

SIGNATURE PAGE

Type or Print the following information.

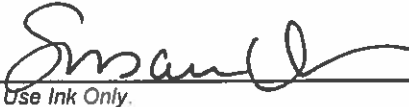
PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Community Service, Inc.		
Address:	100 S Cherokee Street or PO Box 679		
City:	Morrilton	State:	AR Zip Code: 72110
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Public Service Corp <input checked="" type="checkbox"/> Nonprofit
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> African American	<input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic American	<input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> Women-Owned
AR Certification #: _____		* See Minority and Women-Owned Business Policy	

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
<i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:	Dr. Susan Okroglic	Title:	President/CEO
Phone:	501-354-4589	Alternate Phone:	[REDACTED]
Email:	sokroglic@csiyouth.com		

CONFIRMATION OF REDACTED COPY
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input 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><i>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.</i></p>
ILLEGAL IMMIGRANT CONFIRMATION
<p>By signing and submitting a response to this <i>Bid Solicitation</i>, 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.</p>
ISRAEL BOYCOTT RESTRICTION CONFIRMATION
<p>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.</p>
<input checked="" 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:

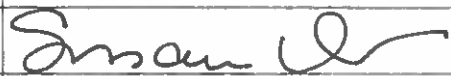
Authorized Signature:  Title: Pres./CEO
Use Ink Only.

Printed/Typed Name: Susan Okroglic Date: 3/28/19

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:	Community Service, Inc	Date:	3/18/19
Authorized Signature:		Title:	President/CEO
Print/Type Name:	Dr. Susan Okroglic		

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:	Community Service, Inc	Date:	3/18/19
Authorized Signature:		Title:	President/CEO
Print/Type Name:	Dr. Susan Okroglic		

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:	Community Service, Inc	Date:	3/18/19
Authorized Signature:		Title:	President/CEO
Print/Type Name:	Dr. Susan Okroglic		

PROPOSED SUBCONTRACTORS FORM

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

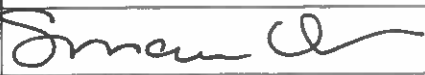
PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Dr. Wesley Thomas	[REDACTED]	Russellville, AR 72802

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:	Community Service, Inc	Date:	3/18/19	
Authorized Signature:			Title:	President/CEO
Print/Type Name:	Dr. Susan Okroglic			

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: March 12, 2019
SUBJECT: 710-19-1027 Therapeutic Foster Care

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 April 8, 2019, 2:00 PM

Revise Section 1.29 Schedule of Events:

Date and time for Opening Bids, April 8, 2019, 2:00 PM CST

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 or 501-682-8743.



Vendor Signature

3/28/19

Date



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: March 19, 2019
SUBJECT: 710-19-1027 Therapeutic Foster Care

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

CHANGES TO REQUIREMENTS

Section 2.2B

Delete: For verification of the requirements specified above (A & B), Vendor **must** submit Vendor's Therapeutic Foster Care Placement Child Welfare Agency license obtained from the Arkansas Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE)

Add: For verification of requirements specified above (A & B), Vendor **must** submit one of the following:

- 1) Vendor's Therapeutic Foster Care Placement Child Welfare Agency License obtained from the Arkansas Department of Human Services (DHS), Division of Child Care and Early Childhood Education (DCCECE), or
- 2) A copy of the application for licensure

Vendor's license **must** be approved by the DCCECE board by June 1, 2019 in order to be awarded a contract.

REVISED ATTACHMENT

Revised Attachment G

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-ugdah@dhs.arkansas.gov](mailto:Margurite.al-ugdah@dhs.arkansas.gov) or 501-682-8743.


Vendor Signature

3/28/19
Date

Community Service, 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 3

DATE: March 26, 2019
SUBJECT: 710-19-1027 Therapeutic Foster Care

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

CHANGE SPECIFICATIONS

Attachment C: Performance-Based Contracting

B. Delivery of Services

5.g: Delete: "A physician and other personnel involved in the client's case will review each plan of care at least every ninety (90) days. The plan of care must be revised to reflect results of the review conducted as required herein."

Add: "Contractor shall review the plan at least semi-annually and shall update the plan to reflect the child's progress."

Insert: #9

Service Criteria:

Contractor shall maintain records of the TFC internal client specific treatment plan of care. This plan may be very similar to or mirror the youth's PCSP.

