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: 5/13/2026
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

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
According to witness statement and video dated 3/23/26 a child was left unsupervised in the Friendly frog 4k room. The child was left in the room for approximately 30 min. , Ad Hoc Comments: NA	5/9/2026
On 4/10/26 2 teachers did not use the sign in and sign out sheet correctly. The number on their sheet did not reflect the actual number of children present., Ad Hoc Comments: NA	4/13/2026
Staff members did not use the sign in and sign out/transition sheet correctly., 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 5/27/26, 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.

Cindy Hicks — 5/13/26

Signature of Facility Representative — Date

JAY DALTON — **5/13/26**

Signature of DHR Licensing Representative — Date

COPIES TO: Cindy Hicks