

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: SMALL WONDERS LEARNING CENTER	Type of Facility: Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 05/27/2025
Facility Address: 300 W. F. BURNS DRIVE, VALLEY, AL 36854, Chambers	Licensee: SMALL WONDERS LEARNING CENTER INC	Telephone #: (334) 756-7171
Ages: 6 Weeks to 12 Years	Director (if applicable): ANITA MOORE	Capacity: 122 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: Some staff not registered in Alabama Pathways Failed - All children supervised at all times, Inspection Form Comments: The four year old classroom was briefly unsupervised as the teacher went to the kitchen and returned Failed - Hazardous substances locked, Classroom Checklist / Older Infant 05/27/2025 Comments: Gallon sized hand soap that states "keep out the reach of children" not under lock and key	

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.

Anita Moore

Signature of Facility Representative

bridgette smith

**Signature of DHR Licensing
Representative**

5-27-25

Date

Date

COPIES TO: _____