DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **15098-14-008**
Organization Name: **Re-Creation residential group home services llc**

Date of Inspection: **07-28-2026**
Program Type/Facility Name: **14-008 RE-CREATION RESIDENTIAL GROUP HOME SERVICES LLC**

No Violation

General Comments / Recommendations:
Licensing specialist recommended provider be issued a Second Conditional license.

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Byron Nagle, Licensing Specialist	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined