

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

**SECTION A - IDENTIFYING INFORMATION**

<b>Facility Name:</b> <i>Haven Academy</i> <b>Type of Facility:</b> Family <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Group <input type="checkbox"/> Center <input checked="" type="checkbox"/> S.A.P. <input type="checkbox"/>	<b>Date of Visit:</b> <i>5 / 23 / 24</i> month    day    year
<b>Facility Address:</b> <i>1062 Hadden Rd Dothan, Al 36301</i> <b>Licensee:</b> <i>Haven Acd / IC</i>	<b>Telephone #:</b> <i>334 1673-2595</i>
<b>Ages:</b> <i>Weeks to 2 yrs</i> <input checked="" type="checkbox"/> to <input checked="" type="checkbox"/> day                      night	<b>Director (if applicable):</b> <i>Katlynn Borganus</i> <b>Capacity:</b> <i>75</i> / <input checked="" type="checkbox"/> day                      night

**SECTION B - DEFICIENCY INFORMATION**

Column 1	Performance Standard Deficiency <i>*HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Column 2 Date Corrected by Licensee
	<i>No deficiencies observed at this visit.</i>	

**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 meet Performance Standards applicable to that facility at all times. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative *Katlynn Borganus* Date *5-23-24*

Signature of DHR Licensing Representative *Gay Dalton* Date *5-23-24*

COPIES TO: *Katlynn Borganus*