

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

SECTION A - IDENTIFYING INFORMATION

Facility Name: 7 HEAVEN LLC	Type of Facility : Center [] Day [X] OST [] Night [X] Family [X] University [] Group []	Date of Visit: 7/24/2025
Facility Address: 2109 MONA LISA DRIVE, MONTGOMERY, AL 36111, Montgomery	Licensee: DANA BULLOCK	Telephone #: (334) 538-4748
Ages: 6 Weeks to 13 Years/6 Weeks to 13 Years	Director (if applicable):	Capacity: 5 / 5 Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> HAZARDS MUST BE CORRECTED IMMEDIATELY*	Date Corrected by Licensee
Deficiency Summary All deficiencies corrected on 07/31/2025. Failed - By August 1 2022 all home staff including licensee/substitutes/assistant caregivers must enroll in Alabama Pathways Professional Development Registry, Inspection Form Comments: None of the facility staff are not enrolled in Alabama Pathway's Registry.	

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 N/A, 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.

Dana D. Bullock
Signature of Facility Representative

7/31/25
Date

Amy Horn
Amy Horn
Signature of DHR Licensing Representative

8/1/25
Date

COPIES TO: mailed to licensee

*Rec'd my email
8/11/25 AH*