

*Original*

**SIGNATURE PAGE**

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	A1 U.S. Company, Inc.		
Address:	14617 Sara Drive		
City:	Little Rock	State:	AR Zip Code: 72206
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input checked="" type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned		
AR Certification #: _____		* See Minority and Women-Owned Business Policy	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Antimone Jackson	Title:	CEO
Phone:	501-952-5275	Alternate Phone:	501-888-1419
Email:	a1usco@aol.com		

CONFIRMATION OF REDACTED COPY
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.
<p>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</p>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this Bid Solicitation, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

An official authorized to bind the Prospective Contractor to a resultant contract must sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this Bid Solicitation will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature: Antimone Jackson Title: CEO  
Use Ink Only.

Printed/Typed Name: Antimone Jackson Date: 3-3-20

## SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	A1 U.S. Company, INC	Date:	3-3-20
Authorized Signature:	Antimone Jackson	Title:	CEO
Print/Type Name:	Antimone Jackson		

## SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	A1 U.S. Company, Inc	Date:	3-3-20
Authorized Signature:	<i>Antimoore Jackson</i>	Title:	CEO
Print/Type Name:	Antimoore Jackson		

**SECTION 3,4,5 - VENDOR AGREEMENT AND COMPLIANCE**

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation. **Use Ink Only**

Vendor Name:	AI U.S. Company, Inc	Date:	3-3-20
Authorized Signature:	Antimooore Jackson	Title:	CEO
Print/Type Name:	Antimooore Jackson		

**DIVISION OF CHILDREN AND FAMILY SERVICES**  
**SUPERVISED INDEPENDENT LIVING PROGRAM**  
**AREAS/ COUNTIES**

- Please Check each county in which you are willing to provide the service.
- **Do not** include additional information if not pertinent to the itemized request.
- Please return with your response packet.

**AREA 1**

- Benton
- Washington

**AREA 2**

- Crawford
- Sebastian

**AREA 3**

- Garland
- Saline

**AREA 4**

- Columbia
- Miller

**Area 5**

- Faulkner
- Pope

**Area 6**

- Pulaski

**Area 7**

- Jefferson
- Lonoke

**Area 8**

- Craighead
- Greene

**Area 9**

- White

**Area 10**

- Drew

**PROPOSED SUBCONTRACTORS FORM**

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and shall fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	AI U.S. Company, INC	Date:	3-3-20
Authorized Signature:	<i>Antimore Jackson</i>	Title:	CEO
Print/Type Name:	Antimore Jackson		

# CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR NAME: A J U.S. Company, I.T.C.

Yes  No

TAXPAYER ID NAME: 71-0813393

YOUR LAST NAME: Jackson

FIRST NAME: Antimone

M.I.: H.

ADDRESS: 14617 Sara Drive

CITY: Little Rock

STATE: AR

ZIP CODE: 72206

COUNTRY: USA

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

## FOR INDIVIDUALS \*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former Member, or State Employee:

\_\_\_\_\_ : member of the General Assembly, Constitutional Officer, State Board or Commission

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	Relation
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

## FOR AN ENTITY (BUSINESS) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?	Ownership Interest (%)	Position of Control
	Current	Former		From MM/YY	To MM/YY			
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee	✓		Assistant Professor	8/2016	3/2020	Antimone Jackson	100%	

None of the above applies



# Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to this Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM. Subcontractor shall mean any person or entity with whom I enter an agreement of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:  
*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature Antoinette Jackson Title CEO Date 3-4-20  
 Vendor Contact Person Antoinette Jackson Title CEO Phone No. 501-952-5275

Agency use only  
 Agency Number 9716 Agency Name \_\_\_\_\_ Department of Human Services  
 Agency Contact Person \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_ Contract \_\_\_\_\_  
 or Grant No. \_\_\_\_\_



State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF PROCUREMENT  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203

**ADDENDUM 1**

**DATE:** February 13, 2020  
**SUBJECT:** 710-20-0024 Supervised Independent Living Program

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

- Change of specification(s)**
- Additional specification(s)
- Change of bid submission/opening date and time**
- Cancellation of bid
- Other

**BID OPENING DATE AND TIME**

Bid opening date and time remains the same

---

Adding Subcontractor Form. Please include this form in your response packet.

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer [Margurite.al-uqdah@dhs.arkansas.gov](mailto:Margurite.al-uqdah@dhs.arkansas.gov) or 501-682-8743.

*Antoinette Jackson*  
Vendor Signature

3-3-20  
Date

A1 U.S. Company, Inc.  
Company

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF PROCUREMENT  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203

**ADDENDUM 2**

**DATE:** February 26, 2020  
**SUBJECT:** 710-20-0024 SUPERVISED INDEPENDENT LIVING PROGRAM

The following change(s) to the above referenced Competitive Bid for DHS has been made as designated below:

**Change of specification(s)**  
 Additional specification(s)  
 **Change of bid submission/opening date and time**  
 Cancellation of bid  
 Other

**BID OPENING DATE AND TIME**

Bid opening date and time has changed to March 4, 2020, 10:30 am CST  
Submission date and time has changed to March 4, 2020, 10:00 am CST

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Adding revised Official Bid Price Sheet

Revisions to the following sections:

2.3 SCOPE OF WORK

A. Regardless of SIL setting: (page 13 of 28 of RFP)

- No firearms, dangerous weapons, or illegal substances shall be permitted in any living unit. ~~Smoking and the use of other tobacco products shall be discouraged but not prohibited unless the youth is pregnant or parenting.~~ The contractor will be required to ensure to the best of its ability that no minors, as defined in Act 580 of the 92<sup>nd</sup> Arkansas General Assembly, Regular Session, who participate in the Supervised Independent Living Program purchase, use, or possess tobacco products, vapor products, alternative nicotine products, e-liquid products and cigarette papers. Smoking cessation information and activities shall be made available to any youth who identifies as a smoker or user of other tobacco products.

C. Contractor' Case Managers shall: (page 17 of 28 of the RFP)

Level 1 Supervised Independent Living	Level 2 Supervised Independent Living
<p>Provide a monthly summary of activities conducted with the youth, to include information about any particular successes/highlights and/or concerns during that month, to the youth's Family Service Worker (FSW), FSW Supervisor, <del>and</del> Transitional Youth Services (TYS) Coordinator <b>and designated DCFS Program Management staff</b> by the <del>fifth</del> <b>eighth</b> day of the month (or next business day if the <del>fifth</del> <b>eighth</b> of the month falls on a weekend or holiday) following the preceding month.</p>	<p>Provide a monthly summary of activities conducted with the youth, to include information about any particular successes/highlights and/or concerns during that month, to the youth's Family Service Worker (FSW), FSW Supervisor, <del>and</del> Transitional Youth Services (TYS) Coordinator <b>and designated DCFS Program Management staff</b> by the <del>fifth</del> <b>eighth</b> day of the month (or next business day if the <del>fifth</del> <b>eighth</b> of the month falls on a weekend or holiday) following the preceding month.</p>

The specifications by virtue of this addendum become a permanent addition to the above referenced Invitation for Bid.

FAILURE TO RETURN THIS SIGNED ADDENDUM MAY RESULT IN REJECTION OF YOUR BID.

If you have questions, please contact the buyer [Margurite.al-uqdah@dhs.arkansas.gov](mailto:Margurite.al-uqdah@dhs.arkansas.gov) or 501-682-8743.

*Antmoore Jackson*  
Vendor Signature

3-3-20  
Date

*A1 U.S. Company, Inc*  
Company

## Equal Opportunity Employer Statement

A1 U.S. Company, Inc. is an Equal Opportunity Employer. This company does not and will not discriminate in employment and personnel practices on the basis of race, sex, age, handicap, religion, national origin or any other basis prohibited by applicable law. Hiring, transferring and promotion practices are performed without regard to the above listed items.



## INFORMATION FOR EVALUATION

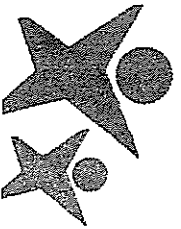
• Provide a response to each item/question in this section. Vendor may expand the space under each item/question to provide a complete response.

• Do not include additional information if not pertinent to the itemized request.

See Attachment

	Maximum RAW Score Available
<b>E.1 MINIMUM QUALIFICATIONS</b>	
A. Contract Administrator is required to have at least a bachelor's degree. A master's degree is preferred. Please indicate your Contract Administrator's degree level. Section 2.2B	5 points
<b>E.2 APPROACH TO SCOPE OF WORK</b>	
A Describe your company's processes and procedures for securing the two (2) levels of SIL Settings for clients in Level 1 and/or Level 2. Section 2.3A	5 points
B. Describe bidder's proposed setting types (e.g., apartment, shared housing, or congregate care residential setting) meeting the requirements outlined in Section 2.3A	5 points
C. Please state the physical address of the bidder's proposed dwellings. Section 2.3A	5 points
D. Submit a sample policy and procedures specific to the SIL. Section 2.3B	5 points
E. Describe how you will ensure that a caseworker will not have more than seven (7) youth on his/her Caseload. Section 2.3B.3	5 points
F. Describe how you will make available to the client the following services: training, life skills, counseling, and community resources. Section 2.3B.5.	5 points
G. Explain how you will ensure employees and volunteers will provide the proper care, treatment, safety and supervision of the clients they supervise. Section 2.3B10.	5 points
H. Explain approach to Level 1 and/or Level 2 settings as applicable. Section 2.3C	5 points
<b>E.3 ADDITIONAL CONTRACT REQUIREMENTS AND PROVISIONS</b>	
A. Describe your policies and procedures related to client records and record retention, including your plan to document quarterly progress evaluations and annual summary documents noting youth outcome and submit to DCFS. Section 2.4C, 4.5.	5 points
B. Describe how you plan to conduct the post-discharge surveys. Section 2.4D	5 points
<b>E.4 STAFFING</b>	
A. Identify key personnel (e.g., contract administrator, case managers) that will work under this contract. Provide resumes that describe and detail the credentials, experience and qualifications for each individual relating to the requirements of this RFP. Section 2.5A	5 points
B. Describe your efforts to ensure all identified personnel have the required background checks. Section 2.5	5 points

# THE ARKANSAS CHILD WELFARE AGENCY REVIEW BOARD



In cooperation with

The Arkansas Department of Human Services'

Division of Child Care and Early Childhood Education

Certifies that

**A1 U.S. Company, Inc.**

Owner

**Arbor House**

Agency

2401 EAST 2ND STREET

NORTH LITTLE ROCK, AR 72116

Is hereby issued Residential license #: 119

FOR THE PURPOSE OF OPERATING, IN THE STATE OF ARKANSAS, THE FOLLOWING:

Emergency Residential Child Care Facility FOR CHILDREN AGES 0 TO 18

Residential Child Care Facility FOR 8 CHILDREN AGES 5 TO 18

THIS IS A REGULAR LICENSE WITH AN EFFECTIVE DATE OF 06/26/2007 AND WILL REMAIN IN EFFECT UNLESS THERE IS A STATUS CHANGE.

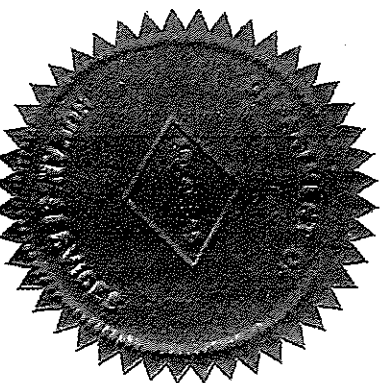
In Witness whereof

A handwritten signature in black ink, appearing to read "R. G. ...".

Chairman, Child Welfare Agency Review Board



Effective: 06/26/2007



## **E.1 MINIMUM QUALIFICATION**

A. Contract Administrator is required to have at least a bachelor's degree. A master's degree is preferred. Please indicate your Contract Administrator's degree level.

Antimoore Jackson will serve as the contract administrator. Mr. Jackson has 38 years of experience, a doctorate degree in social work from Jackson State University, a master's degree in social work from University of Arkansas at Little Rock and is dual licensed at the independent-provider level as a clinical social worker and addiction counselor in the state of Arkansas. Both Mr. Jackson's licenses are in good standing. (see resume and other documents attached).

## **E.2 APPROACH TO SCOPE OF WORK**

A. Describe your company's processes and procedures for securing the two (2) levels of SIL Settings for clients in Level 1 and/or Level 2.

The name of the company submitting the proposal is A1 U.S. Company, Inc. The Company was previously contracted to provide residential (group home) services for Division of Children and Family Services (DCFS) and Division of Youth Services (DYS) under the name Arbor House. Arbor House is a licensed residential facility in good standing with the Child Welfare Agency Review Board (see licensure document attached) and had provided residential services (group home) for errant youth from 2007 to 6/2019. In 2019, Arbor House developed an extended stay residence (duplex-apartment) which was briefly used for youth who had aged out the group home but requested continued support. At the time DCFS changed over to Qualified Residential Treatment Program for youth treatment services in 7/2019, Arbor House was unable to make the transition due to prohibitive cost requirements for accreditation. Arbor House (the group home) is located at 2401 E. 2<sup>nd</sup> Street, NLR within a few blocks from the Washington Avenue Street DCFS Office in North Little Rock. Arbor House duplex-apartment is located at 1319 and 1321 W. 39<sup>th</sup> North Little Rock, 72118. Both properties are owned by Antimoore Jackson and ready to be utilized for resident placement at this time. Arbor House has an excellent working relationship with caseworkers and supervisors at the North Little Rock DCFS office as well as leadership at Central Office.



B. Describe bidder's proposed setting types (e.g., apartment, shared housing, or congregate care residential setting) meeting the requirements outlined.

Two living settings are proposed: Level 1 and Level 2.

The Level 1 setting is a duplex-apartment residence at 1319 and 1321 W. 39<sup>th</sup> North Little Rock, 72118. Each apartment unit has two bedrooms, central air/heat, one bathroom, a kitchen, laundry room, and other standard features (common area room) for living independently. Residents will **not** have live-in supervision. Supervision will consist of daily and/or weekly face-to-face and/or remote contact as required to meet resident's needs. This setting was previously used briefly in 2019 for youth who had reach independent status and requested to continue support.

- The setting is accessible within walking distance or short bus ride to community resources such as grocery stores, schools, hospitals (residence is two blocks from grocery store Edwards Cash Savers, 3801 Camp Robinson, NLR, 72118; two miles from Pulaski Tech College, 3000 W. Scenic Drive, NLR 72118). During the first week of admission, resident will be shown the various resources.
- The setting is clean, safe, and in good repair. Appropriate cleaning supplies and equipment will be kept on site and residents will be taught to use them.
- The setting has a hard-wired operational smoke alarm within ten (10) feet of the kitchen and each bedroom. The smoke alarm is inspected weekly by staff and quarterly inspected by the Child Welfare Agency Review Board inspector.
- The setting has an operational chemical fire extinguisher readily accessible in the cooking area of the living unit and the youth shall be instructed in its use. The extinguisher is inspected weekly by staff and quarterly inspected by the Child Welfare Agency Review Board inspector.
- The setting has an operable telephone line. The setting currently has ATT Uverse as the cable provider to watch TV, access to Internet and fax capability.
- Each resident will be provided with a cell phone with video capability as long as resident uses phone appropriately.
- Pets will be allowed only for Level 1. Residents will seek approval by the caseworker and pets will have rabies vaccinations as required by law. There is sufficient yard space for multiple dogs and/or other pets.

- No firearms, dangerous weapons, or illegal substances will be permitted in any living unit. Resident rooms will be inspected regularly for prohibited contraband.
- Smoking and the use of other tobacco products will be prohibited. The free University of Arkansas Medical Science campus smoking cessation program will be made available to any youth who identifies as a smoker or user of other tobacco products.
- If the participating resident is the parent of a child living in his/her care, the parent will have current CPR/first aid certification and an approved childcare plan.
- Residents will participate in monthly fire and emergency drill (see form).
- Residents will receive assistance in securing appropriate transportation via case management services. Each resident will be assessed regarding appropriate mode of transportation. In some cases, residents will work on obtaining driver's license and purchasing a car; in some cases, residents will be provided a bus pass and taught how to utilize public transportation; in some cases, residents will be provided bicycles as alternate forms of transportations. Arbor has a good relationship with Recycle Bikes for Kids which is a North Little Rock non-profit that provides free bikes for kids. Adults can earn a bike by volunteering ([recyclebikesforkids.org](http://recyclebikesforkids.org)).

The Level 2 setting is a residential home at 2401 E. 2<sup>nd</sup> Street North Little Rock, Arkansas 72114 with onsite staff. The setting is a renovated, three-story residential style home. The residence has 4 bedrooms, 2 ½ bathrooms, a kitchen, laundry room, and other standard features (common area room) for living independently. The house is staffed 24-7 or as necessary to provide appropriate supervision when youth are present. The setting was utilized as residential services (group home) for errant youth from 2007 to 6/2019.

- The setting is accessible within walking distance or short bus ride to community resources (five blocks from grocery store City Market Grocers, 4155 E. Broadway, NLR, AR, two miles from miles from Shorter College, 604 N. Locust, NLR 72114).
- The setting is clean, safe, and in good repair. Appropriate cleaning supplies and equipment will be kept on site and residents will be taught to use them
- The setting has a hard-wired operational smoke alarm within ten (10) feet of the kitchen and in each bedroom. The smoke alarm is weekly inspected by staff and quarterly inspected by the Child Welfare Agency Review Board inspector.

- The setting has an operational chemical fire extinguisher readily accessible in the cooking area of the living unit and the youth will be instructed in how to use it. The extinguisher is inspected weekly by staff and quarterly inspected by the Child Welfare Agency Review Board inspector.
- The setting has an operable telephone line. The setting currently has ATT Uverse to watch cable TV, access to Internet and fax capability.
- Each resident will be provided with a cell phone with video capability as long as resident uses phone appropriately.
- No pets allowed
- No firearms, dangerous weapons, or illegal substances will be permitted in any living unit. Resident rooms will be inspected regularly for prohibited contraband.
- Smoking and the use of other tobacco products will be prohibited. The free University of Arkansas Medical Science campus smoking cessation program will be made available to any youth who identifies as a smoker or user of other tobacco products.
- If the participating resident is the parent of a child visiting, the parent will have current CPR/first aid certification and an approved childcare plan.
- Residents will participate in monthly fire and emergency drill. The drill reports are inspected weekly by staff and quarterly inspected by the Child Welfare Agency Review Board inspector.
- Residents will receive assistance in securing appropriate transportation via case management services. Each resident will be assessed regarding appropriate mode of transportation. In some cases, residents will work on obtaining driver's license and purchasing a car; in some cases, residents will be provided a bus pass and taught how to utilize public transportation; in some cases, residents will be provided bicycles as alternate forms of transportations. Arbor has a good relationship with Recycle Bikes for Kids which is a North Little Rock non-profit that provides free bikes for kids. Adults can earn a bike by volunteering ([recyclebikesforkids.org](http://recyclebikesforkids.org)).

C. Please state the physical address of the bidder's proposed dwellings.

The Level 1 setting is a duplex-apartment residence at 1319 and 1321 W. 39<sup>th</sup> North Little Rock, 72118 with off-site staff supervision provided. The Level 2 setting is a residential home at 2401 E. 2<sup>nd</sup> Street North Little Rock, Arkansas 72114 with onsite staff provided.

D. Submit a sample policy and procedures specific to the SIL.

(See below sample policy and procedure manual)

# **Sample (partial) Copy of Manual**

**Arbor House, Inc.**

**Policy and Procedure Manual**

**for**

**Supervised Independent Living Program**

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CEO/Executive Director

---

Date

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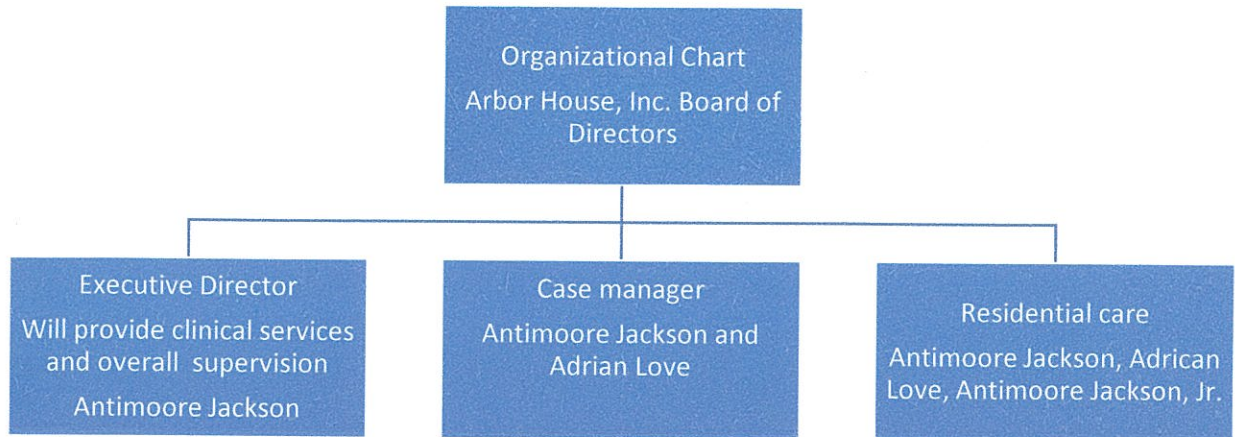
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# **Service Philosophy and Mission Statement**

Arbor House will provide quality and compassionate Supervised Independent Living Program services to those we serve by showing concern for the whole person: emotionally, behaviorally, and spiritually and by wisely using resources and talents to provide cost effective services and developing relationships in the communities we serve to help us carry out our mission.

The fundamental philosophical method of dealing with resident-development will take a Humanistic approach. This simply means that each resident is seen as humanly valuable and basically capable of functioning well in terms of appropriate conduct but likely in need of steering in the right direction. This will be achieved by staff taking a proactive leadership-role in day-to-day demonstrating and role-modeling “good” behavior themselves and teaching the same to residents via counseling, coaching, and case management activities. Each staff will receive weekly instruction and encouragement in role-modeling positive, prosocial behavior that is expected of residents.

For residents who have delinquency problems, special services will be implemented. Research shows that Cognitive Behavioral Therapy (CBT) is one of the most effective tools in addressing delinquency such as substance misuse and other at-risk behaviors. CBT will be delivered in three formats: individual sessions, small group sessions, and homework assignments utilizing two Moral Reconciliation Therapy (MRT) workbooks. Mr. Jackson is trained in MRT (see attachment). MRT is a systematic strategy that seeks to decrease recidivism among juveniles and adult criminal offenders by increasing moral reasoning. The Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidenced-based Programs and Practices (NREPP), recognizes MRT as a top intervention tool to address criminal thinking and relapse prevention. The two MRT handbooks (juvenile versions) that will be utilized are “How to Escape Your Prison” (122 page booklet) which was developed to address issues related to criminal thinking and “Staying Quit” (40 page booklet) which was developed to address relapse prevention. The cycle-duration of the CBT will be 90 days.



Board of Directors of Arbor House, Inc.

It is expected that Board members will serve at least a year.

Harvey McNeal, Chairman, began 6/1/2020-ends 6/1/2021

Business owner (501) 407-9139

Levi Thomas, Vice Chairman, began 6/1/2020-ends 6/1/2021

CEO, United Family Services (recently retired)

Occy Ilodiana, Secretary, began 6/1/2020-ends 6/1/2021

Licensed Addiction Counselor

Robert Stancil, Parliamentarian, 6/1/2020-ends 6/1/2021

Business Owner

Antimoore Jackson, Executive Director (treasurer), 6/1/2020-ends 6/1/2021  
(501) 952-5275



## ARTICLE 1 - NAME, PURPOSE, and MISSION

- Section 1: The name of the organization shall be the Arbor House.
- Section 2: The Arbor House was founded to provide mental health services in the form of counseling, residential care, and child placement for errant male youths between the ages of 6 to 18.
- Section3: The mission of Arbor House is to provide superior quality mental health services to youths and families.

## ARTICLE II - BOARD OF DIRECTORS

- Section 1: Board Role, Size, Composition. The Board is responsible for acting in an auxiliary capacity in the form of consultation to the Executive Director who will have total responsibility for day-to-day operations. The Board has no power or legal authority over the Executive Director. The Board shall be comprised of five members. The Board receives no compensation other than reasonable expenses.
- Section 2: Meetings. The Board shall meet at least quarterly, at an agreed upon time and place.
- Section 3: Board Member Selection. The charter board was selected by the Arbor House Executive Director. The Board is made up of volunteer citizens. The Executive Director and the current board will work in conjunction to select future board members as vacancies become available.
- Section 7: Terms. It is expected that Board members will serve at least a year. There will be no maximum length of time a Board member can serve.
- Section 8: Quorum. A quorum must be attended by at least three of the Board members before business can be transacted or motions made or passed.
- Section 9: Notice. An official Board meeting requires that each Board member have written notice two weeks in advance.
- Section 10: Officers and Duties. There shall be five officers of the Board consisting of a Chair, Vice-Chair, Secretary, Treasurer, and Parliamentarian. The officers shall be elected by the Board at the November Board Meeting. Their duties are as follows:

The **Chair** shall convene regularly scheduled Board meetings, shall preside or arrange for other members of the executive committee to preside at each meeting in the following order: Vice-Chair, Secretary, Treasurer, and Parliamentarian.

The **Vice-Chair** will chair committees on special subjects as designated by the board.

The **Secretary** shall be responsible for keeping records of Board actions, including overseeing the taking of minutes at all board meetings, sending out meeting announcements, distributing copies of minutes and the agenda to each Board member, and assuring that corporate records are maintained.

The **Treasurer** shall make a report at each Board meeting. Treasurer shall chair the finance committee, assist in the preparation of the budget, help develop fundraising plans, and make financial information available to Board members and the public.

The **Parliamentarian** shall be responsible for providing expertise to the Board regarding parliamentary procedures.

Section 11: Vacancies. When a vacancy on the Board exists, nominations for new members may be received from present Board members or the Executive Director.

Section 12: Resignation, Termination and Absences. Resignation from the Board must be in writing and received by the Secretary. A Board member shall be dropped for excess absences from the Board if he or she has three unexcused absences from Board meetings in a year. A Board member may be removed for other reasons by a three-fifth vote of the remaining directors or at the request of the Executive Director.

Section 13: Special Meetings. Special meetings of the Board shall be called at the request of the Chair or one-fifth of the Board or the executive director. Notices of special meetings shall be sent out by the Secretary to each Board member postmarked two weeks in advance.

#### **ARTICLE V - COMMITTEES**

Section 1: The Board may create committees as requested by Director, such as peer education, fund raising, and data collection in order to support the mission of Arbor House.

Section 2: Hiring Policy. The Board is not responsible for hiring the Executive Director or any employees. The Executive Director is responsible for hiring and supervising all Arbor House staff. The Board shall operate as an auxiliary or consultant to the Executive Director.

#### **ARTICLE VI - DIRECTOR AND STAFF**

Section 1: Executive Director. The Executive Director has total day-to-day responsibility for developing program and personnel policies and operating Arbor House. The Executive Director will attend all Board meetings, report on the progress of Arbor House, and answer questions of Board members. The Executive Director shall exercise total control of power to conduct the business and affairs of Arbor House.

#### **ARTICLE VII - AMENDMENTS**

Section 1: These bylaws may be amended when necessary by the Executive Director or two-thirds majority of the Board of Directors. Proposed amendments must be submitted to the Secretary to be sent out with regular Board announcements.

**Arbor House, Inc.**

**POLICY AND PROCEDURES**

Dept: Clinical Services	Title: Scope of Services
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**POLICY**

Arbor House will deliver quality Supervised Independent Living Program services in order to prevent and/or alleviate, as rapidly as possible, the acute, disabling symptoms of behavioral or family problems often associated with youth becoming independent and aging out of the DHS foster care system.

Arbor House provides referrals, public information and education through community relations in the areas of youth mental health issues, intervention, and family treatment.

Arbor House's primary focus is services for older male teens (18 +) in supervised independent living program services who need either residential onsite supervision or less structured services and/or possibly remote or minimal supervision.

Arbor House is staffed with a Licensed Clinical Social Worker, Case Manager, and live-in support staff.

Arbor House refers residents to Dr. Harold Betton at the Betton Clinic to address medical needs.

Address of Arbor House (group home) and extended stay apartment for less intense or structured services

The physical address of Arbor House residential home is 2401 East 2nd Street in North Little Rock, Arkansas. The physical address for the duplex-apartment residence is 1319 and 1321 W. 39<sup>th</sup> North Little Rock, 72118.

Description of the residential facility and extended stay duplex apartment

The residential home is at 2401 E. 2<sup>nd</sup> Street North Little Rock, Arkansas 72114 with onsite staff. The setting is a renovated, three-story residential style home. The residence has 4 bedrooms, 2 ½ bathrooms, a kitchen, laundry room, and other standard features (common area room) for living independently. The house is staffed 24-7 or as necessary to provide appropriate supervision when youth are present.

The duplex-apartment is a residence at 1319 and 1321 W. 39<sup>th</sup> North Little Rock, 72118. Each apartment unit has two bedrooms, central air/heat, one bathroom, a kitchen, laundry room, and other standard features (common area room) for living independently. Residents will not have live-in supervision. Supervision will consist of daily and/or weekly face-to-face and/or remote contact as required to meet resident's needs.

### Description of treatment services

In placement at Arbor House, youth will reside at the residential home or duplex and attend public school or other appropriate educational settings based on a comprehensive assessment and/or court order. Prior to or shortly after admission, each youth will receive a psychosocial evaluation and referral from a primary care physician to determine appropriateness for placement at Arbor House. It is likely that most youth will participate in individual and group counseling twice a week, family therapy once a week, paid work or volunteer community service, recreational activities, and other suggested therapeutic activities as outlined in the treatment plan. Length of residential stay will depend on the youth's progress. (It is anticipated that the average length of stay will be six to twelve months, more or less based on need).

### Discipline

Discipline will be consistent with the policies of Arbor House for both residential and apartment settings and will not be physically or emotionally harmful to any resident. Resident will not be subjected to verbal remarks that belittle or ridicule them or their families. Any discipline or control will fit the need of the individual youth. Discipline will consist of counseling and/or loss of agreed upon privileges. Only adult staff members shall discipline youths. Residents will be provided a policy rule book that covers the Independent Living Program services.

### Description of population to be served

Arbor House's residential group home and duplex apartment setting is designed to accommodate a total of eight (8) males (age 18+) whose behavioral or family problems prevent them living totally independent. All male youth will be served regardless of race, ethnicity or religious affiliation. Unique to the format of the counseling component is utilization of the Afrocentric perspective for African American youths, which means that ideas and solutions to problems are viewed from a cultural perspective that take into account the history of the African American experience regarding racial oppression and discrimination and the result of the impact it causes.

For residents who have delinquency problems, special services will be implemented. Research shows that Cognitive Behavioral Therapy (CBT) is one of the most effective tools in addressing delinquency such as substance misuse and other at-risk behaviors. CBT will be delivered in three formats: individual sessions, small group sessions, and homework assignments utilizing two Moral Reconnection Therapy (MRT) workbooks. Mr. Jackson is trained in MRT (see attachment). MRT is a systematic strategy that seeks to decrease recidivism among juveniles and adult criminal offenders by increasing moral reasoning. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidenced-based Programs and Practices (NREPP), recognizes MRT as a top intervention tool to address criminal thinking and relapse prevention. The two MRT handbooks (juvenile versions) that will be utilized are "How to Escape Your Prison" (122 page booklet) which was developed to address issues related to criminal thinking and "Staying Quit" (40 page booklet) which was developed to address relapse prevention. The cycle-duration of the CBT will be 90 days.

**Arbor House, Inc.**  
**POLICY AND PROCEDURES**

Dept: Clinical Services	Title: Personnel Policy
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All employees are required to permit Arbor House to maintain a personnel file which will contain the following items:

- Resume` or application
- Copies of documents in order to verify qualification such a certificates or college degrees
- Documentation of required 24 hours annual training
- Criminal record check: state and FBI
- Child and adult maltreatment record check
- Employee signature of acknowledgement regarding mandated reporting requirements
- Functional job description
- Three references

**REFERENCE CHECK FORM**

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Person Giving Reference: \_\_\_\_\_

Company: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_

1. Applicant's Date of Employment \_\_\_\_\_ to \_\_\_\_\_
2. Job Title or Duties \_\_\_\_\_
3. Ending Salary \_\_\_\_\_ per hour \_\_\_\_\_ per month
4. Did you directly supervise this person?  Yes  No If no, name of person who did: \_\_\_\_\_

		Very				
5. Please check		<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Good</u>	<u>Excellent</u>
Work Quality		_____	_____	_____	_____	_____
Work Habits		_____	_____	_____	_____	_____
Dependability		_____	_____	_____	_____	_____
Job Knowledge		_____	_____	_____	_____	_____
Attendance		_____	_____	_____	_____	_____
Cooperation		_____	_____	_____	_____	_____

Initiative \_\_\_\_\_

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6. Reason for Leaving:

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7. Eligible for Rehire      Yes    No

8. Comments:

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NOTE: Applicants should be questioned about employment references if any of the following conditions exist: The place of employment cannot be reached; minor discrepancies exist in the position held or the dates of employment; or the applicant is not eligible for rehire.

This employment reference is

APPROVED (all information provided by the applicant is verified and the applicant is eligible for rehire)

UNACCEPTABLE (applicant never worked at business indicated on the application or there is a major discrepancy in the position held or dates of employment)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_



**Arkansas Department of Human Services  
Division of Children and Family Services  
REQUEST FOR CHILD MALTREATMENT CENTRAL REGISTRY CHECK**

**THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.**

TYPE OF APPLICANT:

DHS Employee/Applicant [Division: \_\_\_\_\_]     Foster Parent     Legal Custodian      
 Adoptive Parent     Provisional Foster Parent     Foster Family Support System (FFSS) for: \_\_\_\_\_  
\_\_\_\_\_

*Name of Foster Family whom FFSS will support*

Other (This request will be processed for a fee of \$10 made payable by check or money order to DHS. We do not accept cash. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7-10 business days for processing.)

This information should be addressed to:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Name/Title (print)

Organization Requesting the Report

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address (physical)

Telephone #

Fax #

\_\_\_\_\_  
\_\_\_\_\_

Address (provide mailing, if different than physical)

Name of Applicant: _____	
Maiden Name/Other Names Used: _____	
Race: _____	Sex: _____ Age/DOB: _____ / _____ SSN: _____

Present Address: (since \_\_\_\_\_

\_\_\_\_\_  
, )  
\_\_\_\_\_  
\_\_\_\_\_

Previous Addresses (from the last six years):

- |  |  |
|--|--|
| 1) _____<br>_____<br>From _____ to _____ | 2) _____<br>_____<br>From _____ to _____ |
| 3) _____<br>_____<br>From _____ to _____ | 4) _____<br>_____<br>From _____ to _____ |

Cities and States of Employment (outside of Arkansas) for last six years:

- |  |  |
|--|--|
| 1) _____<br>_____<br>From _____ to _____ | 2) _____<br>_____<br>From _____ to _____ |
| 3) _____<br>_____<br>From _____ to _____ | 4) _____<br>_____<br>From _____ to _____ |

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

- |                       |                       |
|-----------------------|-----------------------|
| Full Name: _____      | Full Name: _____      |
| DOB/Age: ____/____    | DOB/Age: ____/____    |
| Relationship: _____   | Relationship: _____   |
| SS# (if known): _____ | SS# (if known): _____ |

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

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**THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY**

I, \_\_\_\_\_ verify that the information above is true and complete. I authorize the Arkansas Child Maltreatment Central Registry to release any information their files may contain concerning me as an offender of a true report of child maltreatment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

County of \_\_\_\_\_ State of Arkansas

Acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

---

**THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY**

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date \_\_\_\_\_

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found

Examiner's Signature and Date \_\_\_\_\_

**Child Maltreatment Central Registry  
Slot S 566  
P O Box 1437  
Little Rock AR 72203**

Weekly Employee Training

Name:

<b>Date</b>	<b>Title of Training</b>	<b>Start</b>	<b>End</b>	<b>Trainer</b>
	Basic counseling skills			
	Understanding Conduct Disorder			
	Signs and Symptoms of Mental Illness			
	Medication Management			
	Activities of Dailey Living			
	Report Writing			
	Understanding Depression			
	Appropriate Child Disciplinary Action			
	Fire Safety and Maintenance			
	Understanding Family Dynamics			
	Impact of Recreational Activities			
	De-escalation Skills			
	Anger management			
	Basic counseling skills			
	Understanding Conduct Disorder			
	Signs and Symptoms of Mental Illness			
	Medication Management			
	Activities of Dailey Living			
	Report Writing			
	Understanding Depression			
	Appropriate Child Disciplinary Action			
	Fire Safety and Maintenance			
	Understanding Family Dynamics			
	Impact of Recreational Activities			
	De-escalation Skills			
	Anger management			
	Basic counseling skills			

	Understanding Conduct Disorder			
	Signs and Symptoms of Mental Illness			
	Medication Management			
	Activities of Dailey Living			
	Report Writing			

This log is to certify the above name of participant, type of training, date and time of training, and name of trainer \_\_\_\_\_ in year 20\_\_\_\_\_.

Licensed Certified Social Worker (LCSW)

### Case Manager Job Description

The Case Manager is responsible for implementing counseling activities, providing technical assistance, and assisting in developing program plans for patients in need of rehabilitative care. The Case manager will be assigned no more than seven (7) cases.

### Typical Functions

Interviews clients to obtain background information and social history. Makes recommendations for admission. Conducts individual or group counseling sessions to increase client self-esteem and to aid client's social, emotional, psychological, and physical well-being. Participates in interdisciplinary team sessions to devise, review, and modify treatment plans for clients. Establishes and maintains contact with clients' families to provide information and to ensure that treatment plans are followed. Refers clients to other sources of help. Monitors, evaluates, and records client progress according to measurable goals described in treatment and care plans. Develops, implements, and monitors client treatment plans as a member of a diagnostic evaluation team. Prepares, maintains, and analyzes reports, including case work progress notes, quality assurance records, logs of activities, and documentation of sessions. Performs other duties as assigned.

### Special skills and knowledge

Knowledge of state laws and agency policies governing specific program area. Knowledge of principles and practices of counseling and social work. Knowledge of agency, community, and state human service resources. Knowledge of supervisory practices and procedures. Ability to plan, organize, and direct the work of others. Ability to interview, obtain, evaluate, and diagnose information related to problems and services needed. Ability to provide treatment, guidance, and counseling to clients. Ability to serve as a social advocate for clients by providing information and evaluating and monitoring treatment plans.

### Minimum education and experience

The formal education equivalent of a bachelor's degree in sociology, psychology, social work, and/or certified as a paraprofessional.

### Director (contract administrator) Job Description

The Arbor House Director is responsible for coordination of service and treatment of clients, administration and interpretation of state and federal laws and agency/institution policy.

### Typical Functions

Provides general administration regarding facility licensure, supervision of the work of subordinate employees by prioritizing work assignments, establishing deadlines, providing general instructions, and reviewing the work performed to ensure technical accuracy and compliance with instructions or established policies and procedures. Reviews client records, social history data, and legal files of clients to recommend further evaluations and/or treatment placement. Conducts individual and group psychological therapy programs to monitor progress of clients, modifies programs as necessary, and prepares written evaluation reports on each client. Participates in team treatment planning of clients by interviewing clients individually or with other team members, evaluating interview data, and consulting with team members to assess problems and recommend treatment. Plans and conducts training for employees and conduct survey evaluations on residents 6 months, 1 year and 2 years post discharge. Performs other duties as needed.

### Special skills and knowledge

Knowledge of state and federal laws and regulations regarding residential facilities, knowledge of supervisory practices and procedures. Knowledge of psychological theories and the principles of human behavior. Knowledge of psychological assessment procedures and evaluation methods. Knowledge of developmental theories in psychology. Ability to plan, organize, and oversee the work of subordinates. Ability to administer and evaluate psychological tests. Ability to conduct individual/group counseling sessions and develop individualized treatment plans. Ability to compile data, prepare reports, and maintain files. Ability to monitor and document behavior patterns and modify programs. Ability to instruct others in the implementation of psychological procedures.

### Minimum education and experience

The formal education equivalent of a master's degree in sociology, psychology, social work, or a related field. Licensed as a Licensed Certified Social Worker by the Arkansas Social Work Licensing Board.

For residents who have delinquency problems, special services will be implemented. Research shows that Cognitive Behavioral Therapy (CBT) is one of the most effective tools in addressing delinquency such as substance misuse and other at-risk behaviors. CBT will be delivered in three formats: individual sessions, small group sessions, and homework assignments utilizing two Moral Reconciliation Therapy (MRT) workbooks. Mr. Jackson is trained in MRT (see attachment). MRT is a systematic strategy that seeks to decrease recidivism among juveniles and adult criminal offenders by increasing moral reasoning.



### Residential Care worker Job Description

The Residential Care worker is responsible for teaching life skills and providing guidance to residents at Arbor House. This position is governed by state and federal laws and agency/institution policy.

### Typical Functions

Provides and instructs residents in living skills, such as personal hygiene, housekeeping procedures, financial management, and individual counseling. Ensures a clean, safe, and secure environment conducive to behavioral changes based on program rules and regulations. Assists in writing individualized plans for residents, planning, monitoring, and developing progress reports. Observes residents to monitor activities and behavior, counsels residents to reinforce positive behaviors, and promotes social interaction. Maintains and compiles daily evaluations of behavioral reports by noting residents' actions, medical problems, and disciplinary and rules violations. Organizes, arranges, and escorts residents on recreational activity trips, and conducts drills and physical training. Participates in the inspection of the living unit for fire, safety, and maintenance purposes. Performs other duties as assigned.

### Special skills and knowledge

Knowledge of facility residential services, rules, and regulations. Ability to oversee and direct residents at a private facility. Ability to observe residents and write detailed reports regarding residents' behavior and progress. Ability to advise and counsel residents. Ability to de-escalate violent and unusual behavior. Ability to perform general housekeeping duties.

### Minimum education and experience

The formal education equivalent of a high school diploma; plus one year of experience providing direct care services, or a related field; each applicant must complete 30 hours of agency training if full-time and 15 if part-time.

E. Describe how you will ensure that a caseworker will not have more than seven (7) youth on his/her Caseload.

First, to assure that the case manager will have no more than 7 cases, the requirement as a matter of policy will be written into the Arbor House Policy and Procedure Manual and case manager job description and included as a part of ongoing training. Second, the Contract Administrator (CEO) Antimoore Jackson will **not** assign more than 7 cases to the case manager. The intent is that the Contract Administrator will share in some of the case management work. This should not be a problem at Arbor House, as the total program capacity for residents is 8 (four at the residential home, Setting 2; and four at the apartment, Setting 1).

F. Describe how you will make available to the client the following services: training, life skills, counseling, and community resources.

First, a psychosocial assessment will be conducted by Mr. Jackson which specifically identifies resident needs and makes recommendations. Second, a treatment plan will be developed that outlines the requirement of specific services. The resident will be assigned to a case manager to facilitate the services. We currently have an excellent, experienced case manager, Adrian Love (see resume), who is very knowledgeable regarding the community resources. Many of the life skill activities at the group home will be instructed by Antimoore Jackson, Jr. The intent is that the Contract Administrator will share in some of the case management work activities.

G. Explain how you will ensure employees and volunteers will provide the proper care, treatment, safety and supervision of the clients they supervise.

We plan to use the previous staff at Arbor House. All (including volunteers) were carefully screen. Prior to employment, each applicant underwent a criminal background review to include State and Federal (FBI) and Arkansas Child Maltreatment Registry record checks. Each employee was interviewed, received pre-service and ongoing training (see training schedule attached). Second, each employee will be supervised by the contract administrator Antimoore Jackson. Mr. Jackson will answer to the auxiliary Board (see organizational chart).

H. Explain approach to Level 1 and/or Level 2 settings as applicable.

Residents will be assigned a case manager upon admission to Arbor House residential group home or duplex apartment. Residents at the group home will be supervised by onsite support staff to teach living skills. The case manager and support staff have job descriptions that they will follow that include all requirements outlined at each setting. The case manager and support staff will review the psychosocial assessment which outlines and defines areas in which youth needs help. Case manager and support staff will meet youth face-to-face to accomplish goals and objectives which may include:

- Referral to proper community resources
- Train youth in cleaning
- Train youth in proper use of fire extinguisher
- Train youth in laundry duties (laundry is on site)
- Train youth in grocery shopping
- Train youth in cooking
- Train youth in use of public transportation
- Train youth on banking and budgeting
- Train youth in proper management of social media

#### Typical Functions and Job Description of Case Manager

Assist administrator in interviewing clients to obtain background information and social history. Assist administrator in making recommendations for admission. Assist administrator in conducting individual or group counseling sessions to increase client self-esteem and to aid client's social, emotional, psychological, and physical well-being. Participates in interdisciplinary team sessions to devise, review, and modify treatment plans for clients. Establishes and maintains contact with clients' families to provide information and to ensure that treatment plans are followed. Refers clients to other sources of help. Monitors, evaluates, and records client progress according to measurable goals described in treatment and care plans. Develops, implements, and monitors client treatment plans as a member of a diagnostic evaluation team. Prepares, maintains, and analyzes reports, including case work progress notes, quality assurance records, logs of activities, and documentation of sessions. Performs other duties as assigned.

### Typical Functions and Job Description of Residential Support Staff

Provides and instructs residents in living skills, such as personal hygiene, housekeeping procedures, financial management, and individual counseling. Ensures a clean, safe, and secure environment conducive to behavioral changes based on program rules and regulations. Assists in writing individualized plans for residents, planning, monitoring, and developing progress reports. Observes residents to monitor activities and behavior, counsels residents to reinforce positive behaviors, and promotes social interaction. Maintains and compiles daily evaluations of behavioral reports by noting residents' actions, medical problems, and disciplinary and rules violations. Organizes, arranges, and escorts residents on recreational activity trips, and conducts drills and physical training. Participates in the inspection of the living unit for fire, safety, and maintenance purposes. Performs other duties as assigned.

### E.3 ADDITIONAL CONTRACT REQUIREMENTS AND PROVISIONS

A. Describe your policies and procedures related to client records and record retention, including your plan to document quarterly progress evaluations and annual summary documents noting youth outcome and submit to DCFS.

Arbor House will follow its own Policy and Procedure plan which includes documenting and maintaining a comprehensive file on each resident. The file will contain at least a psychosocial evaluation, medical, psychological, educational reports, weekly progress notes, monthly and annual summary evaluation reports, and financial and budgeting reports. The file will be stored in a lockable file cabinet for confidentiality. The file will be retained to 5 years or as required by law.

B. Describe how you plan to conduct the post-discharge surveys. Section 2.4D 5 points

Arbor House will conduct a survey on resident will be provided the survey questionnaire (to be developed by DCFS) and stamped Arbor House address envelop and instructions on when to mail survey. Youth will be instructed that upon Arbor House receipt of valid surveys, he will receive payment of \$25.

#### E.4 STAFFING

A. Identify key personnel (e.g., contract administrator, case managers) that will work under this contract. Provide resumes that describe and detail the credentials, experience and qualifications for each individual relating to the requirements of this RFP.

The staff will consist of the following workers who were previously employed at Arbor House: Antimoore Jackson, Sr., Antimoore Jackson, Jr., and Adrian Love. Additional staffing will be hired as needed to fulfill contract obligations.

Antimoore Jackson will serve as contract administrator. Mr. Jackson has 38 years of experience, a doctorate degree in social work from Jackson State University, a master's degree in social work from University of Arkansas at Little Rock and is dual licensed at the independent-provider level as a clinical social worker and addiction counselor in the state of Arkansas. Both Mr. Jackson's licenses are in good standing. For residents who have delinquency problems, special services will be implemented. Research shows that Cognitive Behavioral Therapy (CBT) is one of the most effective tools in addressing delinquency such as substance misuse and other at-risk behaviors. (see resume and other documents attached).

