

**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: 05/13/2025
Facility Address: 302 Haven Drive, Dothan, AL 36301, Houston	Licensee: HOUSTON COUNTY HEALTHCARE AUTHORITY	Telephone #: (334) 793-8888
Ages: 6 Weeks to 15 Years/6 Weeks to 15 Years	Director (if applicable): CYNTHIA HICKS	Capacity: 260      ,      16 Day      Night

**SECTION B - DEFICIENCY INFORMATION**

<b>Performance Standard Deficiency</b> <b>HAZARDS MUST BE CORRECTED IMMEDIATELY*</b>	<b>Date Corrected by</b> <b>Licensee</b>
<b>Deficiency Summary</b>	
There are active ant beds on the school age playground. They are on the right side of the playground by the fence under the tree., Ad Hoc Comments: NA	05/13/2025
There is a circular piece of cement that causes a tripping hazard on the school age playground., Ad Hoc Comments: NA	
On the preschool playground there are broken bricks with sharp edges., Ad Hoc Comments: NA	05/13/2025
The fence between the preschool and toddler playground is bent protruding into the toddler playground., Ad Hoc Comments: NA	
There are staff that do not have health and safety training., Ad Hoc Comments: NA	
There are staff that are not enrolled in Alabama Pathway Registry., Ad Hoc Comments: NA	
Staff files are incomplete., Ad Hoc Comments: NA	
There are several wagons that have warped bottoms., Ad Hoc Comments: NA	05/13/2025
The wood by the red climbing structure is raised up an causes a tripping hazard., Ad Hoc	

Comments: NA

The carpet in the middle school age room is raised up on one corner closest to the toddler hall causing a tripping hazard, it also has frayed edges., Ad Hoc

05/13/2025

Comments: NA

**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.

Cynthia Hicks  
**Signature of Facility Representative**

5/13/25  
Date

Jay Dalton

\_\_\_\_\_  
**Signature of DHR Licensing Representative**

\_\_\_\_\_  
Date

COPIES TO: \_\_\_\_\_