

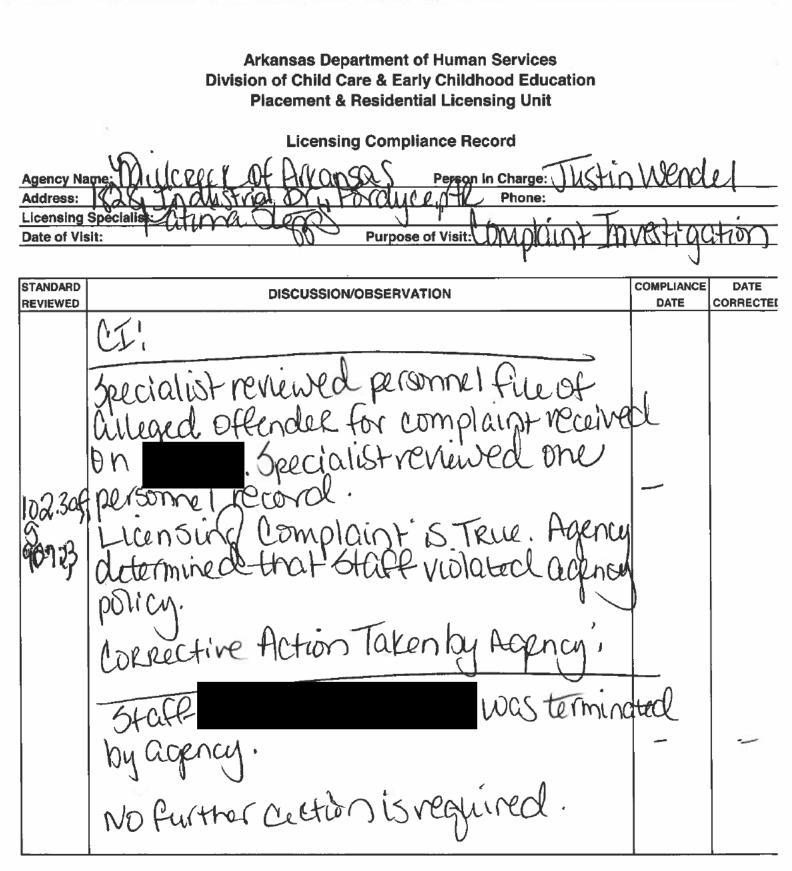
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Arkansas Department of Human Services **Division of Child Care & Early Childhood Education** Placement & Residential Licensing Unit Licensing Compliance Record Justin Wende Person In Charge: Agency Name Thehone: Address: Licensing Spe Purpose of Visit: Date of Visit: STANDARD COMPLIANCE DATE DISCUSSION/OBSERVATION REVIEWED DATE CORRECTED Specialist completed hersing Complai Licensind Compley received is True. Staff were not providing the appropriate level of supervision with multiple children in the bathroom wisuporvised by staff. Corrective Action Required by Ac Safety plan initiated for children involved in report to be followed by direct care start. ongoing

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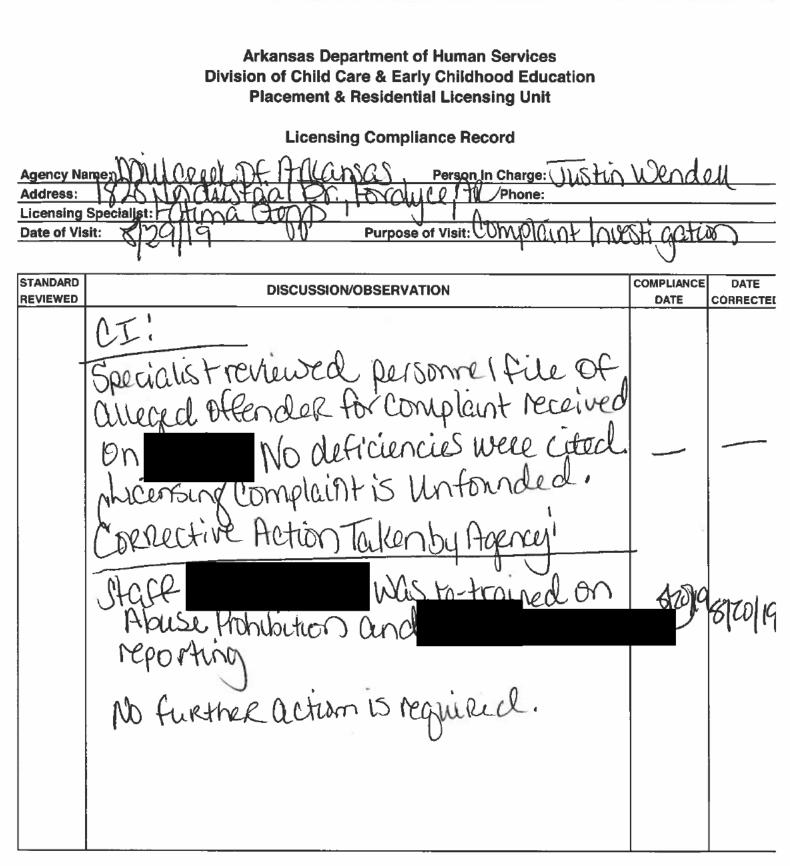
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Arkansas Department of Human Services **Division of Child Care & Early Childhood Education Placement & Residential Licensing Unit** Licensing Compliance Record ustin Wende Person In Charge: **Agency Name** Address: Phone: Licensing Specialist Date of Visit:* Purpose of Visit COMPLIANCE DATE STANDARD DISCUSSION/OBSERVATION REVIEWED DATE CORRECTED CT' Specialist initiated licensing complaint received on and and reviewed one children's record No deficiencie cited at visit No Licensing determination. Was provided at this Visit. A finding will be provided at a later date.