Mr. Adrian Love will work as case manager at Setting 1 and 2, has 20 plus years of experience, BA degree in education, and certified as a paraprofessional (see document and other documents attached)

Mr. Antimoore Jackson, Jr. will work as residential house manager of Setting 2, has 5 years of experience, and two years of college at Philander Smith College (see resume and other documents attached)

B. Describe your efforts to ensure all identified personnel have the required background checks.

Arbor House will follow its personnel policy on background checks. All previous employees had record checks that are still valid. (Please see current record checks attached)

**Arbor House, Inc.**

**POLICY AND PROCEDURES**

Dept: Clinical Services	Title: Personnel Policy
-------------------------	-------------------------

All employees are required to permit Arbor House to maintain a personnel file which will contain the following items:

- Resume` or application
- Copies of documents in order to verify qualification such a certificates or college degrees
- Documentation of required 24 hours annual training
- Criminal record check: state and FBI
- Child and adult maltreatment record check
- Employee signature of acknowledgement regarding mandated reporting requirements
- Functional job description
- Three references

### Director (contract administrator) Job Description

The Arbor House Director is responsible for coordination of service and treatment of clients, administration and interpretation of state and federal laws and agency/institution policy.

### Typical Functions

Provides general administration regarding facility licensure, supervision of the work of subordinate employees by prioritizing work assignments, establishing deadlines, providing general instructions, and reviewing the work performed to ensure technical accuracy and compliance with instructions or established policies and procedures. Reviews client records, social history data, and legal files of clients to recommend further evaluations and/or treatment placement. Conducts individual and group psychological therapy programs to monitor progress of clients, modifies programs as necessary, and prepares written evaluation reports on each client. Participates in team treatment planning of clients by interviewing clients individually or with other team members, evaluating interview data, and consulting with team members to assess problems and recommend treatment. Plans and conducts training for employees and conduct survey evaluations on residents 6 months, 1 year and 2 years post discharge. Performs other duties as needed.

### Special skills and knowledge

Knowledge of state and federal laws and regulations regarding residential facilities, knowledge of supervisory practices and procedures. Knowledge of psychological theories and the principles of human behavior. Knowledge of psychological assessment procedures and evaluation methods. Knowledge of developmental theories in psychology. Ability to plan, organize, and oversee the work of subordinates. Ability to administer and evaluate psychological tests. Ability to conduct individual/group counseling sessions and develop individualized treatment plans. Ability to compile data, prepare reports, and maintain files. Ability to monitor and document behavior patterns and modify programs. Ability to instruct others in the implementation of psychological procedures.

### Minimum education and experience

The formal education equivalent of a master's degree in sociology, psychology, social work, or a related field. Licensed as a Licensed Certified Social Worker by the Arkansas Social Work Licensing Board.

For residents who have delinquency problems, special services will be implemented. Research shows that Cognitive Behavioral Therapy (CBT) is one of the most effective tools in addressing delinquency such as substance misuse and other at-risk behaviors. CBT will be delivered in three formats: individual sessions, small group sessions, and homework assignments utilizing two Moral Reconciliation Therapy (MRT) workbooks. Mr. Jackson is trained in MRT (see attachment). MRT is a systematic strategy that seeks to decrease recidivism among juveniles and adult criminal offenders by increasing moral reasoning.

**Mr. Antimoore Jackson, Ph.D, LCSW, LADAC**  
**14617 Sara Drive**  
**Little Rock, Arkansas 72206**  
**a1usco@aol.com 501-952-5275**

### **Objective**

To progressively utilize my years of experience and training in mental health, substance abuse treatment, and children and family services for the betterment of all people.

### **Qualifications**

Skilled in program management of children and family services.

Skilled in working with volunteer boards and non-profit organizations.

Skilled in quantitative and qualitative research methodologies, evaluation, and design of human services programs.

Skilled in teaching counseling, substance abuse treatment program design, and management.

### **Research Experience**

Completed a research study of the characteristics of addiction counselors in the state of Arkansas for my doctoral dissertation at Jackson Stated University. My research interest is substance abuse treatment with specific emphasis on the Afrocentric treatment model.

12/2001-4/2002: Contracted by the Arkansas University System to develop a master's level course for the first addiction studies program in Arkansas at the University of Arkansas at Pine Bluff. The course was titled, Diagnostic and Statistical Evaluations in Addiction Studies.

Co-wrote and submitted multiple state grant proposals (Residential Substance Abuse Treatment) to address substance abuse offenders at Jefferson County Jail and Juvenile Detention Center

### **Recent Work History**

**Assistant Professor: U of A at Pine Bluff, Master's in Addiction Studies Program, fall 8/2016-Present.** Teach graduate courses: Practicum, Family Counseling, and Alcohol Tobacco & Drugs. Supervise graduate internship program.

**Founder and Executive Director: Arbor House, 2006-6/2019**  
Arkansas licensed residential treatment facility for errant youth.



**Assistant Professor: UALR School of Social Work, fall 2001– spring 2002**

I taught graduate courses full-time. I taught Human Behavior in the Social Environment, Social Welfare Policies and Services and Child Behavior and Treatment. I was a member of two faculty committees.

**County Supervisor: AR. Dept of Human Services-Division of Children and Family Services 1997– 8/1999**

Through the oversight of lower level supervisors, I managed a Division of Children and Family Services county office. My office was charged with child protection and family services for over 200 families in Pulaski County.

**Distant past work history**

Worked as probation officer at Pulaski County Circuit Court, deputy at Pulaski County Sheriff Office, addiction counselor at Division of Youth Services and Department Arkansas Department of Corrections, and multiple private substance use treatment facilities.

**Private contract work**

**Current**

4/2018-Present: Affiliate Contract Agreement with **Perspectives Ltd** to provide EAP services and/or Department of Transportation (DOT) qualified substance abuse evaluations.

4/2014-Present: Affiliate Contract Agreement with **American Substance Abuse Professionals** to provide Department of Transportation (DOT) qualified substance abuse evaluations.

7/2014-Present: Affiliate Contract Agreement with **Substance Abuse Professional Referral Services, LLC** to provide Department of Transportation (DOT and non-DOT) qualified substance abuse evaluations.

11/2014-Present: Affiliate Contract Agreement with **Alliance Work Partners** to provide Department of Transportation (DOT) qualified substance abuse evaluations.

5/2011-Present: Contracted by **Philander Smith College** to provide mental health services to college students and consultation services for staff.

**Past**

7/2007-6/2019: Contracted by **DHS/Division of Children and Family Services (DCFS)** to provide residential treatment and individual and family counseling for errant male teens in Pulaski County, Arkansas.

10/2001-6/2018: Contracted by **United Family Services** (a not-for-profit children and family service agency) to provide social history assessments and counseling to juveniles and families.

3/2012-6/2018: Contracted by **DHS/Division of Youth Services (DYS)** to provide *home evaluations* on juvenile offenders who have applied through interstate compact probation services to reside in the state of Arkansas.

10/2013-2016: Contracted by **Pulaski County Government** to provide mental health services for detainees at the Pulaski County Juvenile Detention Center and supervision and training of interns from the U.A.L.R. School of Social Work at the detention site as well.

12/2012-6/2017: Contracted by **DHS/Division of Youth Services** to provide (DYS) *residential placement*, counseling, and reintegration services upon discharge from state juvenile institutions.

10/2010-5/2014: Contracted by **Adams and Associates** to provided mental health services for youth and young adults at Little Rock Jobs Corps Center.

2002-2006: Contracted by **Levis Strauss & Co** to provide on onsite Employee Assistance Program (EAP) Services

### **Currently approved by the following insurance companies**

Aetna  
Blue Cross  
Magellan EAP provider  
Cigna EAP provider

### **Education**

BA Degree, Psychology (U of A at Little Rock)	1983
MSW Degree, Social Work (U of A at Little Rock)	1997
Ph.D, Social Work (Jackson State University, Mississippi)	2013

Dean's Award in recognition of highest GPA in School of Social Work in graduating class

### **Licenses and Certificates**

- Advanced Alcohol and Drug counselor; certified by Arkansas Substance Abuse Certification Board since 1989.
- Licensed Clinical Social Worker; licensed by Arkansas Social Work Licensing Board since 2000
- Certified Clinical Supervisor since 2002. Credential is recognized by Arkansas Substance Abuse Certification Board and Arkansas State Board of Examiners of Alcoholism and Drug Counselors
- Licensed Alcoholism and Drug Abuse Counselor; licensed by Arkansas State Board of Examiners of Alcoholism and Drug Counselors since 2001

- Substance Abuse Professional (SAP) credential to provide Department of Transportation (DOT) qualified evaluations since 2014
- Trained in Moral Reconciliation Therapy (MRT) in 2019, a counseling method specifically developed for criminal offender and chronic alcohol and drug abuser populations

**Volunteer Service**

Previously served on board of Save Our Children, Inc. (1997 – 2001). Save Our Children is a nonprofit agency created to provide mentoring and psychotherapy for children who have experienced sudden loss of a family member through violence and/or incarceration.

Previously served (2001-2002) on board of Southwest Counseling and Learning Center in Little Rock, Arkansas. Southwest is a children and family service center for the underprivileged.

# Jackson State University

Jackson



Mississippi

On the recommendation of the Faculty and by virtue of the authority vested in them, the Board of Trustees of Institutions of Higher Learning,

State of Mississippi hereby confers upon

**Antimore H. Jackson**

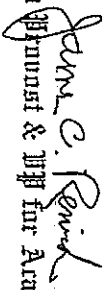
the degree of

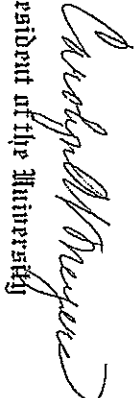
**Doctor of Philosophy**

**Social Work**

with all the rights, privileges, honors and immunities thereunto appertaining.  
Given at Jackson State University in the State of Mississippi this the fourth day of May, in the year of our Lord two thousand thirteen.

  
President of the Board of Trustees

  
Interim Provost & Dean for Academic Affairs

  
President of the University

  
Registrar

# Certificate of Completion

MAY IT BE KNOWN BY ALL WHO READ THIS THAT

**Antimoore Jackson**

HAS COMPLETED 32 HOURS OF BASIC TRAINING IN  
MORAL RECONATION THERAPY®

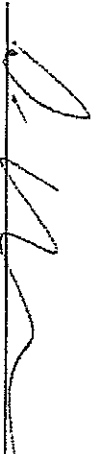
PRESENTED THIS

**28<sup>th</sup> Day of February 2019**

**Correctional  
Counseling, Inc.**



**NREPP**  
Included in SAMHSA's  
National Registry of  
Evidence-based  
Programs and Practices

  
President and Founder



Arkansas  
Social Work License Card

License No.

1568-C

Expiration Date:

9/30/2020

Antimoore H. Jackson, LCSW

14617 Sara Dr.

Little Rock AR 72206-5410

Card bearer is licensed and in good standing with the Arkansas  
Social Work Licensing Board

Chairman



State of Arkansas  
Board of Examiners of Alcoholism  
and Drug Abuse Counselors  
certifies that

**Antimoore Jackson**

is currently licensed under the authority  
of Act 443 of 2009 as a

**LICENSED ALCOHOLISM & DRUG ABUSE COUNSELOR**

Date of Issue	License No.	Expiration Date
10/12/2001	050L	12/31/21

Board Administrator

ARKANSAS STATE POLICE

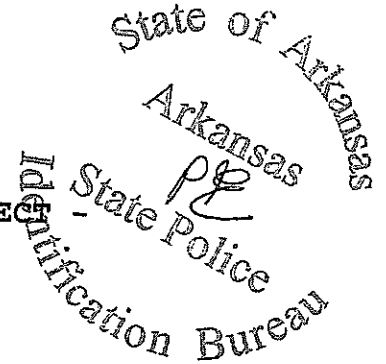
# Arkansas Criminal History Report

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

Subject of Record

Last: **Jackson** First: **Antimoore** Middle: **Hugh**  
Date of Birth: **10/23/1959** Sex: **M** Race: **B**  
Social Security Number: **429299083** (not verified, supplied at time of request)

**- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT -**



Requester Information

Transaction Number: **CHW002304888**  
Date: **09/29/2017** Agency Reporting: **Arkansas State Police**  
Purpose: **In accordance with Arkansas Code § 9-28-409 regarding child welfare agencies**  
Released To: **Peggy Epperson On Behalf of Antimoore Jackson**  
Representing: **Arbor House**  
Mailing Address: **14617 Sara Drive Little Rock, AR 72206**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last three (3) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.

