ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS
DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name:	Type of Facility : Center [X]	Date of Visit:
HAPPY STARS LEARNING CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	7/1/2026

Facility Address:	Licensee:	Telephone #:
31 EAST HANNON STREET, MONTGOMERY, AL 36104, Montgomery	HAPPY STARS LEARNING CENTER	(334) 356-0641
Ages:	**Director (if applicable):**	**Capacity:**
6 Weeks to 5 Years	DENESIA STRICKLAND	21 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency	Date Corrected by Licensee
HAZARDS MUST BE CORRECTED IMMEDIATELY*	

Deficiency Summary

Failed - Medical, Staff Checklist 7/3/2026
Comments: expired

Ds 7-3-2026

Failed - Medical, Staff Checklist 7/3/2026
Comments: expired

Ds 7-3-2026

Failed - Suitability Determination (Every 5 years), Staff Checklist 7/3/2026
Comments: missing

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 Ds_____, 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.

Denesia Strickland _____ 7-3-2026 _____

Signature of Facility Representative Date

KAMILA CROWELL

_____ _____**7-8-2026**_____

Signature of DHR Licensing Representative Date

COPIES TO: _____director_____