

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: THE MORGAN CENTER CHILDCARE	Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group []	Date of Visit: 1/28/2026
Facility Address: 2228 8TH ST. SW, DECATUR, AL 35601, Morgan	Licensee: MORGAN CENTER CHILDCARE, LLC	Telephone #: (256) 303-9888
Ages: 3 Weeks to 12 Years/3 Weeks to 12 Years	Director (if applicable):	Capacity: 51 / 51 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
According to staff statements and the report submitted to the Department on January 15, 2026, a 5-year-old child was found unsupervised in the van for approximately 15 minutes. , Ad Hoc Comments: NA	Pending Correction
The transportation logs observed for the week ending January 15, 2026 are incomplete and unsigned by the designated staff., Ad Hoc Comments: NA	Pending Correction
According to staff statement, the driver did not check each seat at each location to ensure no child was left on the van on January 15, 2026., Ad Hoc Comments: NA	Pending Correction
According to the sign-in/out form on January 15, 2026, the center did not sign school-age children out when transporting them to school and did not sign them back in upon arrival at the center., Ad Hoc Comments: NA	Pending Correction
According to the staff statement, no booster seats or full-size car seats were used when transporting pre-K and school-age children on January 15, 2026., Ad Hoc Comments: NA	Pending Correction
*Amended Report on 1/28/26: According to center staff, on January 15, 2026, there was not a second staff in addition to the driver to meet child/staff ratio., Ad Hoc	Pending Correction

Comments: NA

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 2/11/26, 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.

Katie Smith
Signature of Facility Representative

1/30/2026
Date

LEA RAE GAINES

Signature of DHR Licensing Representative

1/28/26
Date

COPIES TO: _____