

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: HAPPY CAMPERS CHRISTIAN DAYCARE	Type of Facility : Center [] Day [X] OST [] Night [X] Family [] University [] Group [X]	Date of Visit: 9/9/2025
Facility Address: 3632 MARYMONT DRIVE, HUNTSVILLE, AL 35810, Madison	Licensee: LARANDERIA MCCLENDON	Telephone #: (256) 746-0451
Ages: 7 Days to 12 Years/7 Days to 12 Years	Director (if applicable): N/A	Capacity: 12 / 12 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Substitutes/caregivers informed of responsibilities in case of an emergency, Inspection Form Comments: one staff not informed	Pending Correction
Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: some of the staff's required documents not uploaded to Pathways	Pending Correction
Failed - Record for licensee/household member, Inspection Form Comments: staff record in-complete	Pending Correction
Failed - Records for caregivers/substitutes, Inspection Form Comments: staff records in-complete	Pending Correction
Failed - Children's records complete, Inspection Form Comments: signatures not complete	Pending Correction
Failed - Complete record for assistant caregiver, Inspection Form Comments: staff record in-complete	Pending Correction
Failed - Written verification of Emergency Procedures, Staff Checklist Comments: no record	Pending Correction
Failed - References, Staff Checklist Comments: no record	Pending Correction

Failed - References, Staff Checklist Comments: no record	9/9/2025
Failed - References, Staff Checklist Comments: no record	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Signatures are 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 09/23/2025, 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.

LaRanderia McClendon
Signature of Facility Representative

09092025
Date

Signature of DHR Licensing Representative

Date

COPIES TO: LaRanderia McClendon.