

**Arkansas Department of Human Services
Division of Child Care & Early Childhood Education
Placement & Residential Licensing Unit**

Licensing Compliance Record

Agency Name: Mulceek of Arkansas Person In Charge: _____
 Address: 1821 Industrial Dr. Fayette, AR Phone: _____
 Licensing Specialist: Patrina Steggs
 Date of Visit: 6/7/21 Purpose of Visit: Complaint Investigation

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	<p><u>CI:</u></p> <p><u>Initiated Licensing Complaint received on [redacted] 21. Child's record was reviewed: physician's notes, nursing notes, treatment plans, client notes, medication logs, intake documents and discharge notes.</u></p> <p><u>Deficiencies noted:</u></p> <p><u>Proof of immunizations not in file. Found in file</u></p> <p><u>Birth certificate not in file. Found in file</u></p> <p><u>SS CARD NOT IN FILE - F.S. Found in file</u></p> <p><u>Licensing Complaint is unfounded. There was no significant support of allegations found.</u></p>	<p><u>OK</u></p> <p><u>AYE</u></p> <p><u>AYE</u></p>	<p><u>AYE</u></p> <p><u>AYE</u></p> <p><u>AYE</u></p>
	<p><u>TA:</u></p> <p><u>Technical Assistance provided that agency may need to incorporate Personal Item Inventories at admission and discharge.</u></p> <p><u>Agency should educate parents/guardians and/or appropriate special programs or services not provided at certain locations like work programs community services.</u></p>		

COMMENTS of Person receiving form: _____

Mico Davis 6/7/21
 PERSON SIGNING AS RECEIVING DATE
 DCCECE 521 PR

Patrina Steggs 6/7/21
 LICENSING SPECIALIST DATE