

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: MINI MIRACLES CHILDCARE CENTER	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 7/10/2026
Facility Address: 2650 LOWER WETUMPKA RD, MONTGOMERY, AL 36110, Montgomery	Licensee: MINI MIRACLES CHILDCARE CENTER,LLC	Telephone #: (334) 593-0808
Ages: 6 Weeks to 15 Years/6 Weeks to 15 Years	Director (if applicable): JAWANNA EVANS	Capacity: 42 / 38 Day Night

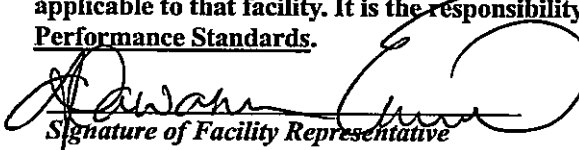
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
TOILETING/CHILD'S NEEDS, Allegation Comments: The facility had toilets removed for repairs to the center. The children are using potty chairs.	Pending Correction
RATIOS MAINTAINED, Allegation Comments: There were infant and toddler classrooms were out of ratio during the visit.	Pending Correction
Toddler room 1 is out of ratio. (14 children/1 staff) 7/10/26, Ad Hoc Comments: NA	Pending Correction
Toddler Room 1 is over capacity. 7/10/26, Ad Hoc Comments: NA	Pending Correction
Bottles not labeled in infant room. 7/10/26, Ad Hoc Comments: NA	Pending Correction
Infant room is over capacity. 7/10/26., Ad Hoc Comments: NA	Pending Correction

Infant room is out of ratio. (11 infants/2 staff) 7/10/26, Ad Hoc Comments: NA	Pending Correction
DHR not notified of construction being done in the facility. 7/10/26, Ad Hoc Comments: NA	Pending Correction
Tables stacked on top of each other posing as a fall hazard in toddler room 1. , Ad Hoc Comments: NA	Pending Correction
Potty chairs not cleaned and disinfected after each use. 7/10/26, Ad Hoc Comments: NA	Pending Correction
Indoor thermometer missing in Toddler 2 room. 7/10/26, Ad Hoc Comments: NA	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 7/24/26, 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.


Signature of Facility Representative

ARIANN CHARITY

7/10/26
Date

7/10/26

Signature of DHR Licensing Representative

Date

COPIES TO: _____