

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: MILES OF SMILES CHILDCARE 2 LLC	Type of Facility: Center <input checked="" type="checkbox"/> OST <input type="checkbox"/> Day <input checked="" type="checkbox"/> Family <input type="checkbox"/> University <input type="checkbox"/> Night <input type="checkbox"/> Group <input type="checkbox"/>
Physical Address: 5524 WARES FERRY ROAD MONTGOMERY, AL 36117	Mailing Address: 5524 WARES FERRY ROAD MONTGOMERY, AL, 36117
Telephone Number: (334) 593-1918	Licensee: MILES OF SMILES CHILDCARE 2 LLC
Capacity: 39	Director: DIANCA WRIGHT
Age Range: 2 Years to 13 Years	Date Prepared: 4/30/2026

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency, the plan of action, and the target date for each item:

Deficiency Plan of Correction	Date to be completed
Failed - Ongoing Training, Staff Checklist Plan of Action - Return to work on	5/21/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - return to work	5/21/2026
Failed - Ongoing Training, Staff Checklist Plan of Action - Corrected	4/30/2026
Failed - Health and Safety Training, Staff Checklist Plan of Action - corrected	4/30/2026
Failed - Outdoor play area and equipment are free of apparent hazardous conditions, Inspection Form Plan of Action - Guy coming to repair fence	5/21/2026