

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

**Licensing Compliance Record**

Agency Name: Piney Ridge Treatment Center Person in Charge: Ronessa Adams  
 Address: 2465 Zilow Road, Fayetteville Phone: \_\_\_\_\_  
 Licensing Specialist: Susan Juncher  
 Date of Visit: 9-16-2019 Purpose of Visit: MVI B:G

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	<p>Census: 100</p> <p>Building/Grounds</p> <p>partial walk-through including viewing gym, cafeteria, outdoor recreation area, all four units, classrooms. no deficiencies noted in areas viewed</p> <p>Following work orders in place</p> <p>repair/patch several holes in different areas of the facility, broken bent diffusers (ver. light in bathroom, laundry room, drooping ceiling tile in computer lab.</p> <p>Current work order, new glass ordered for broken windows.</p> <p>Child/Staff ratio met in all areas.</p>	<p align="center">—</p> <p align="center">—</p>	

COMMENTS of Person receiving form:

Susan Juncher      9-16-19  
 PERSON SIGNING AS RECEIVING      DATE      LICENSING SPECIALIST      DATE  
 DCCECE 521 PR

**Arkansas Department of Human Services  
Division of Child Care & Early Childhood Education  
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**Licensing Compliance Record**

Agency Name: Piney Ridge Treatment Center Person in Charge: Adrienne Catalina  
 Address: 2805 E. 27th Rd. Fayetteville Phone:  
 Licensing Specialist: Susan Sanchez  
 Date of Visit: 9-16-2019 Purpose of Visit: Licensee Report follow up

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE	DATE
		DATE	CORRECTED
	<p>Regarding alleged incident that occurred on 8/18/2019.</p> <p>Interim corrective action plan is no longer required.</p> <p>There is no evidence to support any licensing concerns, regarding this incident. The agency has a procedure place regarding heightened supervision during hygiene time.</p> <p>Ratio at the time of alleged incident was 5:26.</p>		

COMMENTS of Person receiving form:

Adrienne Catalina  
 PERSON SIGNING AS RECEIVING  
 DOORCE 521 PR

DATE

Susan Sanchez  
 LICENSING SPECIALIST

9/16/19  
 DATE

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

**Licensing Compliance Record**

Agency Name: Pine Ridge Treatment Center Person in Charge: Romssa Adams  
 Address: 2805 Pine Rd Fayetteville Phone: \_\_\_\_\_  
 Licensing Specialist: Susan Archer  
 Date of Visit: 9-16-19 Purpose of Visit: Licensing Report Follow up

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE	DATE
		DATE	CORRECTED
	Completed follow-up visit to discuss licensing report received on 8/26/19.		
	Allegation regarding 1007.1 "Child care staff will be responsible for providing level of supervision, care unfounded"	—	
	Allegation regarding 1007.4 "The staff/child ratio shall be at least 1:6 during waking hours..." Unfounded Licensing Complaint unfounded	—	
	CAP: Agency will provide updated staffing form for tracking staff arrival times if later than scheduled start time/closure Agency already had safety measures in place regarding all safety concerns for entrance lock doors, classrooms. Reviewed w/ child's friends		9-30-19

COMMENTS of Person receiving form: that meet 1002.3d.

[Signature]  
 PERSON SIGNING AS RECEIVING  
 DOECE 821 PR

9-16-19  
 DATE

[Signature]  
 LICENSING SPECIALIST

9-16-19  
 DATE