

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

SECTION A- IDENTIFYING INFORMATION

| | | |
|---|---|--|
| Facility Name: HAPPY TOTS | Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group [] | Date of Visit: 8/28/2025 |
| Facility Address: 421 AZALEA WAY, BIRMINGHAM, AL 35215, Jefferson | Licensee: LAQUITA WALKER | Telephone #: (205) 520-9814 |
| Ages: 2 Weeks to 12 Years/2 Weeks to 12 Years | Director (if applicable): LAQUITA WALKER | Capacity: 61 / NA Day Night |

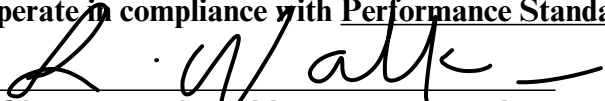
SECTION B - DEFICIENCY INFORMATION

| <u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i> | Date Corrected by Licensee |
|---|---------------------------------------|
| Deficiency Summary | |
| During this visit, provider changed the ages in the classrooms to meet the Fall enrollment. Provider changed the Infant Classroom to Infant/ Toddler Classroom (6wks-2 1/2). Provider changed the Toddlers Classroom to Preschool I (2 1/2-4). | |
| Failed - Transportation checklists, Inspection Form Comments: Not present at the center | 8/15/2025 |
| Failed - Vehicle safety check, Inspection Form Comments: Not present at the center | 8/20/2025 |
| 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: None of the facility staff are enrolled in Alabama Pathway's Registry. | 9/15/2025 |
| Failed - Two staff with infant-child CPR and first aid present during all hours of operation, Inspection Form Comments: Missing updated CPR/First Aid Certificates | 8/15/2025 |
| Failed - Written Verification of Standards Read, Staff Checklist Comments: Missing from the file | 8/14/2025 |
| Preschool Classroom (2 1/2-4) is missing a stove/sink set, dress up clothes, and a full-length mirror. , Ad Hoc Comments: NA | 10/6/2025 |

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

10/07/2025

Date

Shundr Nevels

Signature of DHR Licensing Representative

Date

COPIES TO: _____