

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: WETUMPKA PRESCHOOL & CDC	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]           Family [ ] University [ ] Group [ ]	Date of Visit: 11/18/2025
Facility Address: 502 NORTH BRIDGE STREET, WETUMPKA, AL, 36092, Elmore	Licensee: GATEWAY INC.	Telephone #: (334) 567-4689
Ages: 6 Weeks to 12 Years	Director (if applicable): DEBORAH JOHNSON	Capacity: 76            /    NA Day            Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by Licensee</b>
<b>Deficiency Summary</b> An infant was sleeping in a crib with a blanket in the 6 weeks-18 month classroom., Ad Hoc Comments: NA	11/18/2025
An infant was sleeping in a swing in the 6 week-18 month classroom., Ad Hoc Comments: NA	11/18/2025

**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 NA, 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.**

Cecelia Hatcher  
**Signature of Facility Representative**

JESSICA VICE

11/18/25  
Date

11/18/25

***Signature of DHR Licensing  
Representative***

Date

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