

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: HAPPY HAVEN DAYCARE L.L.C	Type of Facility : Center [] Day [X] OST [] Night [] Family [] University [] Group [X]	Date of Visit: 9/18/2025
Facility Address: 504 S. HAWKINS AVE, LUVERNE, AL 36049, Crenshaw	Licensee: ANGELA STRICKLAND	Telephone #: (334) 429-0934
Ages: 6 Weeks to 5 Years	Director (if applicable):	Capacity: 12 / NA 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 - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: None of the facility staff are enrolled in Alabama Pathways.	Pending Correction
Failed - Dangerous substances locked, Inspection Form Comments: In the Children's restroom, there is a bottle of antibacterial soap not under lock & key or combination lock.	Pending Correction
Failed - Certificate of rabies vaccination, Inspection Form Comments: Expired	Pending Correction
Failed - Tools and machinery inaccessible to children, Inspection Form Comments: Tools are accessible to the children in care	Pending Correction
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: Missing Documentation	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: Wrong Letter	Pending Correction

Failed - Written Verification of Standards Read, Staff Checklist
Comments: Missing Documentation

Pending Correction

Failed - Preadmission Form, Child Checklist
Comments: Missing Documentation

Pending Correction

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Comments: Missing Documentation

Pending Correction

Failed - Preadmission Form, Child Checklist
Comments: Missing Documentation

Pending Correction

Failed - Immunization Certificate, Child Checklist
Comments: Expired

Pending Correction

Failed - Preadmission Form, Child Checklist
Comments: Missing Documentation

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Failed - Immunization Certificate, Child Checklist
Comments: Missing Documentation

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 _____, 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

Amy Horn

Signature of DHR Licensing Representative

Date

COPIES TO: _____

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