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:
LOVE AND GLORY DAYCARE/ LEARNING CENTER	Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	7/14/2026
Facility Address: 204 Commerce Circle Southwest, Decatur, AL 35601, Morgan	Licensee: ALICIA PATTON	Telephone #: (256) 318-8953
Ages: 6 Weeks to 16 Years	Director (if applicable): ALICIA H PATTON	Capacity: 69 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
SUPERVISION AT ALL TIMES, Allegation Comments: Per staff statement, on June 29, 2026 a three-year-old (3 year old) child was left in the bathroom unsupervised for approximately three-four (3-4) minutes.	Pending Correction
MEAL AND SNACK PATTERNS, Allegation Comments: Per staff statement popcorn and juice were served as a snack. Observed no milk being served with lunch on today's visit.	Pending Correction
Per staff statement, hand sanitizer was not locked in the School Age classroom and a three-year-old (3 year old) child had access to it. There was also hand sanitizer observed on the entryway desk in the Infant/Toddler building unlocked., Ad Hoc Comments: NA	Pending Correction
Observed no milk being served with lunch on today's visit., Ad Hoc Comments: NA	Pending Correction
There are two staff children, ages 11 and 14 years old, assisting in the classrooms, that are not included in the age range of the license., Ad Hoc Comments: NA	Pending Correction
Per staff the staff children do not have complete files., Ad Hoc Comments: NA	Pending Correction

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 ___7/28/26_____, 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 Date

LEA RAE GAINES

_____ ____**7/14/26**_____

Signature of DHR Licensing Representative Date

COPIES TO: _____