Documentation shall at a minimum reflect the following:

A. Treatment plan developed in accordance with recommendations made by a physician or other licensed professionals involved in the care of that client

B. Any revisions of the Treatment plan

Acceptable Performance:

Acceptable performance is defined as one hundred percent (100%) compliance with Service Criteria and Acceptable Performance Standards at all times throughout the contract term as determined by DHS

Damages:

1st Incident: A Corrective Action Plan, acceptable to DHS, will be due to DHS within ten (10) business days of the request.

2nd incident: A ten percent (10%) penalty may be assessed in the following months' payments to the Vendor for each thirty (30) day period the Vendor is not in full compliance with these Service Criteria. The ten percent (10%) penalty shall be calculated from the total payment for the identified month in which the deficiency took place.

The total of all damage credits in any given month shall not exceed one hundred percent (100%) of the monthly invoice unless a third incident occurs for any of the Service Criteria.

3rd incident: DHS reserves the right to impose additional penalties including but not limited to: withholding payment on future invoices until Vendor is in full compliance, a substandard Vendor Performance Report maintained in DHS' Vendor file, and contract termination.

If you have questions, please contact the buyer Marqurite.al-uqdah@dhs.arkansas.gov or 501-682-8743.


Vendor Signature

4/4/19.
Date

Community Service, Inc
Company

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: _____ SUBCONTRACTOR NAME: _____
 Yes No

TAXPAYER ID NAME: Conway County Community Service, # Goods? Services? Both? IS THIS FOR: _____

YOUR LAST NAME: Okroglic FIRST NAME: Susan M.I.: _____

Address: PO Box 679 100 S. Cherokee Street STATE: AR ZIP CODE: 72110 COUNTRY: USA

CITY: Morrilton

FOR INDIVIDUALS *

FOR AN ENTITY (BUSINESS) *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held <small>(see list representative, name of board, commission, data entry, etc.)</small>	For How Long?		What is the person(s) name and how are they related to you? <small>(i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)</small>	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 <small>(see list representative, name of board, commission, data entry, etc.)</small>	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								

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 that 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 whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms 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  Title President / CEO Date 03/29/2019

Vendor Contact Person Susan Okroglic Title President / CEO Phone No. 501-354-4589

Agency use only	Agency	Agency	Contact	Contract
Agency Number _____	Agency Name _____	Contact Person _____	Phone No. _____	or Grant No. _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Kansas State Agency

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 subcontractor:
 SUBCONTRACTOR NAME: **Dr. Wesley Thomas**

IS THIS FOR:
 Goods? Services? Both?

TAXPAYER ID NAME: **Thomas Medical Service, Inc.**
 YOUR LAST NAME: **Thomas**
 FIRST NAME: **Wesley**

ADDRESS: **6 Alexander Lane**
 STATE: **AR** ZIP CODE: **72802**

CITY: **Russellville**
 CHASE AGREEMENT DISCLOSED:

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 of the General Assembly, Member, or State Employees:

Position Held	Mark (✓)		Name of Position of Job Held (i.e., director, representative, name of board or commission, state entity, etc.)	For How Long?		What is the person(s) name (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							

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 Official, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly 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 (i.e., director, representative, name of board or commission, state entity, etc.)	For How Long?		What is the person(s) name and what is his/ her ownership interest in the entity?	Position of control?
	Current	Former		From MM/YY	To MM/YY		
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

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 that 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 whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms 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 Wesley Vance Title MD Date 4-2-19
Vendor Contact Person Wesley Vance Title President Phone No. 501-691-0894

<i>Agency use only</i>	
Agency Number _____	Agency Name _____
Agency Contact Person _____	Agency Contact Person _____
Agency Phone No. _____	Agency Contact Phone No. _____
Agency Contract or Grant No. _____	Agency Contract or Grant No. _____

COMMUNITY SERVICE, INC.

POLICY AND PROCEDURE

DATE: January 1, 1996

REVISION DATE: May 6, 2009, March 7, 2012, June 4, 2014, June 22, 2016

**SUBJECT: DISCRIMINATION AND HARASSMENT POLICY - INDEX #
HR - 29**

This Policy and Procedure was developed in order to inform employees of our policy in the areas of discrimination and harassment. This Policy and Procedure will be briefed to all current and future employees. File in the Administrative Procedures Manual in Index Number sequence.

Discrimination is the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex. To harass someone means to create an unpleasant or hostile situation, especially by uninvited and unwelcome verbal or physical contact. CSI is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, CSI expects that all relationships among persons in the office will be business-like and free of discrimination or harassment.

In order to promote harmonious work relationships and maintain a professional atmosphere and to support the affirmative action efforts of the Equal Employment Opportunity Commission, Community Service, Inc. has developed the following guidelines concerning discrimination and harassment.

