

**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: 4/16/2026
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

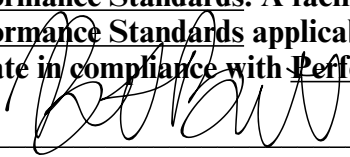
SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary	
No deficiencies cited this visit.	
SUPERVISION AT ALL TIMES, Allegation 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.	2/2/2026
TRANSPORTATION, Allegation 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.	2/2/2026
There was not a complete file for the van driver at the center., Ad Hoc Comments: NA	2/2/2026
According to the transportation checklist observed for week ending January 30, 2026, the checklist is incomplete and unsigned by the designated staff., Ad Hoc Comments: NA	2/2/2026
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 Comments: NA	2/2/2026
The child's preadmission form was observed and is incomplete and not signed by parent/guardian., Ad Hoc Comments: NA	2/2/2026

. According to the child's preadmission form, the center transported a 4 1/2-year-old child without parent/guardian permission., Ad Hoc Comments: NA	2/2/2026
On 3/10/26 there are no staff attendance records on file at the center., Ad Hoc Comments: NA	3/11/2026

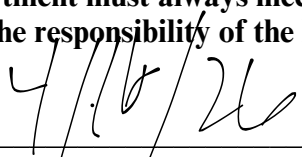
INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before _____, 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

LEA RAE GAINES



Date

Signature of DHR Licensing Representative

Date

COPIES TO: _____