ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MILES OF SMILES CHILDCARE 2 LLC	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 4/30/2026
Facility Address: 5524 WARES FERRY ROAD, MONTGOMERY, AL 36117, Montgomery	Licensee: MILES OF SMILES CHILDCARE 2 LLC	Telephone #: (334) 593-1918
Ages: 2 Years to 13 Years	Director (if applicable): DIANCA WRIGHT	Capacity: 39 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	Date Corrected by Licensee
Deficiency Summary	
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Comments: the fence has a small opening on the bottom in the right corner not attached to the pole	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing 4 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: missing 12 hours	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: missing	Pending Correction

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 ___5-14-26_____, 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 _____ 4/30/2026 _____

Signature of Facility Representative Date

KAMILA CROWELL

_____ _____**4-30-26**_____

Signature of DHR Licensing Representative Date

COPIES TO: _____director_____