

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: MILES OF SMILES LEARNING CENTER LLC	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 2/10/2026
Facility Address: 6933 Atlanta Highway, Montgomery, AL 36117, Montgomery	Licensee: DIANCA WRIGHT	Telephone #: (334) 398-8766
Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years	Director (if applicable): DIANCA WRIGHT	Capacity: 142 / 45 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
There is a nail sticking out the wall in the apple pickers classroom 18m-24m., Ad Hoc Comments: NA	2/10/2026
On the toddler playground the trike blue and red is hanging on the merry go around and not secured., Ad Hoc Comments: NA	2/10/2026
The door leading to the toddler playground from the room under the sea 2.5 yr- 4yr has broken bricks this is a tripping hazard., Ad Hoc Comments: NA	2/10/2026
The door leading to the preschool playground clear glass is not marked at child's level., Ad Hoc Comments: NA	2/10/2026

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**.

Wiah Crowell → 2/10/26
Signature of Facility Representative Date

KAMILA CROWELL 2/10/26
Signature of DHR Licensing Representative Date

COPIES TO: DIRECTOR