

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

Licensing Compliance Record

Agency Name: UMCA DACHS Person in Charge: _____
 Address: Dono Phone: _____
 Licensing Specialist: Susan Archer
 Date of Visit: 5-13-19 Purpose of Visit: Monthly Visit

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	<p>Building/Grounds</p> <p>Census 18</p> <p>Viewed all areas accessible to residents</p> <p>Viewed medication and medication logs, safety drill logs</p> <p>fire alarm/smoke detector check completed</p> <p>no deficiencies noted</p>		

COMMENTS of Person receiving form: _____

[Signature]
 PERSON SIGNING AS RECEIVING
 DCCECE 521 PR

5/13/19
 DATE

[Signature]
 LICENSING SPECIALIST
5/13/19
 DATE