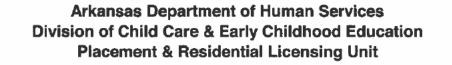
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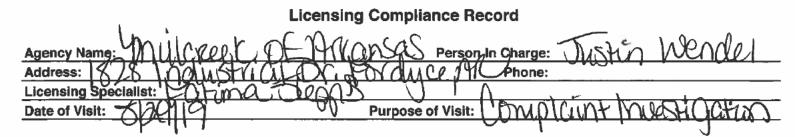
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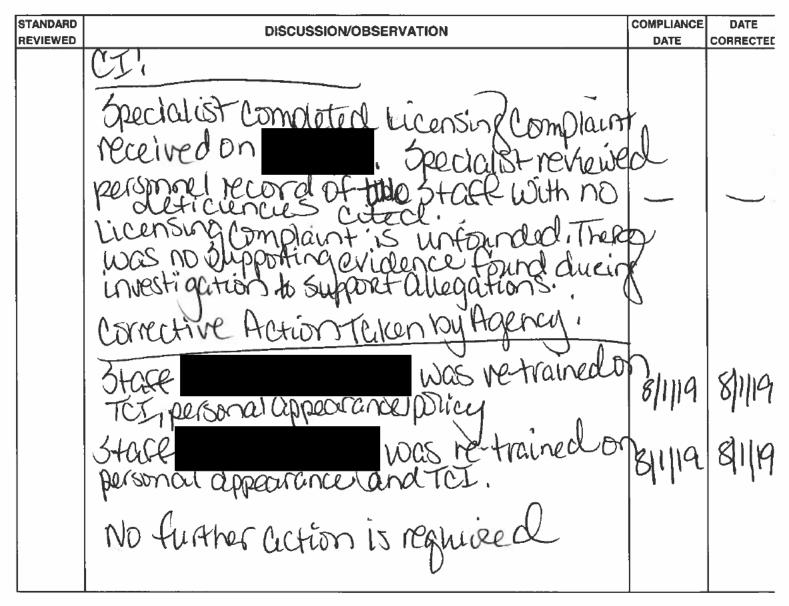


