***DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES***
***CORRECTIVE ACTION PLAN***



License #: **3311-14-008**
Organization Name: **Secure Haven Youth Services, LLC**

Date of Inspection: **04-10-2026**
Program Type/Facility Name: **14-008 Lawford House**

# No Violation

**General Comments / Recommendations:**

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

| Lauren Faszewski, Licensing Specialist | (Signature of Organization Representative) | Date |
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C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined