

**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: 5/7/2026
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.	4/29/2026
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.	4/29/2026
Failed - TB Test Date and Results, Staff Checklist Comments: A staff member is missing a TB test on file in the center.	4/29/2026
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	4/29/2026

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 05/21/2026, 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

5/7/26

Date

05/07/2026

Signature of DHR Licensing Representative

Date

COPIES TO: Cody Povilonis