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

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 1983
(U of A at Little Rock)
MSW Degree, Social Work 1997
(U of A at Little Rock)
Ph.D, Social Work 2013
(Jackson State University, Mississippi)
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 since1989.
- 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

- Substance Abuse Professional (SAP) credential to provide Department of Transportation (DOT) qualified evaluations since 2014

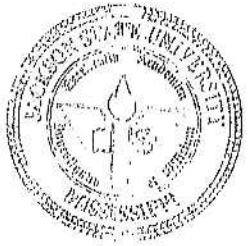
- Trained in Moral Reconation Therapy (MRT) in 2019, a counseling method specifically developed for criminal offender and chronic alcohol and drug abuser populations

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 Universi

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 fourt May, in the year of our Lord two thousand thirteen.

President of the Board of Trustees

President of the University

Interim Provost & VP for Academic Affairs

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

28th Day of February 2019

CCI MRT

Correctional
Counseling, Inc.

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

President and Founder

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 -

State of Arkansas Arkansas State Police Identification Bureau

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.

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 ARKANSAS CHILD ABUSE & NEGLECT CENTRAL REGISTRY

SEP 05 2018

CONTAINS NO RECORD UNDER THE REFERENCED NAME(S) PHYLLIS PERRY-DODSON

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.

SIGNATURE OF PERSON TO BE CHECKED 8-27-18 DATE

County of Pulaski State of Arkansas

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

Notary Public

My commission expires: 10/16/19

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 (PPP)

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

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.

PAID $10.00

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
NLR, AR 72114
Address (physical)

501-952-5275 Telephone #

501-888-3576 Fax #

14617 Sara Drive
Little Rock, AR 72206
Address (provide mailing, if different than physical)

8-27-18 Date of Request

Name of Applicant: Antimoore Jackson, Sr
Maiden Name/Other Names Used: _____
Race: BLK **Sex:** M **Age/DOB:** 5810-23-59 **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:

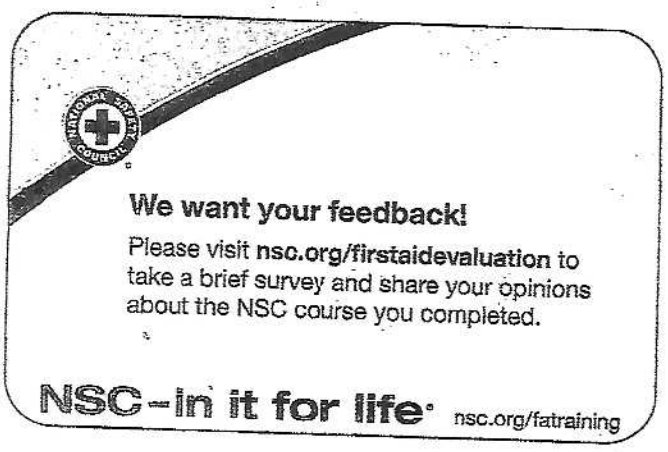
Full Name: _____
DOB/Age: ___ / _____
Relationship: _____
SS# (if known): _____

Full Name: _____
DOB/Age: ___ / _____

Full Name: _____
DOB/Age: ___ / _____
Relationship: _____
SS# (if known): _____

Full Name: _____
DOB/Age: ___ / _____

THE ARKANSAS CHILD ABUSE & NEGLECT CENTRAL REGISTRY
SEP 05 2018
CONTAINS NO RECORD UNDER THE REFERENCED NAME(S)
PHYLLIS PERRY-DORSON



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

Security Control No. [illegible]

