

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

SECTION A- IDENTIFYING INFORMATION

| | | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Facility Name: SMALL WONDERS CHILD CARE & LRN CTR 2 | Type of Facility : Center [X] Day [X] ' OST [] Night [] Family [] University [] Group [] | Date of Visit: 4/15/2026 |
| Facility Address: 14101 S. WINTZELL AVENUE, BAYOU LA BATRE, AL 36509, Mobile | Licensee: S.W.C.C.,INC. | Telephone #: (251) 824-9596 |
| Ages: 6 Weeks to 14 Years | Director (if applicable): CANDY POVILONIS | Capacity: 44 / NA Day Night |


SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY* | Date Corrected by Licensee |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Deficiency Summary | |
| Failed - Verification of Education, Staff Checklist Comments: A staff member is missing Verification of Education on file in the center. | Pending Correction |
| Failed - Ongoing Training, Staff Checklist Comments: A staff member is missing Ongoing training on file in the center. | Pending Correction |
| Failed - Ongoing Training, Staff Checklist Comments: A staff member is missing Ongoing training on file in the center. | Pending Correction |
| Failed - Ongoing Training, Staff Checklist Comments: A staff member is missing Ongoing training on file in the center. | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist Comments: A staff member is missing Health and Safety training on file in the center. | Pending Correction |
| Failed - TB Test Date and Results, Staff Checklist Comments: A staff member is missing a TB test on file in the center. | Pending Correction |
| Failed - Ongoing Training, Staff Checklist Comments: A staff member is missing Health and Safety training on file in the center. | Pending Correction |
| Failed - Health and Safety Training, Staff Checklist Comments: A staff member is missing Ongoing training on file in | Pending Correction |

the center.

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 04/29/2026, 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

LESLIE WILLIAMS

4/15/26

Date

04/15/2026

Signature of DHR Licensing Representative

Date

COPIES TO: Cody Povilonis