

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

SECTION A - IDENTIFYING INFORMATION

| | | |
|---|---|---|
| Facility Name: SOUTHEAST HEALTH CHILD DEV. CENTER | Type of Facility : Center [X] Day [X] OST [] Night [X] Family [] University [] Group [] | Date of Visit: 3/10/2026 |
| Facility Address: 302 HAVEN DRIVE, HUMAN RESOURCES DOTHAN, AL 36301, Houston | Licensee: HOUSTON COUNTY HEALTHCARE AUTHORITY | Telephone #: (334) 793-8888 |
| Ages: 6 Weeks to 12 Years/6 Weeks to 12 Years | Director (if applicable): CYNTHIA HICKS | Capacity: 260 / 16 Day Night |

SECTION B - DEFICIENCY INFORMATION

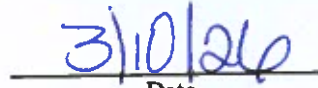
| <u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY* | Date Corrected by Licensee |
|---|-------------------------------|
| <p>Deficiency Summary</p> <p>No new deficiencies found at time of monitoring visit on 3/10/2026.</p> | |

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



Date

LEANNA TOWERY

Signature of DHR Licensing Representative
COPIES TO: director

3/10/2026

Date