ANTIMOBBE JACKSON, SR

has completed the

NSC CPR Course

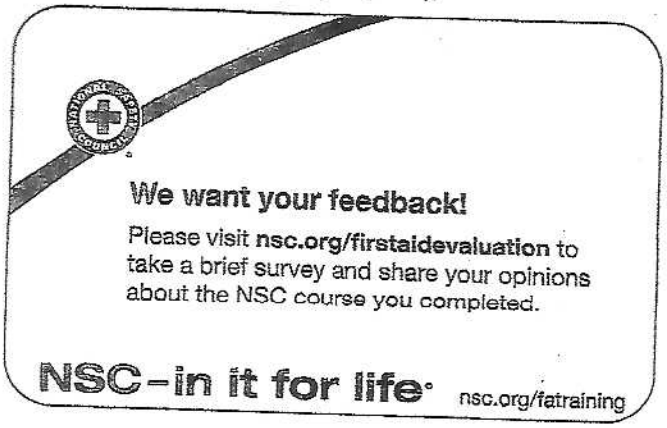
Training Center: 2142211
Completion Date: 8-4-18
Expires: 8-4-20
Instructional Hours: 3

Instructor Signature

2083997
Instructor No.

Keep this card for your records. Void if reproduced.

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



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

Security Control No.

ANTIMOBBE JACKSON, SR.

has completed the

NSC First Aid Course

Training Center: 2142211
Completion Date: 8-4-18
Expires: 8-4-20
Instructional Hours: 2

Instructor Signature

2083997
Instructor No.

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

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

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
August 2005 Rivendell Behavioral Health Services Little Rock, Arkansas
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
September 2002 Rivendell Behavioral Health Services Benton, Arkansas
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
January 2002 Rivendell Behavioral Health Services Little Rock, Arkansas
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
September 1999 Rivendell Behavioral Health Services Little Rock, Arkansas
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- 1st 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.

Henderson State University

has conferred upon

Adrian Deshawn Love

the degree of

Bachelor of Science

and all the rights, honors and privileges appertaining to that degree.
In Witness thereof, this diploma duly signed has been issued and
the seal of the University hereunto affixed.

Issued 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 eighth year of the University.

Jodie T. Carter
Chairman of Board of Trustees

Secretary of Board of Trustees

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.

Adrian Love — Signature — 3-21-17 — Date

Antimone Jackson LCSW — Signature — 3/21/17 — Date

MENTAL HEALTH PARAPROFESSIONAL

THIS CERTIFICATE CERTIFIES THAT

ADRIAN LOVE

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: Marian Shelton

DATE: 6-6-05

Previous Addresses (from the last six years):

1) _____ 2) _____

From _____ to _____ From _____ to _____

3) _____ 4) _____

From _____ to _____ From _____ to _____

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

1) _____ 2) _____

From _____ to _____ From _____ to _____

3) _____ 4) _____

From _____ to _____ 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.

Tawanda Poore 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

Notary Public

My commission expires: _____

KEENA R.J. WILLIAMS
MY COMMISSION # 12403756
EXPIRES: April 8, 2025
Pulaski County

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

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

Licensed Certified Social Worker (LCSW)

We want your feedback!

Please visit **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

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

Security Control No. 739665

Adrian Love

has completed the

NSC CPR Course

Training Center: 2142211
Completion Date: 8-4-18
Expires: 8-4-20
Instructional Hours: 3

Instructor Signature

Instructor No. 2083997

Keep this card for your records. Void if reproduced.

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

We want your feedback!

Please visit **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

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: 3

Instructor Signature

Instructor No. 2083997

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

Little Rock School District

This Certifies That

Antimoore 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

LITTLE ROCK SCHOOL DISTRICT

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 LCSW — 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 Report

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 -

State of Arkansas Arkansas State Police Identification Bureau

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**

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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:

Antimoore Jackson/CEO
Name/Title (print)

Arbor House
Agency Requesting the Report

2401 E. 2nd
NLR, AR 72114
Address (physical)

501-952-5275
Telephone #

501-945-8191
Fax #

14617 Sara Drive
Little Rock, AR 72206
Address (provide mailing, if different than physical)

12-6-16
Date of Request

Name of Applicant: Antimoore Jackson
Maiden Name/Other Names Used:
Race: B **Sex:** M **Age/DOB:** 35 02-24-81 **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 / 05-9-01

Full Name:
DOB/Age:

1) _____ From _____ to _____

2) _____ From _____ to _____

3) _____ 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 _____

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 ARKANSAS DEPARTMENT OF HUMAN SERVICES, DIVISION OF CHILD CARE & EARLY CHILDHOO EDUCATION, PLACEMENT AND RESIDENTIAL LICENSING UNIT, the results from the Arkansas Child Maltreatm Central Registry to include the existence of any true reports, the date the investigation was completed, and the type of n report.