It is the policy of CSI to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law. CSI prohibits any such discrimination.

All forms of harassment which create an offensive working environment are forbidden, including, but not limited to, insulting, intimidating or discourteous conduct, as well as derogatory jokes or comments relating to race, color, religion, sex, age, disability, national origin, sexual orientation, creed, ancestry, marital status, political belief, pregnancy, military or veteran status, or any other protected status under applicable employment laws, or retaliation, which includes opposing participation in any complaint process at the Equal Employment Opportunity Commission or other human rights agency.

With respect to sexual harassment:

1. It is against the policies of Community Service, Inc. for any employee, male or female, to:
 - a. Sexually harass another employee by making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature, as a condition of continued employment;
 - b. Make submission to or rejection of such conduct the basis for employment decisions affecting the employee.
2. Sexual harassment of clients, employees, community representatives, or any other person or group with whom personnel have contact with as a representative is prohibited.
3. Sexually suggestive graffiti, posters, calendars, etc. are prohibited in the workplace.

This type of conduct, whether of a sexual nature or otherwise, WILL NOT be tolerated. Any employee who believes that they have witnessed or have been the victim of any type of harassment must report the alleged act immediately to the Director of Operations, the President/CEO, or any other director or member of the Board of Directors of Community Service, Inc. Employees need not report unwelcome harassment to their supervisor, if the supervisor is the harasser. A prompt, thorough, and as confidential as possible investigation will take place immediately. There will be no retaliation against anyone who has reported an incident or incidents of harassment.

Any Community Service, Inc. director, supervisor, manager or employee who has been found, after proper investigation, to commit harassment will be subject to appropriate disciplinary action, possibly including termination of employment.

The investigation will include interviews with any witnesses identified by the complainant and the alleged harasser. The investigation will begin as promptly as possible and be concluded as expeditiously as possible. Once the investigation is completed, appropriate disciplinary action will be taken and the action thoroughly explained to the complainant.

The question of whether a particular action or incident is purely personal or social, without discriminatory employment affect, requires a determination based on all facts in the incident. False accusations of any type of harassment can have serious affects on innocent employees. If, after proper investigation, the accusation is proved false, the accuser will be subject to appropriate disciplinary action.

SUSAN OKROGLIC
President/CEO

Information for Evaluation Response

Community Service, Inc. (CSI) provides both trauma-informed care and (24)-hour, seven (7) days per week mobile crisis intervention.

CSI current employs 14 therapists agency-wide who are certified in TF-CBT or in various stages of TF-CBT training. Of those therapists, four (4) have the TF-CBT certification, and three (3) more are scheduled to complete the live training in April in order to work toward certification. The remaining therapists are still working to complete the online modules which are a prerequisite to the live training. Our agency also provides annual training to our clinical staff members on trauma-informed care.

CSI also provides (24)-hour, seven (7) day per week crisis intervention through an after-hours on-call rotation schedule. Each therapist serves as the on-call therapist for two (2) weeks. We also have a back-up on-call rotation, which includes the Clinical Director and Assistant Clinical Directors / Office Managers who serve in a supervisory capacity. Further, we have two dedicated Qualified Behavioral Health Providers (QBHP) who serve our therapeutic foster care clients and families. Staff members who are on-call also have the ability to access client medical records 24-hours per day, 7-days per week through our electronic medical records portal for the purpose of coordination of care.

The Arkansas Child Welfare Agency Review Board

In cooperation with

Arkansas Department of Human Services Division of Child Care and Early Childhood Education

Certifies that

Community Services, Inc.

100 South Cherokee

Morrilton, AR 72110

Is hereby issued LICENSE #: 10082 Effective Date: May 17, 1998

FOR THE PURPOSE OF PROVIDING RESIDENTIAL CARE/PLACEMENT SERVICES IN THE STATE OF ARKANSAS,
THE SPECIFIC SERVICES AUTHORIZED BY THE LICENSE ARE:

Residential Services: Capacity: Ages:
 Residential Facility
 Emergency Shelter
 Psychiatric Residential Treatment Facility
 Sexual Offender program

Placement Services:
 Adoptive Placement
 Foster Care Placement
 Residential Placement
 Therapeutic Foster Care
 Placement

THIS IS A REGULAR LICENSES AND WILL REMAIN IN EFFECT UNTIL SUCH TIME AS IT IS CHANGED TO ANOTHER TYPE OF
LICENSE OR CLOSED.

In Witness whereof

By: [Signature] 01/25/11
Chairman, Child Welfare Agency Review Board

