



**Special Notes and Action Required:**

Based upon the above, no further response is requested.

If you feel something is unclear or unjustly cited, please contact me (phone 319-892-6827; email [alyons@dhs.state.ia.us](mailto:alyons@dhs.state.ia.us) <<mailto:alyons@dhs.state.ia.us>>) so that we may discuss the issue. If necessary, I can make a notation in your record. You may also send a letter that will be included in your licensing file noting any disagreement you may have with this report. If I have failed to provide for you any information discussed during my visit, please contact me and I will forward the information to you. Thank you.

**Consultant's Signature:**

**Date:**

06/04/2014

A handwritten signature in black ink, appearing to read 'Alyons', with a long horizontal stroke extending to the right.