ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: SOUTHSIDE KIDDIE KOLLEGE	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 9/17/2026
Facility Address: 1746 COTTONWOOD ROAD, DOTHAN, AL 36301, Houston	Licensee: SOUTHSIDE KIDDIE KOLLEGE, INC.	Telephone #: (334) 793-7135
Ages: 6 Weeks to 12 Years	Director (if applicable): JO ANN SHIPES	Capacity: 142 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: wrong form	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Medical, Staff Checklist Comments: expired	Pending Correction
Failed - Ongoing Training, Staff Checklist Comments: There is no verification in the file.	Pending Correction
Failed - Health and Safety Training, Staff Checklist Comments: There is no verification in the file.	Pending Correction
Failed - Preadmission Form, Child Checklist	Pending Correction

Comments: There are no addresses listed in the release or emergency contact sections.	
Failed - Preadmission Form, Child Checklist Comments: There is not complete addresses in the release, Doctor and emergency sections	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: expired	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: There are not complete addresses in the release or emergency section.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: There are not complete addresses in the release or emergency section.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: There are not complete addresses.	Pending Correction
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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 10/1/2026**, 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.

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Signature of Facility Representative Date

JAY DALTON **9/17/2026**

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Signature of DHR Licensing Representative Date

COPIES TO: _____