

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

SECTION A- IDENTIFYING INFORMATION

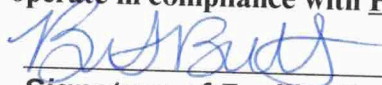
Facility Name: LOVE AND JOY LEARNING CENTER	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 06/25/2025
Facility Address: 1913 OLD MOULTON ROAD, DECATUR, AL 35601, Morgan	Licensee: DEMARLA LASHA ELLIOTT	Telephone #: (256) 580-5881
Ages: 3 Weeks to 3 Years	Director (if applicable): DEMARLA ELLIOTT	Capacity: 0 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
All performance standards have been met at this time.	

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

Brandul Perine

Signature of DHR Licensing Representative

Date

COPIES TO: _____

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

DHR-DFC-1926

SECTION A - IDENTIFYING INFORMATION

Facility Name: <u>Love & Joy Learning Center</u>	Type of Facility: Family <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/>	Group <input type="checkbox"/> Center <input checked="" type="checkbox"/> S.A.P. <input type="checkbox"/>	Date of Visit: <u>11/22/24</u> month day year
Facility Address: <u>1913 Old Moulton Rd Decatur, AL 35601</u>	Licensee: <u>DeMarka LaShay Elliott</u>	Telephone #: <u>(256) 580-5881</u>	Capacity: <u>28</u> / <u>X</u> day / night
Ages: <u>1</u> to <u>2</u> yrs <input checked="" type="checkbox"/> to <u>X</u> day night	Director (if applicable): <u>DeMarka Elliott</u>		

SECTION B - DEFICIENCY INFORMATION

Column 1	Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY*	Column 2 Date Corrected by Licensee
1)	The center did not inform the Department of the alterations to the building.	BB 11/22/24
2)	Observed an infant asleep in a bouncer in the crib.	BB 11/22/24
3)	Observed an infant asleep	

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 11/26/24, 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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative B. Buttleman Date 11/22/24

Signature of DHR Licensing Representative [Signature] Date 11/22/24

COPIES TO: B. Buttleman

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT (Additional Page)

Facility Name: Love: Joy Date of Visit: 11/22/24

SECTION B - DEFICIENCY INFORMATION (Continued)

Column 1	Performance Standard Deficiency *HAZARDS MUST BE CORRECTED IMMEDIATELY*	Column 2 Date Corrected by Licensee
	in a bunker on the floor.	BB 11/22/24
	4) There is a blind spot behind desk, accessible to children.	BB 11/22/24
	5) The front glass door is easily accessible to children.	BB 12/6/24
	6) Observed the infant/toddler classes watching television.	BB 11/22/24
	7) There is not a Fire Approval to include building alterations.	BB 12/25/24

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after 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 11/26/24, 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 shall 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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative: [Signature] Date: 11/22/24
Signature of DHR Licensing Representative: [Signature] Date: 11/22/24

COPIES TO: _____