Antimore Jackson
SIGNATURE OF PERSON TO BE CHECKED DAT

County of Pulaski State of Arkansas

Acknowledged before me, this 8 day of December, 2016

Mildred Lewis
Notary Public

MILDRED LEWIS
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires August 11, 2020
Commission # 12377645

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 refer
maltreatment

Antimoore Jackson, Jr.

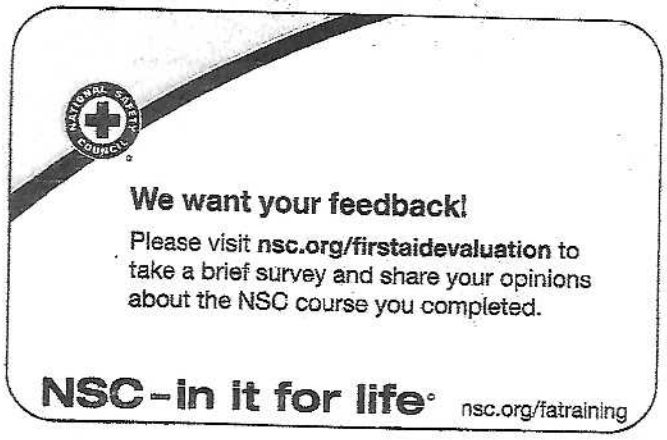
Date	Title of Training	Start	End	Trainer
12/31/18	Basic counseling skills	700 PM	800 PM	aj
1/1/19	Understanding Conduct Disorder	715 AM	815 AM	aj
1/7/19	Signs and Symptoms of Mental Illness	700 AM	800 AM	aj
1/14/19	Medication Management	700 AM	800 AM	aj
1/21/19	Activities of Dailey Living	715 AM	815 AM	aj
1/28/19	Report Writing	730 AM	830 AM	aj
2/4/19	Understanding Depression	715 AM	815 AM	aj
2/11/19	Appropriate Child Disciplinary Action	715 AM	815 AM	aj
2/18/19	Fire Safety and Maintenance	700 AM	8 AM	aj
2/25/19	Understanding Family Dynamics	700 AM	800 PM	aj
3/4/19	Impact of Recreational Activities	7 AM	8 AM	aj
3/11/19	De-escalation Skills	7 AM	8 AM	aj
3/18/19	Anger management	8 AM	9 AM	aj
3/25/19	Basic counseling skills	730 AM	830 AM	aj
4/1/19	Understanding Conduct Disorder	700 AM	800 PM	aj
4/8/19	Signs and Symptoms of Mental Illness	715 AM	815 AM	aj
4/15/19	Medication Management	700 AM	800 AM	aj
4/22/19	Activities of Dailey Living	715 AM	815 AM	aj
4/29/19	Report Writing	730 AM	830 AM	aj
5/6/19	Understanding Depression	700 AM	800 PM	aj
5/13/19	Appropriate Child Disciplinary Action	715 AM	815 AM	aj
5/20/19	Fire Safety and Maintenance	700 PM	800 PM	aj
5/27/19	Understanding Family Dynamics	730 PM	830 PM	aj
6/3/19	Impact of Recreational Activities	7 PM	8 PM	aj
6/10/19	De-escalation Skills	715	815	aj
6/17/19	Anger management	7 PM	8 PM	aj
6/24/19	Basic counseling skills	715	815	aj
	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 [illegible]

Antimoore Jackson, Jr.

