

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

Licensing Compliance Record

Agency Name: Milcreek of Arkansas Person In Charge: Nathan Chenrow
 Address: 805 Industrial Drive, Fordyce, AR Phone: _____
 Licensing Specialist: Fatima Stephens
 Date of Visit: 7/30/19 Purpose of Visit: Complaint Investigation

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
<p>405.5 907.2</p>	<p>CI!</p> <hr/> <p>Specialist initiated licensing Complaint received on [REDACTED]. Licensing Complaint is true. Staff [REDACTED].</p> <p>Personnel Record reviewed with no deficiencies noted. Corrective Action taken!</p> <hr/> <p>Staff was terminated.</p>	<p>6/6/19</p>	<p>6/6/19</p>

COMMENTS of Person receiving form:

[Signature] 7/30/19
 PERSON SIGNING AS RECEIVING DATE
 DCCCE 521 PR

[Signature] 7/30/19
 LICENSING SPECIALIST DATE

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

Licensing Compliance Record

Agency Name: Mill Creek of Arkansas Person In Charge: Nathan Chernau
 Address: 1828 Industrial Drive Fayetteville, AR Phone: _____
 Licensing Specialist: Fatima Sidiq
 Date of Visit: 7/30/19 Purpose of Visit: Complaint Investigation

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
404.4c 905.14 C1d	<p>CI:</p> <p>Specialist initiated licensing complaint received [redacted] Licensing complaint is True. Reports received by agency that staff [redacted] [redacted] personnel records reviewed with no deficiencies noted. Corrective Action Required.</p> <hr/> <p>Agency provided re-training of staff on [redacted] reporting.</p>	7/19/19	7/18/19

COMMENTS of Person receiving form:

[Signature]
 PERSON SIGNING AS RECEIVING
 DCCCE 521 PR

7/30/19
 DATE

[Signature]
 LICENSING SPECIALIST
7/30/19
 DATE

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

Licensing Compliance Record

Agency Name: Milcreek of Arkansas Person In Charge: Nathan Chennault
 Address: 1028 Industrial Dr, Fayette, AR Phone: _____
 Licensing Specialist: Latina Segas
 Date of Visit: 7/30/19 Purpose of Visit: Complaint Investigation

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
102.31 907.2	<p>CI:</p> <hr/> <p>Specialist initiated Licensing Complaint received on [REDACTED] Personnel Records reviewed of staff with no deficiencies cited. Licensing Complaint is</p> <p>Corrective Action Taken:</p>		
	<p>Retraining of staff completed on Abuse, Neglect and Exploitation</p>		

COMMENTS of Person receiving form:

[Signature] 7/31/19
 PERSON SIGNING AS RECEIVING DATE
 DOECE 521 PR

[Signature] 7/30/19
 LICENSING SPECIALIST DATE

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

Licensing Compliance Record

Agency Name: Millcreek DE Arkansas Person In Charge: Nathan Chernau
 Address: 1828 Industrial Drive Fayetteville
 Licensing Specialist: Fatima S
 Date of Visit: 7/30/19 Purpose of Visit: Complaint Investigation

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	<p><u>CI!</u></p> <p>Specialist initiated complaint received on [REDACTED]. Licensing Complaint is True on underage Aggressor.</p> <p>Corrective Action Taken!</p> <p>Safety Plan was initiated for involved child for strict supervision.</p>		

COMMENTS of Person receiving form:

[Signature] 7/30/19
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[Signature] 7/30/19
 LICENSING SPECIALIST DATE

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

Licensing Compliance Record

Agency Name: Milcreek of Arkansas Person In Charge: Nathan Chennault
 Address: 1825 Industrial Drive, Fort Smith, AR Phone: _____
 Licensing Specialist: Fatima Steggs
 Date of Visit: 7/30/19 Purpose of Visit: Complaint Investigation

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	<p><u>141</u></p> <hr/> <p>Specialist initiated report received on [REDACTED]. Licensing Complaint is TRUE on underage aggressor.</p> <p>Corrective Action Taken:</p> <hr/> <p>Safety plan initiated for involved child for strict supervision. New van procedures put in place when transporting children.</p>		

COMMENTS of Person receiving form:

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 DCCECE 521 PR

[Signature] 7/30/19
 LICENSING SPECIALIST DATE

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

Licensing Compliance Record

Agency Name: Millcreek of Arkansas Person In Charge: Nathan Bennett
 Address: 1825 Industrial Blvd, Fordyce, AR Phone: _____
 Licensing Specialist: Fatima Jones
 Date of Visit: 7/30/19 Purpose of Visit: Complaint Investigation

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
<p>405.5 901.2</p>	<p>CI Specialist initiated Licensing Complaint received on [REDACTED]. No supporting evidence was found during investigation to support allegations. Licensing Complaint is Unfounded. Personnel Record reviewed with no deficiencies cited. Corrective Action Taken: Therapeutic Crisis Intervention re-training provided to staff.</p>	<p>— —</p>	<p>— —</p>

COMMENTS of Person receiving form: _____

[Signature] 7/30/19
 PERSON SIGNING AS RECEIVING DATE
 DCECE 521 PR

[Signature] 7/30/19
 LICENSING SPECIALIST DATE

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

Licensing Compliance Record

Agency Name: Mill Creek of Arkansas Person In Charge: Nathan Chamma
 Address: 1728 Industrial Drive, Fordyce, AR Phone: _____
 Licensing Specialist: Styima Segos
 Date of Visit: 7/30/19 Purpose of Visit: Complaint Investigation

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
405.5 907.2	<p>CI:</p> <p>Specialist initiated Licensing Complaint received on [REDACTED] Licensing Complaint is true. Staff [REDACTED]</p> <p>Corrective Action Taken:</p> <p>Staff was terminated by agency.</p> <p>No further action is required.</p>	<p align="center">-</p>	<p align="center">-</p>

COMMENTS of Person receiving form:

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[Signature] 7/30/19
 LICENSING SPECIALIST DATE

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

Licensing Compliance Record

Agency Name: Milcreek of Arkansas Person in Charge: Nathan Chernau
 Address: 1828 Industrial Blvd, Fayette, AR Phone: _____
 Licensing Specialist: Jocina Stego
 Date of Visit: 7/30/19 Purpose of Visit: Complaint Investigation

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
404.4 905.4 C,d	<p><u>CI</u> Specialist initiated licensing complaint received on [redacted] Licensing Complaint is True. Staff [redacted] [redacted] Personnel Record reviewed with no deficiencies cited. Corrective Action Required: Retraining of staff completed on Abuse Prohibition and [redacted] reporting. No further action is required.</p>	6/27/19	6/27/19

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 LICENSING SPECIALIST DATE

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

Licensing Compliance Record

Agency Name: Mul Creek of Arkansas Person In Charge: Nathan Chennault
 Address: 1825 Industrial Drive, Fayetteville, AR Phone: _____
 Licensing Specialist: Jaime Stegall
 Date of Visit: 7/30/19 Purpose of Visit: Complaint Investigation

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
4055 907.2	<p>CI:</p> <p>Specialist initiated Licensing Complaint received on [REDACTED]. Specialist reviewed personnel record with no deficiencies cited. Licensing Complaint IS TRUE. Staff [REDACTED]</p> <p><u>Corrective Action Taken:</u> <u>Staff was terminated.</u> <u>No further action is required.</u></p>	6/6/19	6/6/19

COMMENTS of Person receiving form:

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 DCCECE 521 PR

[Signature] 7/30/19
 LICENSING SPECIALIST DATE