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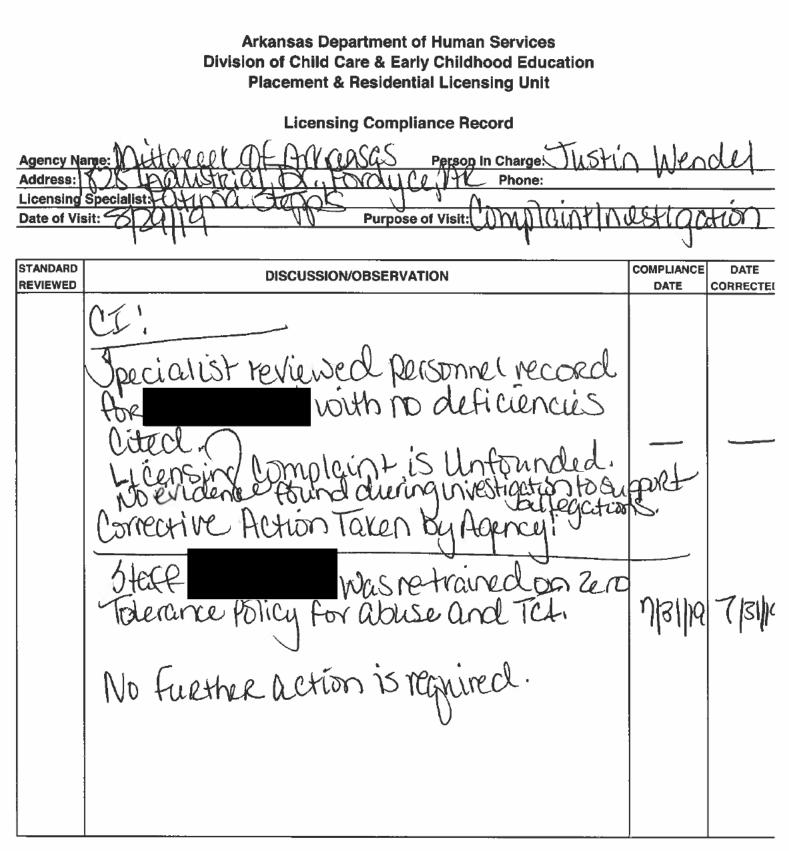
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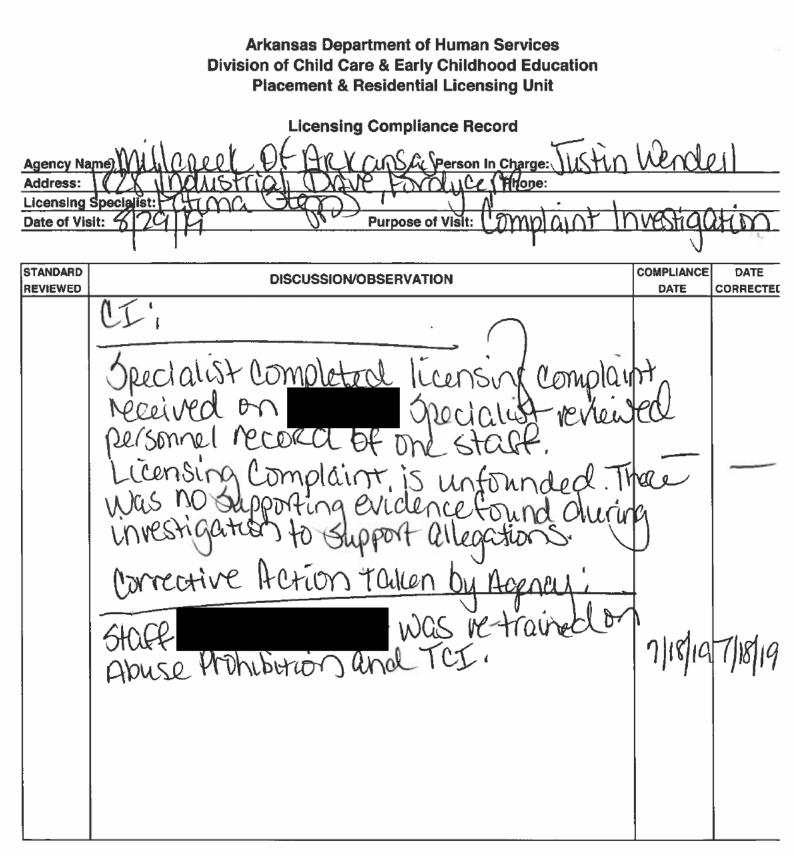




