ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: WEE-CARE PRESCHOOL	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 10/9/2026
Facility Address: 507 N. HOOK ST, TUSCUMBIA, AL 35674, Colbert	Licensee: UNITED CEREBRAL PALSY OF NW ALABAMA	Telephone #: (256) 381-4310
Ages: 6 Months to 5 Years	Director (if applicable): BECKY PORTER	Capacity: 49 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Interstate CA/N if applicable (within 5 years), Staff Checklist Comments: not observed in file	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: expired	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 __10/23/26_____, 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.

Alison Isbell
Signature of Facility Representative

10/14/26
Date

LEA RAE GAINES

10/9/*26

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: _____