ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X] Day [X] Night [X] OST [ ] Family [ ] University [ ] Group [ ]	Date of Visit:
MILES OF SMILES CHILDCARE LLC		12/23/2025
Facility Address:	**Licensee:**	**Telephone #:**
5528 WARES FERRY ROAD, MONTGOMERY, AL 36117, Montgomery	MILES OF SMILES CHILDCARE LLC	(334) 593-1751
Ages:	**Director (if applicable):**	**Capacity:**
6 Weeks to 12 Years/6 Weeks to 12 Weeks	DIANCA WRIGHT	42 Day , 42 Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary There no deficiencies observed on today's visit.	

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 n/a, 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.

Dianca Wright — 12-23-25
Signature of Facility Representative — Date

KAMILA CROWELL — 12-23-25

Signature of DHR Licensing Representative Date

COPIES TO: director - Dianca Wright