NA	7/22/2026

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 _____, 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 Date

SONYA LONG

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____