

Comments: NOT IN FILE	
Failed - TB Test Date and Results, Staff Checklist Comments: NOT IN FILE	5/12/2026
Failed - Infant -Child CPR Certification, Staff Checklist Comments: NOT IN FILE	5/1/2026
Failed - Infant -Child First Aid Certificate, Staff Checklist Comments: NOT IN FILE	5/1/2026
Failed - Suitability Determination (Every 5 years), Staff Checklist Comments: WRONG TYPE OF BACKGROUND CHECK	5/12/2026
Failed - Ongoing Training, Staff Checklist Comments: INCOMPLETE	5/1/2026
Failed - Health and Safety Training, Staff Checklist Comments: INCOMPLETE	Pending correction

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before 05/28/26, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Jessie Mae Boggs
Signature of Facility Representative

OLIVA JACKSON

Signature of DHR Licensing Representative

COPIES TO: ARISE/LICENSEE

05/12/26

Date

05/12/26

Date