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: 5/29/2026
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

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
There were no deficiencies observed or noted during today's visit.	
Failed - Vehicle safety check done annually, signed by certified mechanic, dated, and filed in center, Inspection Form Comments: On 5/7/26, the vehicle safety check had not been completed.	5/26/2026
Failed - Each child signed in and signed out with a written signature or bio-metric ID, Inspection Form Comments: On 5/7/26, there were nineteen (19) children present with only seventeen (17) children signed in.	5/29/2026
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: On 5/7/26, all staff were not enrolled in Alabama Pathways.	6/12/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: On 5/7/26, the staff person's CA/N was expired.	6/15/2026
Failed - CA/N Clearance Form (Every Five Years), Staff Checklist Comments: On 5/7/26, the staff person's CA/N was expired.	5/29/2026

Failed - Immunization Certificate, Child Checklist Comments: On 5/7/26, the child's immunization certificate was missing.	6/11/2026
Failed - Preadmission Form, Child Checklist Comments: On 5/7/26, the child's preadmission form was incomplete.	5/18/2026
Failed - Preadmission Form, Child Checklist Comments: On 5/7/26, the child's preadmission form was incomplete.	5/21/2026
Failed - Preadmission Form, Child Checklist Comments: On 5/7/26, the child's preadmission form was incomplete.	5/26/2026
Failed - Immunization Certificate, Child Checklist Comments: On 5/7/26, the child's immunization certificate was expired.	5/26/2026
Failed - Immunization Certificate, Child Checklist Comments: On 5/7/26, the child's immunization certificate was expired.	5/26/2026
Failed - Preadmission Form, Child Checklist Comments: On 5/7/26, the child's preadmission form was incomplete.	5/18/2026
Failed - Immunization Certificate, Child Checklist Comments: On 5/7/26, the child's immunization certificate was expired.	5/18/2026
Failed - Immunization Certificate, Child Checklist Comments: On 5/7/26, the child's immunization certificate was missing.	5/26/2026
Failed - Immunization Certificate, Child Checklist Comments: On 5/7/26, the child's immunization certificate was missing.	6/3/2026
Failed - Immunization Certificate, Child Checklist Comments: On 5/7/26, the child's immunization was missing.	5/18/2026
Failed - Preadmission Form, Child Checklist Comments: On 5/7/26, the child's preadmission form was incomplete.	5/18/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / Infant Comments: On 5/7/26, the indoor thermometer was missing.	5/29/2026
Failed - Indoor thermometer (child safe), Classroom Checklist / Preschool I Comments: On 5/7/26, the indoor thermometer was missing.	5/29/2026

Failed - Hazardous substances locked, Classroom Checklist / Preschool I Comments: On 5/7/26, disinfectant spray, cleaning wipes, and rubbing alcohol were accessible to the children, not under lock and key.	5/7/2026
Failed - Labeled storage space at child level, Classroom Checklist / Preschool II Comments: On 5/7/26, the children's storage space was not labeled.	5/29/2026
Failed - Hazardous substances locked, Classroom Checklist / Preschool II Comments: On 5/7/26, a staff person's purse was not under lock and key.	5/7/2026

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 _____n/a_____, 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.

_____ 06/18/2026

Signature of Facility Representative Date

AJOIA MCGHEE **6/17/26**

_____ _____

Signature of DHR Licensing Representative Date

COPIES TO: ___Center_____