AGENCY LICENSE# \_\_\_\_\_

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION  
PLACEMENT AND RESIDENTIAL LICENSING UNIT

Authorization for release of confidential information:  
ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY

THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED

Mail completed form and \$10.00 check or money order made out to DHS to: Child Maltreatment Registry, Slot S 566, P.O. Box 1437, Little Rock, AR 72203. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7 - 10 business days for processing.

This information should be addressed to:

Antimoore Jackson, Sr. Director Arbor House  
Name/Title (print) Agency Requesting the Report

2401 E. 2nd Street  
Address (physical) 501-952-5275 Telephone # 501-888-3576 Fax #

14617 Sara Drive  
Address (provide mailing, if different than physical) Little Rock, AR 72206 Date of Request 8-27-18

Name of Applicant: Antimoore Jackson, Sr  
Maiden Name/Other Names Used: \_\_\_\_\_  
Race: Blk Sex: M Age/DOB: 58/10-23-59 SSN: 429-29-9083

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_  
**THE ARKANSAS CHILD ABUSE & NEGLECT CENTRAL REGISTRY**  
SEP 05 2018

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_  
**CONTAINS NO RECORD UNDER THE REFERENCED NAME(S)**  
**PHYLLIS PERRY-DOBSON**

Present Address: (since \_\_\_\_\_ ) \_\_\_\_\_



Previous Addresses (from the last six years):

1) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

2) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

3) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

4) \_\_\_\_\_  
From \_\_\_\_\_

Cities and States of Employment (outside of Arkansas) for last six years:

1) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

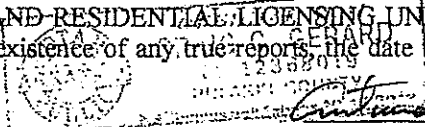
2) \_\_\_\_\_  
From \_\_\_\_\_  
SEP 05 2018  
CONTAINS NO RECORD UNDER  
THE REFERENCED NAME(S)  
PHYLLIS PERRY-DODSON

3) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

4) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release to the above requesting agency and to the ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION, PLACEMENT AND RESIDENTIAL LICENSING UNIT, the results from the Arkansas Child Maltreatment Central Registry to include the existence of any true reports, the date the investigation was completed, and the type of true report.



Phyllis Perry-Dodson 8-27-18  
SIGNATURE OF PERSON TO BE CHECKED DATE

County of Pulaski State of Arkansas

Acknowledged before me, this 27th day of August, 2018

Phyllis Perry-Dodson  
Notary Public

My commission expires: 12/31/19

THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date (PP) (PP)

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found  
Examiner's Signature and Date \_\_\_\_\_

SEND A COPY OF THE RESULTS CONTAINING TRUE REPORTS TO:  
PLACEMENT AND RESIDENTIAL LICENSING UNIT 2017 E. Race Ave. Searcy, AR 72143 Phone 501-268-2714



**We want your feedback!**

Please visit [nsc.org/firstaidevaluation](http://nsc.org/firstaidevaluation) to take a brief survey and share your opinions about the NSC course you completed.

**NSC-in it for life**® [nsc.org/fatraining](http://nsc.org/fatraining)



Adult FA/CPRIAED  
Pediatric FA/CPRIAED

Security Control No.

*ANTIMOEBE JACKSON, SR*

has completed the

**NSC CPR Course**

Training Center: 2142211

Completion Date: 8-4-18

Expires: 8-4-20

Instructional Hours: 3

*Edw. S. Daddell*

2083997

Instructor Signature

Instructor No.

Keep this card for your records. Value reproduced.

50M03052018 1015 900008130 ©2016 National Safety Council 79174-0000



**We want your feedback!**

Please visit [nsc.org/firstaidevaluation](http://nsc.org/firstaidevaluation) to take a brief survey and share your opinions about the NSC course you completed.

**NSC-in it for life**® [nsc.org/fatraining](http://nsc.org/fatraining)



Adult FA/CPRIAED  
Pediatric FA/CPRIAED

Security Control No.

*ANTIMOEBE JACKSON, SR*

has completed the

**NSC First Aid Course**

Training Center: 2142211

Completion Date: 8-4-18

Expires: 8-4-20

Instructional Hours: 2

*Edw. S. Daddell*

2083997

Instructor Signature

Instructor No.

50M03052018 1015 900008129 ©2016 National Safety Council 79173-0000

## Job Description

The Case Manager is responsible for implementing counseling activities, providing technical assistance, and assisting in developing program plans for patients in need of rehabilitative care. This position is governed by state and federal laws and agency/institution policy.

## Typical Functions

Interviews clients to obtain background information and social history. Makes recommendations for admission. Conducts individual or group counseling sessions to increase client self-esteem and to aid client's social, emotional, psychological, and physical well-being. Participates in interdisciplinary team sessions to devise, review, and modify treatment plans for clients. Establishes and maintains contact with clients' families to provide information and to ensure that treatment plans are followed. Refers clients to other sources of help. Monitors, evaluates, and records client progress according to measurable goals described in treatment and care plans. Develops, implements, and monitors client treatment plans as a member of a diagnostic evaluation team. Prepares, maintains, and analyzes reports, including case work progress notes, quality assurance records, logs of activities, and documentation of sessions. Performs other duties as assigned.

## Special skills and knowledge

Knowledge of state laws and agency policies governing specific program area. Knowledge of principles and practices of counseling and social work. Knowledge of agency, community, and state human service resources. Knowledge of supervisory practices and procedures. Ability to plan, organize, and direct the work of others. Ability to interview, obtain, evaluate, and diagnose information related to problems and services needed. Ability to provide treatment, guidance, and counseling to clients. Ability to serve as a social advocate for clients by providing information and evaluating and monitoring treatment plans.

## Minimum education and experience

The formal education equivalent of a bachelor's degree in sociology, psychology, social work, and/or certified as a paraprofessional.

**ADRIAN D. LOVE**

801 South Rodney Parham

Little Rock, AR 72205

(501)256-2160

**OBJECTIVE:**

Seeking a position with a challenging employment that will utilize my education and professional skills and offer advancement opportunity.

**EDUCATION:**

1998 Henderson State University, Arkadelphia, Arkansas  
Bachelor of Science in Sports Management

429-~~76~~  
11-~~76~~

**EXPERIENCE:**

- Present Rivendell Behavioral Health Services Little Rock, Arkansas  
*Lead Case Manager for Little Rock Day School Outreach Program*
- Supervising three case managers
  - Conducting social skill groups and individual sessions daily
  - Maintaining a structure therapeutic environment
  - Documenting client's behavior in class and groups
- May 2007 Rivendell Behavioral Health Services Little Rock, Arkansas  
August 2005 *Program Manager for Little Rock Day School*
- Supervised staff of six teachers and five paraprofessionals
  - Planned group outings and educational events
  - Worked with a team to develop a behavior program
- August 2005 Rivendell Behavioral Health Services Benton, Arkansas  
September 2002 *Program Manager for Benton Day School*
- Maintain client records
  - Supervised staff of four teachers and four paraprofessionals
  - Planning events/activities
  - Provided training in numerous Keystone facilities
- September 2002 Rivendell Behavioral Health Services Little Rock, Arkansas  
January 2002 *Case Manager for Outreach Services*
- Provided outpatient rehabilitative services for persons with Mental illness.
  - Provided documentation of individual sessions.
  - Conducted home visits.
  - Actively participated in summer outreach program as a co-group facilitator for outreach patients (ages 7-15) with emotional and behavioral difficulties.
- January 2002 Rivendell Behavioral Health Services Little Rock, Arkansas  
September 1999 *Mental Health Associate II*
- Perform routine supervision of patients

- Enhanced the quality of the therapeutic milieu by exhibiting consistent and positive role model behavior
- Conducted social skills building groups

#### **HONORS AND ACTIVITIES:**

- High School Football: Outstanding Runningback Award, 1992 and All-State MVP-Defense, 1993
- Henderson State University Football Team- 1<sup>st</sup> Team All Conference Player 1995-1998
- Arkansas Athlete Outreach, 1995-1998
- Member of Alpha Phi Alpha Fraternity Inc.

#### **SUMMARY OF QUALIFICATIONS:**

- Course work included Principles of Accounting I, Organization and Administration, and Computer Science. Computer skills include: Microsoft Word & Excel, and Power Point Presentation
- Certified Paraprofessional for outpatient services. Certified in CPI, HWC, Basic First Aid, and CPR.
- Multi-task oriented and self-motivated and committed to excellence.
- Effective leadership abilities and discipline as a college athlete.

# Memoriam State University

has conferred upon

Adrian Beekman Stone

the degree of

Bachelor of Science

and all the rights, honors and privileges appertaining to that degree.

The ~~Address~~ address thereof, this diploma duly signed has been issued and the seal of the University hereunto affixed.

Passed by the Board of Trustees upon recommendation of the Faculty at Arkadelphia, Arkansas, on this eighteenth day of December, A. D., nineteen hundred and ninety-eight and in the one hundred and eighty year of the University.

Josiah T. Carter  
Chairman of Board of Trustees

Van M. [unclear]  
Secretary of Board of Trustees

Wm. H. [unclear]  
President

# CERTIFICATE OF COMPLETION

This certificate is awarded to

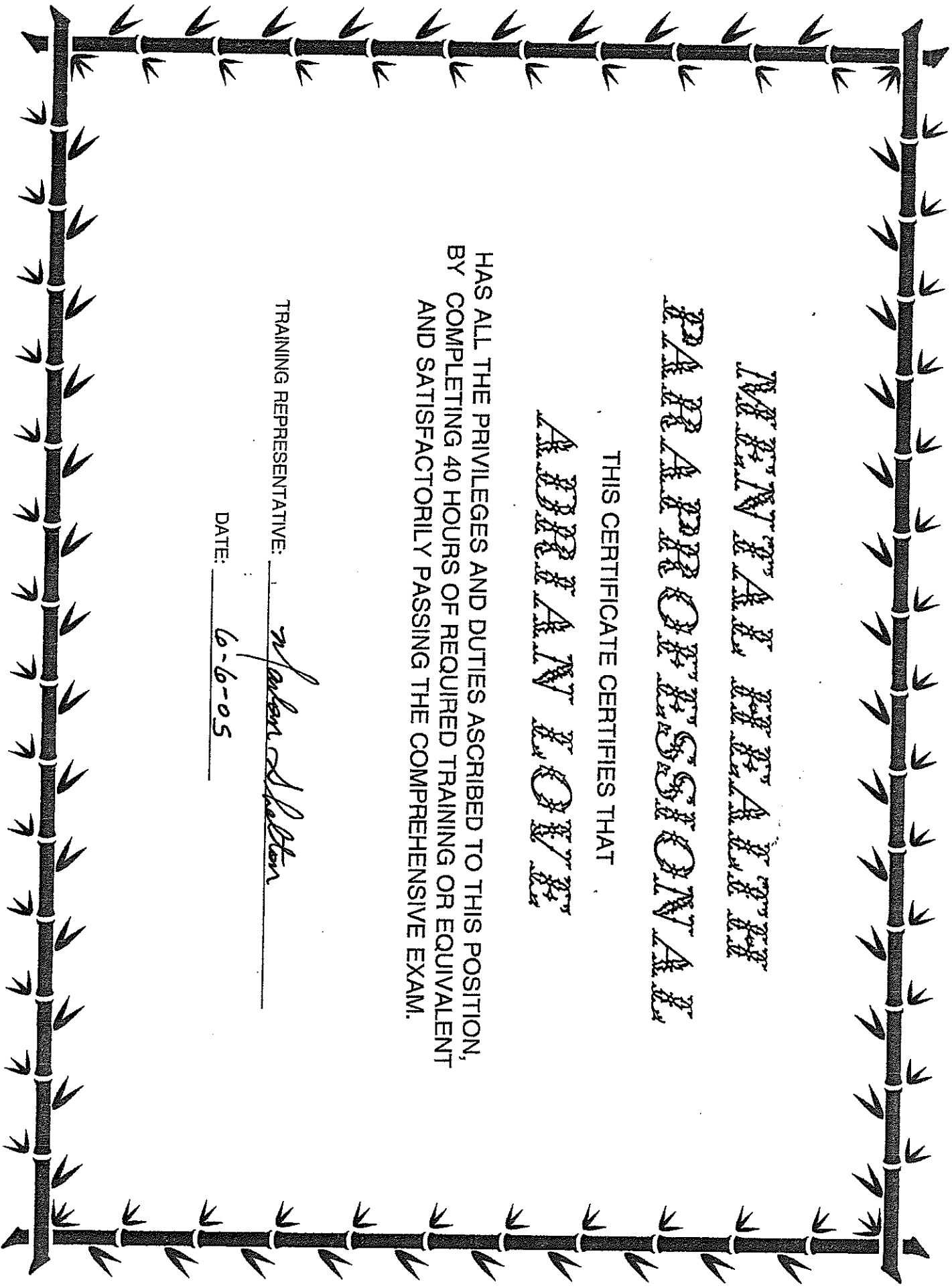
ADRIAN LOVE

IN RECOGNITION OF COMPLETION OF 30 HOURS OF CHILD WELFARE TRAINING

ARBOR HOUSE, INC.

