

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: LOVE & JOY LEARNING CENTER 3	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 2/2/2026
Facility Address: 801 FRETWELL AVE SW, BUILDING A DECATUR, AL 35601, Morgan	Licensee: DEMARLA ELLIOTT	Telephone #: (256) 508-5015
Ages: 30 Months to 15 Years	Director (if applicable): DEMARLA ELLIOT	Capacity: 90 NA Day Night

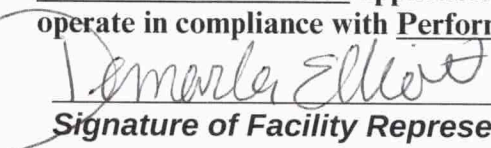
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
Deficiency Report amended 2/17/26.	
SUPERVISION AT ALL TIMES, Allegation	2/2/2026
Comments: Per staff statement, on January 30, 2026, a four and a half (4 ½) year old child was left on the van unsupervised for an undetermined amount of time.	
TRANSPORTATION, Allegation	2/2/2026
Comments: Per staff statement, on January 30, 2026, the facility staff did not drop off a four and a half (4 ½) year old child at his designated school location.	
There was not a complete file for the van driver at the center., Ad Hoc	2/2/2026
Comments: NA	
According to the transportation checklist observed for week ending January 30, 2026, the checklist is incomplete and unsigned by the designated staff., Ad Hoc	2/2/2026
Comments: NA	
According to center staff, on January 30, 2026 there was not a second staff in addition to the driver to meet child/staff ratio., Ad Hoc	2/2/2026
Comments: NA	
The child's preadmission form was observed and is incomplete and not signed by parent/guardian., Ad Hoc	2/2/2026
Comments: NA	

. According to the child's preadmission form, the center transported 2/2/2026
a 4 1/2-year-old child without parent/guardian permission., Ad Hoc
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 2/16/26, 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.



Signature of Facility Representative

2/17/26

Date

LEA RAE GAINES

Signature of DHR Licensing Representative

2/2/26

Date

COPIES TO: _____