

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

SECTION A- IDENTIFYING INFORMATION

Facility Name: HAVEN ACADEMY	Type of Facility : Center [X] Day [X] OST [] Night [] Family [] University [] Group []	Date of Visit: 4/30/2026
Facility Address: 1062 HADDEN ROAD, DOTHAN, AL 36301, Houston	Licensee: HAVEN ACADEMY LLC	Telephone #: (334) 673-2595
Ages: 6 Weeks to 12 Years	Director (if applicable): KATLYNN GURGANUS	Capacity: 75 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

<u>Performance Standard Deficiency</u> <i>HAZARDS MUST BE CORRECTED IMMEDIATELY*</i>	Date Corrected by Licensee
Deficiency Summary	
Failed - Formula provided by parent, must be labeled, ready to feed, and refrigerated, Inspection Form Comments: Staff is mixing formula.	4/10/2026
Failed - Medication locked, Classroom Checklist / Ones Comments: Medication was not locked up.	4/2/2026
There is a broken door on the cabinet in the 2yr old room., Ad Hoc Comments: NA	4/6/2026
There is a broken brown container on the small & large playground., Ad Hoc Comments: NA	4/6/2026
There is a drawer in the 3-yr old room that the front has fallen off and wood staples are sticking out., Ad Hoc Comments: NA	4/10/2026
There are 2 active ant beds on the large playground. one is on the side of the equipment border timbers, and one is in the front by the timbers., Ad	4/8/2026

Hoc

Comments: NA

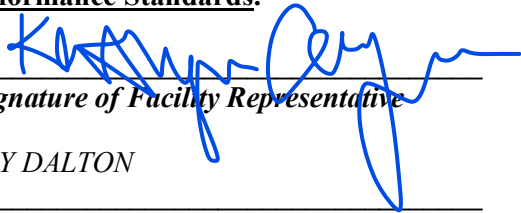
There is a large area dug out at the back corner of the equipment border the corner is exposed as well as causing a tripping hazard., Ad Hoc 4/10/2026
Comments: NA

On the large playground the siding on the center on the bottom is falling off., Ad Hoc 4/10/2026
Comments: NA

On the large playground there is a low spot by the equipment timbers. It is on the side and is a tripping hazard., Ad Hoc 4/10/2026
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 _____ x _____, 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.



Signature of Facility Representative

JAY DALTON

Signature of DHR Licensing Representative



Date

4/17/26_
Date

COPIES TO: Katlyn Gurganus___