Signature *Adrian Love* Date 3-21-17

Signature *Antwan Johnson* Date 3/21/17



WARRANTY FOR

PARAPROFESSORIAL

THIS CERTIFICATE CERTIFIES THAT

ABRIAN LORE

HAS ALL THE PRIVILEGES AND DUTIES ASCRIBED TO THIS POSITION,  
BY COMPLETING 40 HOURS OF REQUIRED TRAINING OR EQUIVALENT  
AND SATISFACTORILY PASSING THE COMPREHENSIVE EXAM.

TRAINING REPRESENTATIVE: W. J. ...

DATE: 6-6-05



ARKANSAS STATE POLICE

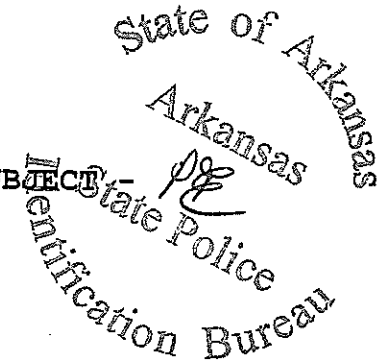
# Arkansas Criminal History Report

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

*Subject Information*

Last: **Love**                      First: **Adrian**                      Middle: **D**  
Date of Birth: **11/28/1975**                      Sex: **M**                      Race: **B**  
Social Security Number: **429356329** *(not verified, supplied at time of request)*

**- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT**



*Requester Information*

Transaction Number: **CHW002304877**  
Date: **09/29/2017**                      Agency Reporting: **Arkansas State Police**  
Purpose: **In accordance with Arkansas Code § 9-28-409 regarding child welfare agencies**  
Released To: **Peggy Epperson On Behalf of Antimoore Jackson**  
Representing: **Arbor House**  
Mailing Address: **14617 Sara Drive Little Rock, AR 72206**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

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This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last three (3) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.

AGENCY LICENSE# \_\_\_\_\_

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION  
PLACEMENT AND RESIDENTIAL LICENSING UNIT

RECEIVED

Authorization for release of confidential information:  
ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY CENTRAL REGISTRY

PAID \$10.00

THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.

Mail completed form and \$10.00 check or money order made out to DHS to: Child Maltreatment Registry, Slot S 566, P.O. Box 1437, Little Rock, AR 72203. This fee may be waived for non-profits who provide proof of 501(c)(3) status. Allow 7 - 10 business days for processing.

This information should be addressed to:

Antimone Jackson, Sr. / Director  
Name/Title (print)

Arbor House  
Agency Requesting the Report

2401 E. 2nd Street  
NLR, AR 72114

501-952-5275 501-888-3576  
Telephone # Fax #

Address (physical)

14617 Sara Drive  
Little Rock, AR 72206

Address (provide mailing, if different than physical)

8-27-18  
Date of Request

Name of Applicant:	<u>Adrian Deshaun Lowe</u>		
Maiden Name/Other Names Used:	_____		
Race:	<u>Black</u>	Sex:	<u>M</u>
Age/DOB:	<u>42 / 11/28/75</u>	SSN:	<u>429-35-6329</u>

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Full Name: \_\_\_\_\_  
DOB/Age: \_\_\_\_\_ / \_\_\_\_\_  
Relationship: \_\_\_\_\_  
SS# (if known): \_\_\_\_\_

Present Address: (since \_\_\_\_\_, \_\_\_\_\_ ) \_\_\_\_\_  
\_\_\_\_\_

Previous Addresses (from the last six years):

1) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

2) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

3) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

4) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

Cities and States of Employment (outside of Arkansas) for last six years:

1) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

2) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

3) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

4) \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_

THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release to the above requesting agency and to the ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION, PLACEMENT AND RESIDENTIAL LICENSING UNIT, the results from the Arkansas Child Maltreatment Central Registry to include the existence of any true reports, the date the investigation was completed, and the type of true report.

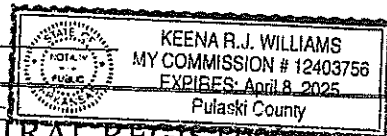
Adrian Rose 8-10-18  
SIGNATURE OF PERSON TO BE CHECKED DATE

County of Pulaski State of Arkansas

Acknowledged before me this 10th day of August, 2018

Keena R.J. Williams  
Notary Public

My commission expires: \_\_\_\_\_



THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY

The Arkansas Child Maltreatment Central Registry contains no record under the referenced name in a true report of child maltreatment.

Examiner's Initials and Date Tywanne Aug 8 2018

Please note that whenever there is a determination of child maltreatment, the person identified as the offender has the right to a hearing to contest that determination. The person's name may not be placed in the Central Registry until after the hearing decision. Therefore, the absence of a true report in the Child Maltreatment Central Registry does not imply that the person is or is not the subject of a completed child maltreatment investigation. Please check the Central Registry periodically as names can be added to the Central Registry based on new maltreatment reports and upon final administrative determination.

Information Found

Examiner's Signature and Date \_\_\_\_\_

SEND A COPY OF THE RESULTS CONTAINING TRUE REPORTS TO:  
PLACEMENT AND RESIDENTIAL LICENSING UNIT 2017 E. Race Ave. Searcy, AR 72143

Phone 501-268-2714

**Adrian Love**

Date	Title of Training	Start	End	Trainer
6/3/19	Basic counseling skills	6:45 pm	5:45 pm	af
6/10/19	Understanding Conduct Disorder	5 pm	6 pm	af
6/17/19	Signs and Symptoms of Mental Illness	5:15	6:15	af
6/24/19	Medication Management	5 pm	6 pm	af
	Activities of Dailey Living			
	Report Writing			
	Understanding Depression			
	Appropriate Child Disciplinary Action			
	Fire Safety and Maintenance			
	Understanding Family Dynamics			
	Impact of Recreational Activities			
	De-escalation Skills			
	Anger management			
	Basic counseling skills			
	Understanding Conduct Disorder			
	Signs and Symptoms of Mental Illness			
	Medication Management			
	Activities of Dailey Living			
	Report Writing			
	Understanding Depression			
	Appropriate Child Disciplinary Action			
	Fire Safety and Maintenance			
	Understanding Family Dynamics			
	Impact of Recreational Activities			
	De-escalation Skills			
	Anger management			
	Basic counseling skills			
	Understanding Conduct Disorder			
	Signs and Symptoms of Mental Illness			
	Medication Management			
	Activities of Dailey Living			
	Report Writing			

This log is to certify the above name of participant, type of training, date and time of training, and name of trainer Antwoine Jackson in 2019 and 2020.

Licensed Certified Social Worker (LCSW)

**Adrian Love**

Date	Title of Training	Start	End	Trainer
10/24/18	Basic counseling skills	5 pm	6 pm	af
10/29/18	Understanding Conduct Disorder	5:30 pm	6:30 pm	af
11/5/18	Signs and Symptoms of Mental Illness	5 pm	6 pm	af
11/12/18	Medication Management	5 pm	6 pm	af
11/19/18	Activities of Dailey Living	6:30 pm	7:30 pm	af
11/26/18	Report Writing	6 pm	6 pm	af
12/3/18	Understanding Depression	5 pm	6 pm	af
12/10/18	Appropriate Child Disciplinary Action	5 pm	6 pm	af
12/17/18	Fire Safety and Maintenance	5 pm	6 pm	af
12/24/18	Understanding Family Dynamics	4:30 pm	5:30 pm	af
12/31/18	Impact of Recreational Activities	5 pm	6 pm	af
1/7/19	De-escalation Skills	5 pm	6 pm	af
1/14/19	Anger management	5:30 pm	6 pm	af
1/21/19	Basic counseling skills	5 pm	6 pm	af
1/28/19	Understanding Conduct Disorder	5 pm	6 pm	af
2/4/19	Signs and Symptoms of Mental Illness	4:30 pm	6 pm	af
2/11/19	Medication Management	5 pm	6 pm	af
2/18/19	Activities of Dailey Living	5 pm	6 pm	af
2/25/19	Report Writing	5 pm	6 pm	af
3/4/19	Understanding Depression	4:45 pm	5:45 pm	af
3/11/19	Appropriate Child Disciplinary Action	5 pm	6 pm	af
3/18/19	Fire Safety and Maintenance	4:30 pm	5:30 pm	af
3/25/19	Understanding Family Dynamics	5:15 pm	6:15 pm	af
4/1/19	Impact of Recreational Activities	5 pm	6 pm	af
4/8/19	De-escalation Skills	5 pm	6 pm	af
4/15/19	Anger management	5:15 pm	6:15 pm	af
4/22/19	Basic counseling skills	5 pm	6 pm	af
4/29/19	Understanding Conduct Disorder	5 pm	6 pm	af
5/6/19	Signs and Symptoms of Mental Illness	6 pm	7 pm	af
5/13/19	Medication Management	6 pm	7 pm	af
5/20/19	Activities of Dailey Living	5 pm	6 pm	af
5/27/19	Report Writing	5 pm	6 pm	af

This log is to certify the above name of participant, type of training, date and time of training, and name of trainer Antwanne Jackson in 2018 and 2019.

Licensed Certified Social Worker (LCSW)



**We want your feedback!**

Please visit [nsc.org/firstaidevaluation](http://nsc.org/firstaidevaluation) to take a brief survey and share your opinions about the NSC course you completed.

**NSC-in it for life** [nsc.org/fatraining](http://nsc.org/fatraining)



Adult FA/CPR/AED  
Pediatric FA/CPR/AED

Security Control No.  
739885

Adrian LOVE

has completed the

**NSC CPR Course**

Training Center: 2142211

Completion Date: 8-4-18

Expires: 8-4-20

Instructional Hours: 3

2083997

Adrian LOVE

Instructor Signature

Instructor No.

NSC Form 1000 (Rev. 10/15) (For your records, send in separate envelope)



**We want your feedback!**

Please visit [nsc.org/firstaidevaluation](http://nsc.org/firstaidevaluation) to take a brief survey and share your opinions about the NSC course you completed.

**NSC-in it for life** [nsc.org/fatraining](http://nsc.org/fatraining)



Adult FA/CPR/AED  
Pediatric FA/CPR/AED

Security Control No.

Adrian LOVE

has completed the

**NSC First Aid Course**

Training Center: 2142211

Completion Date: 8-4-18

Expires: 8-4-20

Instructional Hours: 2

2083997

Adrian LOVE

Instructor Signature

Instructor No.

## Residential Care worker Job Description

The Residential Care worker is responsible for teaching life skills and providing guidance to residents at Arbor House. This position is governed by state and federal laws and agency/institution policy.

### Typical Functions

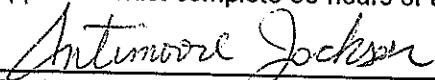
Provides and instructs residents in living skills, such as personal hygiene, housekeeping procedures, financial management, and individual counseling. Ensures a clean, safe, and secure environment conducive to behavioral changes based on program rules and regulations. Assists in writing individualized plans for residents, planning, monitoring, and developing progress reports. Observes residents to monitor activities and behavior, counsels residents to reinforce positive behaviors, and promotes social interaction. Maintains and compiles daily evaluations of behavioral reports by noting residents' actions, medical problems, and disciplinary and rules violations. Organizes, arranges, and escorts residents on recreational activity trips, and conducts drills and physical training. Participates in the inspection of the living unit for fire, safety, and maintenance purposes. Performs other duties as assigned.

