

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

**SECTION A- IDENTIFYING INFORMATION**

Facility Name: PLAYLAND ACADEMY	Type of Facility : Center [X] Day [X]            OST [ ] Night [X]        Family [ ] University [ ] Group [ ]	Date of Visit: 9/25/2025
Facility Address: 1836 WEST MAIN STREET, DOTHAN, AL 36301, Houston	Licensee: SANDRA BAKER	Telephone #: (334) 699-8630
Ages: 0 Weeks to 12 Years/0 Months to 12 Years	Director (if applicable): SANDRA BAKER	Capacity: 54        /        20 Day        Night

**SECTION B - DEFICIENCY INFORMATION**

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
<b>Deficiency Summary</b>	
In the toddler room there was a power outlet without a protective cover., Ad Hoc Comments: NA	9/25/2025
In the toddler room there is paint peeling off the doors., Ad Hoc Comments: NA	9/25/2025

**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 October 8, 2025, 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.

Sandra Baker

9/24/25

ALABAMA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 PUBLIC HEALTH DIVISION

SECTION A - INDIVIDUAL INFORMATION

First Name	Mr. J. M. Smith	Sex	Male
Last Name	Smith	Age	45
Address	123 Main Street	City	Mobile, AL
State	Alabama	Zip	36688
Telephone	334-555-1234	Occupation	Teacher
Education	High School	Marital Status	Married
Employer	Public School System	Number of Children	2

SECTION B - PHYSICIAN INFORMATION

Physician Name	Dr. J. M. Smith	Specialty	Internal Medicine
Address	456 Oak Street	City	Mobile, AL
State	Alabama	Zip	36688
Telephone	334-555-5678	Years of Experience	15

THE ABOVE INFORMATION IS FOR THE PURPOSES OF THE ALABAMA DEPARTMENT OF HEALTH AND HUMAN SERVICES. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. THE INFORMATION IS TO BE KEPT CONFIDENTIAL AND NOT TO BE DISCLOSED TO ANY OTHER AGENCY OR INDIVIDUAL WITHOUT THE WRITTEN CONSENT OF THE ALABAMA DEPARTMENT OF HEALTH AND HUMAN SERVICES.

NOTICE: This information is for the use of the Alabama Department of Health and Human Services only. It is not to be used for any other purpose. The information is to be kept confidential and not to be disclosed to any other agency or individual without the written consent of the Alabama Department of Health and Human Services.

COPIES TO: Sandra Baker

Signature of DHR Licensing Representative

Jay Dalton

Signature of Facility Representative

9/25/25  
Date

Date