

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

Licensing Compliance Record

Agency Name: Centers - Shelter Person In Charge: Debra
 Address: 1025 West 1st Little Rock, AR Phone: _____
 Licensing Specialist: Pharmacia
 Date of Visit: _____ Purpose of Visit: Building Grounds/Child Records

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	<u>Building and Grounds:</u> Viewed building and grounds used by children. Documentation of emergency drills for quarter needed. ok. F.S.	<u>11/30/19</u>	
	<u>Reviewed Children's Records:</u>		
<u>403.19</u>	<u>[redacted] - DOB [redacted]! No deficiencies cited.</u>	<u>—</u>	<u>—</u>
<u>403.19</u>	<u>[redacted] - [redacted]! Immunizations, birth certificate, SS card needed.</u>	<u>12/7/19</u>	
<u>403.19</u>	<u>[redacted] - DOB [redacted]! Immunizations, birth certificate, SS card needed.</u>	<u>12/7/19</u>	
<u>403.19</u>	<u>[redacted] - DOB [redacted]! SS card needed.</u>	<u>12/7/19</u>	
	<u>[redacted] - DOB [redacted]! SS card needed.</u>	<u>12/7/19</u>	

COMMENTS of Person receiving form: _____

Debra Sullivan 11/7/19
 PERSON SIGNING AS RECEIVING DATE

Pharmacia 11/7/19
 LICENSING SPECIALIST DATE