

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: PATHWAYS CHILD DEVELOPMENT CENTER	Type of Facility : Center [X] Day [X]            OST [ ] Night [ ]        Family [ ] University [ ] Group [ ]	Date of Visit: 12/5/2025
Facility Address: 3740 Ceasarville Rd., Wetumpka, AL 36092, Elmore	Licensee: PATHWAYS CHILD DEVELOPMENT CENTER	Telephone #: (334) 319-2351
Ages: 6 Weeks to 12 Years	Director (if applicable): STACI SAYERS	Capacity: 74        /        NA Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b><i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i></b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
An infant was sleeping in a seat in the 6 weeks to 18-month classroom., Ad Hoc Comments: NA	12/8/2025
An infant was sitting in a swing un-buckled in the 6 weeks to 18 month classroom., Ad Hoc Comments: NA	12/8/2025
A staff purse was not under lock and key in the 6 weeks-18 month classroom., Ad Hoc Comments: NA	12/8/2025
A hot glue gun was not under lock and key in the 2 1/2 and up classroom., Ad Hoc Comments: NA	12/8/2025

**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 \_\_\_\_\_, 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.**

Haileigh Estes

12/8/2025

\_\_\_\_\_  
***Signature of Facility Representative***

\_\_\_\_\_  
Date

JESSICA VICE

12/8/25

\_\_\_\_\_  
***Signature of DHR Licensing Representative***

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_ Center \_\_\_\_\_