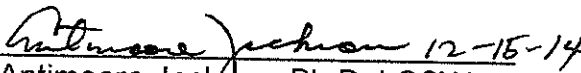
### Special skills and knowledge

Knowledge of facility residential services, rules, and regulations. Ability to oversee and direct residents at a private facility. Ability to observe residents and write detailed reports regarding residents' behavior and progress. Ability to advise and counsel residents. Ability to de-escalate violent and unusual behavior. Ability to perform general housekeeping duties.

### Minimum education and experience

The formal education equivalent of a high school diploma; plus one year of experience providing direct care services, work in a related field, or documented performance of responsible work history; each applicant must complete 30 hours of agency training if full-time and 15 if part-time.

  
Antimoore Jackson, Jr.

  
Antimoore Jackson, Ph.D, LCSW

# Little Rock School District

This Certifies That

**Antimmore Jackson**

has satisfied the requirements for graduation and is entitled to receive this

**Diploma**

from

**Central High School**

Given by order of the Board of Directors

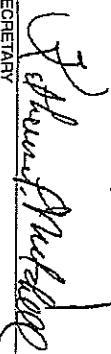
June 2, 1999

*Date of Award*


PRESIDENT



SECRETARY



SUPERINTENDENT



PRINCIPAL





# CERTIFICATE OF COMPLETI

This certificate is awarded to

ANTIMOORE JACKSON, JR.

IN RECOGNITION OF COMPLETION OF 30 HOURS OF CHILD WELFARE TRAINING

ARBOR HOUSE, INC.

*Antimoore Jackson*  
Signature

3/21/17  
Date

*Antimoore Jackson*  
Signature

3/21/17  
Date

ARKANSAS STATE POLICE

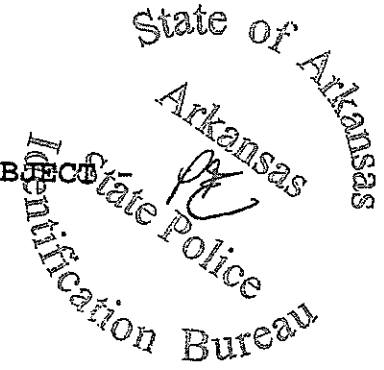
# Arkansas Criminal History Report

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

Subject of Record

Last: **Jackson**      First: **Antimoore**      Middle:  
Date of Birth: **02/24/1981**      Sex: **M**      Race: **B**  
Social Security Number: **431652820** (not verified, supplied at time of request)

**- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT**



Requester Information

Transaction Number: **CHW002304885**  
Date: **09/29/2017**      Agency Reporting: **Arkansas State Police**  
Purpose: **In accordance with Arkansas Code § 9-28-409 regarding child welfare agencies**  
Released To: **Peggy Epperson On Behalf of Antimoore Jackson**  
Representing: **Arbor House**  
Mailing Address: **14617 Sara Drive Little Rock, AR 72206**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last three (3) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION  
PLACEMENT AND RESIDENTIAL LICENSING UNIT  
Authorization for release of confidential information:  
ARKANSAS CHILD MALTREATMENT CENTRAL REGISTRY

THIS FORM WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS COMPLETED.

Mail completed form and \$10.00 check or money order made out to DHS to: Child Maltreatment Registry, Slot 56, P.O. Box 1437, Little Rock, AR 72203. This fee may be waived for non-profits who provide proof of 501(c) status. Allow 7 - 10 business days for processing.

RECEIVED

DEC 19 2016

CENTRAL REGISTRY  
PAID \$10.00

This information should be addressed to:

Antimooore Jackson / CEO  
Name/Title (print)

Arbor House  
Agency Requesting the Report

2401 E. 2nd

501-952-5275 501-945-8191  
Telephone # Fax #

NLR, AR 72114

Address (physical)

14617 Sara Drive

Little Rock, AR 72206

Address (provide mailing, if different than physical)

12-6-16

Date of Request

Name of Applicant: Antimooore Jackson

Maiden Name/Other Names Used: \_\_\_\_\_

Race: B Sex: M Age/DOB: 35 102-27-81 SSN: 431-65-2820

Children (related or non-related) now residing or who have resided in the home at any time and all biological children, even if they have not resided in the home:

Full Name: Allison

DOB/Age: 15 1 05-9-01

Full Name: \_\_\_\_\_

1) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_  
 3) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_

2) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_  
 4) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_

**RECEIVED**  
 DEC 19 2016

CENTRAL REGISTRY  
 PAID \$10.00

Cities and States of Employment (outside of Arkansas) for last six years:

1) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_  
 3) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_

2) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_  
 4) \_\_\_\_\_  
 \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED ONLY WITH A NOTARY**

"I hereby authorize the Arkansas Child Maltreatment Central Registry to release to the above requesting agency and to ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION, PLACEMENT AND RESIDENTIAL LICENSING UNIT, the results from the Arkansas Child Maltreatment Central Registry to include the existence of any true reports, the date the investigation was completed, and the type of report.

Antoinette Jackson  
 SIGNATURE OF PERSON TO BE CHECKED DATE

County of Pulaski State of Arkansas

Acknowledged before me, this 8 day of December, 2016

Michael Lewis  
 Notary Public

MICHAEL LEWIS  
 PULASKI COUNTY  
 NOTARY PUBLIC - ARKANSAS  
 My Commission Expires August 11, 2020  
 Commission # 12877845

My commission expires: August 11, 2020

**THE FOLLOWING IS TO BE COMPLETED BY CENTRAL REGISTRY**

The Arkansas Child Maltreatment Central Registry contains no record under the reference number \_\_\_\_\_ for the type of maltreatment \_\_\_\_\_

**Antimoore Jackson, Jr.**

Date	Title of Training	Start	End	Trainer
12/31/18	Basic counseling skills	7:00 AM	8:00 AM	af
1/11/19	Understanding Conduct Disorder	7:15 AM	8:15 AM	af
1/17/19	Signs and Symptoms of Mental Illness	7:00 AM	8:00 AM	af
1/24/19	Medication Management	7:00 AM	8:00 AM	af
1/21/19	Activities of Dailey Living	7:15 AM	8:15 AM	af
1/28/19	Report Writing	7:30 AM	8:30 AM	af
2/4/19	Understanding Depression	7:15 AM	8:15 AM	af
2/11/19	Appropriate Child Disciplinary Action	7:15 AM	8:15 AM	af
2/18/19	Fire Safety and Maintenance	7:00 AM	8 AM	af
2/25/19	Understanding Family Dynamics	7:00 AM	8:00 AM	af
3/4/19	Impact of Recreational Activities	7 AM	8 AM	af
3/11/19	De-escalation Skills	7 AM	8 AM	af
3/18/19	Anger management	8 AM	9 AM	af
3/25/19	Basic counseling skills	7:20 AM	8:30 AM	af
4/1/19	Understanding Conduct Disorder	7:00 AM	8:00 AM	af
4/8/19	Signs and Symptoms of Mental Illness	7:15 AM	8:15 AM	af
4/15/19	Medication Management	7:00 AM	8:00 AM	af
4/22/19	Activities of Dailey Living	7:15 AM	8:15 AM	af
4/29/19	Report Writing	7:30 AM	8:30 AM	af
5/6/19	Understanding Depression	7:00 AM	8:00 AM	af
5/13/19	Appropriate Child Disciplinary Action	7:15 AM	8:15 AM	af
5/20/19	Fire Safety and Maintenance	7:00 AM	8:00 AM	af
5/27/19	Understanding Family Dynamics	7:30 AM	8:30 AM	af
6/3/19	Impact of Recreational Activities	7 AM	8 AM	af
6/10/19	De-escalation Skills	7:15 AM	8:15 AM	af
6/17/19	Anger management	7 PM	8 PM	af
6/24/19	Basic counseling skills	7:15 AM	8:15 AM	af
	Understanding Conduct Disorder			
	Signs and Symptoms of Mental Illness			
	Medication Management			
	Activities of Dailey Living			
	Report Writing			

This log is to certify the above name of participant, type of training, date and time of training.

**Antimoore Jackson, Jr.**

Date	Title of Training	Start	End	Trainer
5/21/18	Basic counseling skills	7:00 AM	8:00 AM	af
5/28/18	Understanding Conduct Disorder	7:00 AM	8:00 AM	af
6/4/18	Signs and Symptoms of Mental Illness	7:30 AM	8:30 AM	af
6/11/18	Medication Management	7:00 AM	8:00 AM	af
6/18/18	Activities of Dailey Living	7:00 AM	8:00 AM	af
6/25/18	Report Writing	7:00 AM	8:00 AM	af
7/2/18	Understanding Depression	7:00 AM	8:00 AM	af
7/9/18	Appropriate Child Disciplinary Action	7:15 AM	8:15 AM	af
7/16/18	Fire Safety and Maintenance	7:00 AM	8:00 AM	af
7/23/18	Understanding Family Dynamics	7:00 AM	8:00 AM	af
7/30/18	Impact of Recreational Activities	7:00 AM	8:00 AM	af
8/6/18	De-escalation Skills	6:50 AM	7:30 AM	af
8/13/18	Anger management	7:00 AM	8:00 AM	af
8/20/18	Basic counseling skills	7:00 AM	8:00 AM	af
8/27/18	Understanding Conduct Disorder	6:45 AM	7:45 AM	af
9/3/18	Signs and Symptoms of Mental Illness	7:00 AM	8:00 AM	af
9/10/18	Medication Management	7:00 AM	8:00 AM	af
9/17/18	Activities of Dailey Living	7:00 AM	8:00 AM	af
9/24/18	Report Writing	7:30 AM	8:30 AM	af
10/1/18	Understanding Depression	7:00 AM	8:00 AM	af
10/8/18	Appropriate Child Disciplinary Action	7:15 AM	8:15 AM	af
10/15/18	Fire Safety and Maintenance	7:00 AM	8:00 AM	af
10/22/18	Understanding Family Dynamics	7:15 AM	8:15 AM	af
10/29/18	Impact of Recreational Activities	7:00 AM	8:00 AM	af
11/5/18	De-escalation Skills	6:45 AM	7:45 AM	af
11/12/18	Anger management	7:00 AM	8:00 AM	af
11/19/18	Basic counseling skills	6:50 AM	7:50 AM	af
11/26/18	Understanding Conduct Disorder	7:00 AM	8:00 AM	af
12/3/18	Signs and Symptoms of Mental Illness	7:30 AM	8:30 AM	af
12/10/18	Medication Management	7:00 AM	8:00 AM	af
12/17/18	Activities of Dailey Living	7:00 AM	8:00 AM	af
12/24/18	Report Writing	7:30 AM	8:30 AM	af

This log is to certify the above name of participant, type of training, date and time of training, and name



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Please visit [nsc.org/firstaidevaluation](http://nsc.org/firstaidevaluation) to take a brief survey and share your opinions about the NSC course you completed.

**NSC-in it for life®** [nsc.org/fatraining](http://nsc.org/fatraining)



Adult FA/CPR/AED  
Pediatric FA/CPR/AED

Security Control No.

ANTHONY JACKSON, JR.

has completed the  
**NSC First Aid Course**

Training Center: 2142211  
Completion Date: 8-4-18  
Expires: 8-4-20  
Instructional Hours: 2  
Edi Caldwell 2083997  
Instructor Signature Instructor No.



**We want your feedback!**

Please visit [nsc.org/firstaidevaluation](http://nsc.org/firstaidevaluation) to take a brief survey and share your opinions about the NSC course you completed.

**NSC-in it for life®** [nsc.org/fatraining](http://nsc.org/fatraining)



Adult FA/CPR/AED  
Pediatric FA/CPR/AED

Security Control No.

ANTHONY JACKSON, JR.

has completed the  
**NSC CPR Course**

Training Center: 2142211  
Completion Date: 8-4-18  
Expires: 8-4-20  
Instructional Hours: 3  
Edi Caldwell 2083997  
Instructor Signature Instructor No.

Keep this card for your records. Void if reproduced.