

Plan of Correction

SECTION A - IDENTIFYING INFORMATION

Facility Name: HOUSTON ACADEMY	Type of Facility: Center ☒ OST ☐ Day ☒ Night ☐ Family ☐ University ☐ Group ☐
Physical Address: 901 BUENA VISTA DR DOTHAN, AL 36303	Mailing Address:
Telephone Number: (334) 794-4106	Licensee: SOUTHEAST EDUCATION INC
Capacity: 75	Director: JULIE KINNEY
Age Range: 3 Years to 5 Years	Date Prepared: 9/24/2026

SECTION B - BASIS FOR PLAN OF CORRECTION

List each deficiency, the plan of action, and the target date for each item:

Deficiency Plan of Correction	Date to be completed
Failed - Medical, Staff Checklist Plan of Action - Mrs. Boothe will have her medical report completed ASAP.	10/8/2026
Failed - Medical, Staff Checklist Plan of Action - Mrs. Browning will have her medical report completed ASAP.	10/8/2026
Failed - Medical, Staff Checklist Plan of Action - I will have my medical report filled out ASAP.	10/8/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Plan of Action - Ms. Watson will complete the fingerprint process to obtain the correct suitability determination.	10/8/2026
Failed - Preadmission Form, Child Checklist Plan of Action - We will have Wade Bailey's form signed by his parent ASAP.	10/8/2026