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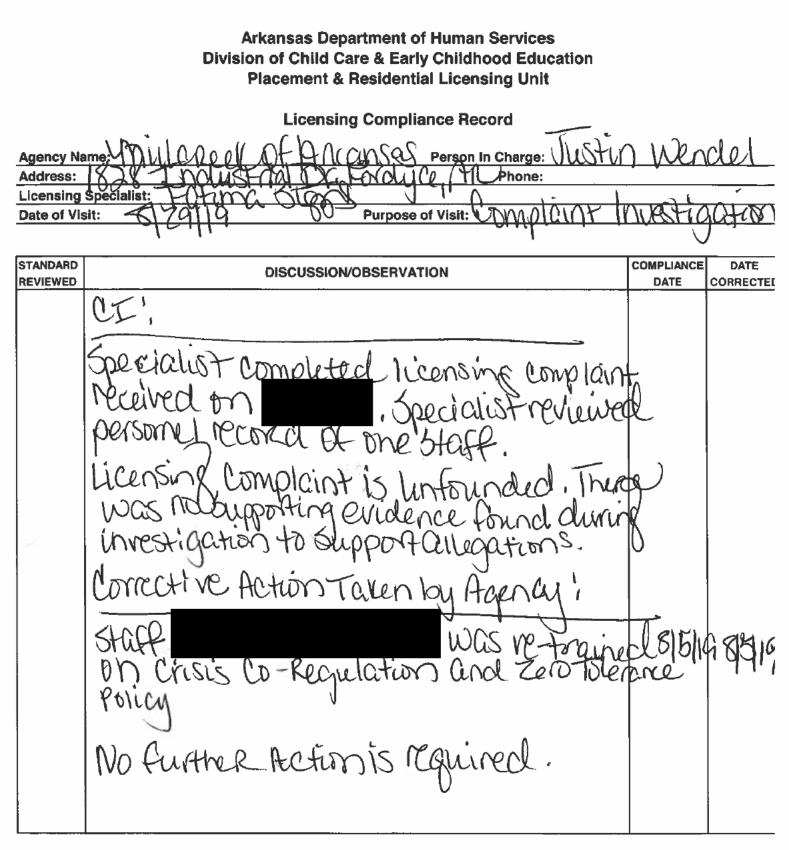


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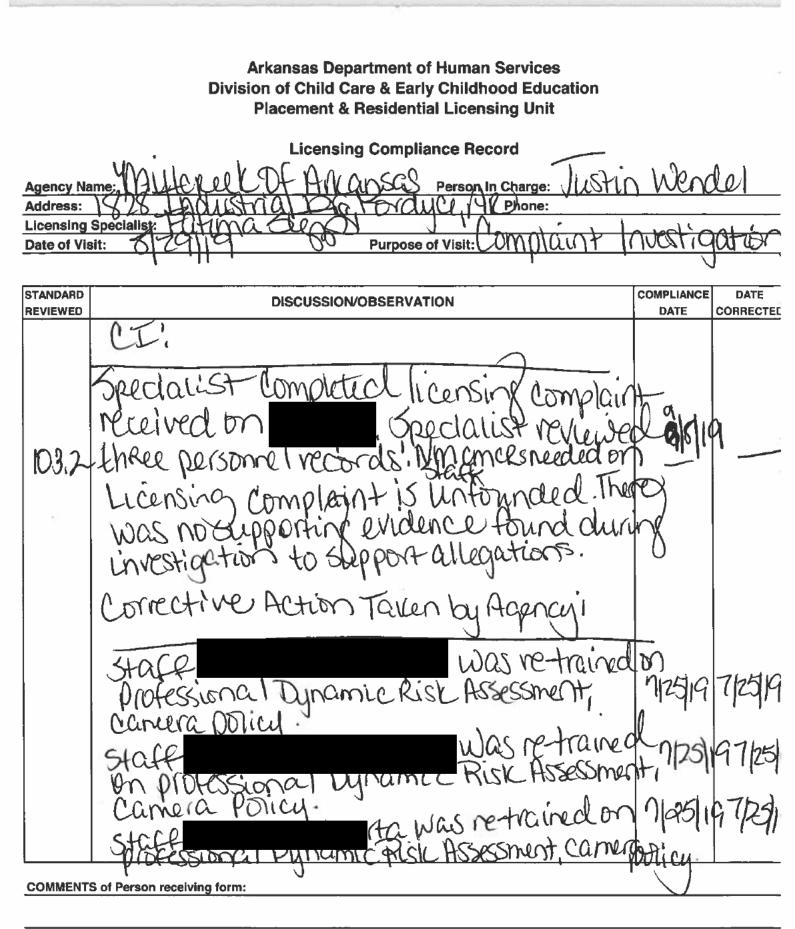
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Arkansas Department of Human Services **Division of Child Care & Early Childhood Education** Placement & Residential Licensing Unit Licensing Compliance Record Ustin Wente Agency Name Person In Charge: Address: Phone: Licensing Specialist: Date of Visit: Purpose of Visit: STANDARD COMPLIANCE DATE **DISCUSSION/OBSERVATION** REVIEWED DATE CORRECTEL CIT Specialist compteted licensin Bomplacht received on Licensin . Complaint is Unfounded. N evidence found on allegation corrective Action taken by agenci. placed on close monitorir to a staff lon-going on-go

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