

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: SMILING FACES DEVELOPMENTAL ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 9/3/2026
Facility Address: 5783 Carmichael Parkway, Montgomery, AL 36117, Montgomery	Licensee: SMILING FACES DEVELOPMENTAL ACADEMY	Telephone #: (334) 531-5526
Ages: 6 Weeks to 12 Years	Director (if applicable):	Capacity: 30 / NA Day Night

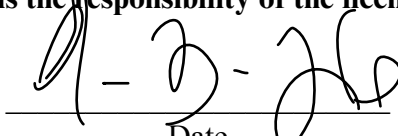
SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary Failed - By August 1, 2022, director/all teachers/substitutes/all service staff must be enrolled in the Alabama Pathway's Professional Development Registry, Inspection Form Comments: All staff not listed in Alabama Pathways. Failed - Shade and sun areas provided, Inspection Form Comments: No shade on the playground.	Pending Correction 9/3/2026

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 09/16/2026, 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


Date

JESSICA VICE

**Signature of DHR Licensing
Representative**

09/03/2026

Date

COPIES TO: ____ Center _____