

**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 Chennault
 Address: 1828 Industrial Dr., Fordyce, AR Phone: _____
 Licensing Specialist: Tatiana Stepp
 Date of Visit: _____ Purpose of Visit: Licensing Complaint

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	<p><u>CI:</u></p> <p>Specialist visited facility regarding licensing complaint received on 12/31/19. Reviewed background checks and restraint training for 1 staff.</p> <p>Licensing complaint is unfounded. No information to support allegations found during investigation.</p> <p>Corrective Action completed by Agency:</p> <p>Agency provided re-training of staff involved on TCI, Crisis Co-Regulation 12/1/20 <u>Help Me Help Myself!</u></p> <p>No further action is required.</p>	<p align="center">-</p>	<p align="center">-</p>

COMMENTS of Person receiving form:

Auntie [Signature] 1/29/20
 PERSON SIGNING AS RECEIVING DATE

Tatiana Stepp [Signature] 1/29/20
 LICENSING SPECIALIST DATE