
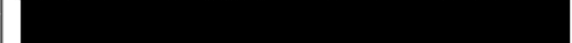
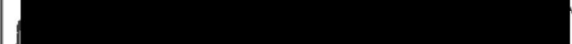
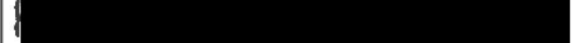
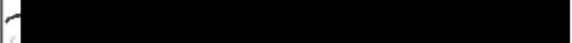
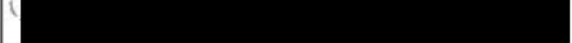
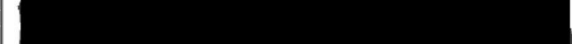
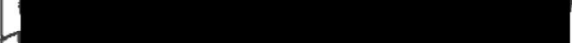
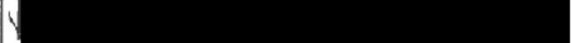
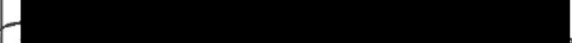
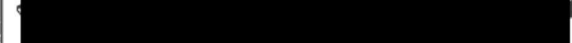
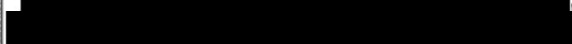
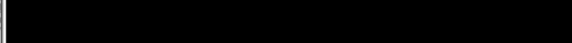
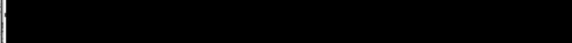
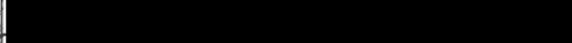
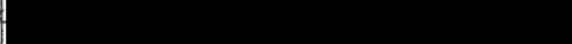
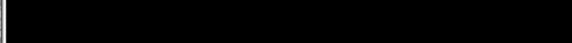
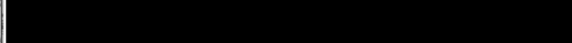


**Arkansas Department of Human Services
Division of Child Care & Early Childhood Education
Placement & Residential Licensing Unit**

Licensing Compliance Record

Agency Name: Delta Family Health and Fitness Person in Charge: Dean Hill
 Address: 815 E. Airport Loop, Hamburg, AR Phone: _____
 Licensing Specialist: Latina Stapp
 Date of Visit: 6/7/18 Purpose of Visit: Children's Records/Buildings/Concerns

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	Reviewed 10 Children's Records:		
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	 No deficiencies noted.	—	—
	Building and Grounds: Viewed all areas of building and grounds used by children with no safety concerns noted at visit.	—	—

COMMENTS of Person receiving form: _____

Dean Hill 6-7-18
 PERSON SIGNING AS RECEIVING DATE
 DCCECE 521 PR

Latina Stapp 6/7/18
 LICENSING SPECIALIST DATE