Date	Title of Training	Start	End	Trainer
5/21/18	Basic counseling skills	700 Am	800 Am	aj
5/26/18	Understanding Conduct Disorder	700 Am	800 Am	aj
6/4/18	Signs and Symptoms of Mental Illness	730 Am	830 Am	aj
6/11/18	Medication Management	7am	8am	aj
6/18/18	Activities of Dailey Living	7am	8am	aj
6/25/18	Report Writing	7am	8am	aj
7/2/18	Understanding Depression	7 Am	8 Am	aj
7/9/18	Appropriate Child Disciplinary Action	715 Am	815 Am	aj
7/16/18	Fire Safety and Maintenance	700 Am	800 Am	aj
7/23/18	Understanding Family Dynamics	7Am	8Am	aj
7/30/18	Impact of Recreational Activities	7Am	8Am	aj
8/6/18	De-escalation Skills	630 Am	730 Am	aj
8/13/18	Anger management	700 Am	800 Am	aj
8/20/18	Basic counseling skills	700 Am	800 Am	aj
8/27/18	Understanding Conduct Disorder	645 Am	745 Am	aj
9/3/18	Signs and Symptoms of Mental Illness	700 Am	800 Am	aj
9/10/18	Medication Management	700 Am	800 Am	aj
9/17/18	Activities of Dailey Living	700 Am	800 Am	aj
9/24/18	Report Writing	730 Am	830 Am	aj
10/1/18	Understanding Depression	730 Am	830 Am	aj
10/8/18	Appropriate Child Disciplinary Action	715 Am	815 Am	aj
10/15/18	Fire Safety and Maintenance	7Am	8Am	aj
10/22/18	Understanding Family Dynamics	715 Am	815 Am	aj
10/29/18	Impact of Recreational Activities	700 Am	800 Am	aj
11/5/18	De-escalation Skills	645 Am	745 Am	aj
11/12/18	Anger management	700 Am	8am	aj
11/19/18	Basic counseling skills	650 Am	750 Am	aj
11/26/18	Understanding Conduct Disorder	700 Am	800 Am	aj
12/3/18	Signs and Symptoms of Mental Illness	730 Am	830 Am	aj
12/10/18	Medication Management	700 Am	800 Am	aj
12/17/18	Activities of Dailey Living	715 Am	815 Am	aj
12/24/18	Report Writing	730 Am	830 Am	aj

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



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

Security Control No. 131092

ANTIMOORE JACKSON, JR.
has completed the
NSC First Aid Course

Training Center: 2142211
Completion Date: 8-4-18
Expires: 8-4-20
Instructional Hours: 2

Instructor Signature
Instructor No. 2083997

Keep this card for your records. Void if reproduced.

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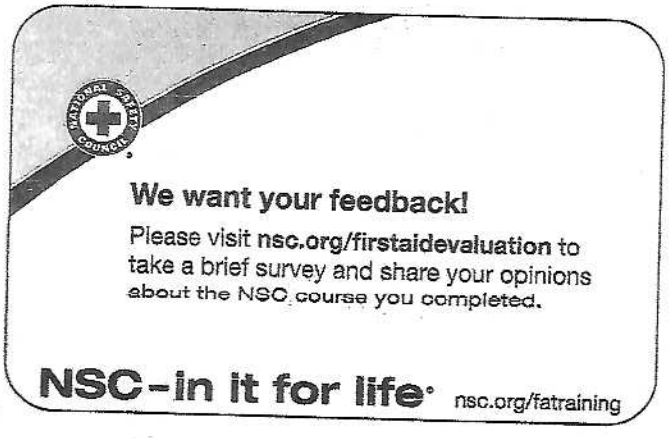

Adult FA/CPR/AED
Pediatric FA/CPR/AED

Security Control No. 739664

ANTIMOORE JACKSON, JR.
has completed the
NSC CPR Course

Training Center: 2142211
Completion Date: 8-4-18
Expires: 8-4-20
Instructional Hours: 3

Instructor Signature
Instructor No. 2083997

Keep this card for your records. Void if reproduced.

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