



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 9/2/2021

Date Reported to DCCECE: 9/3/2021

Agency Name: Perimeter of the Ozarks

Agency Number: 237

Type of Facility: PRTF

Facility License Type: Regular

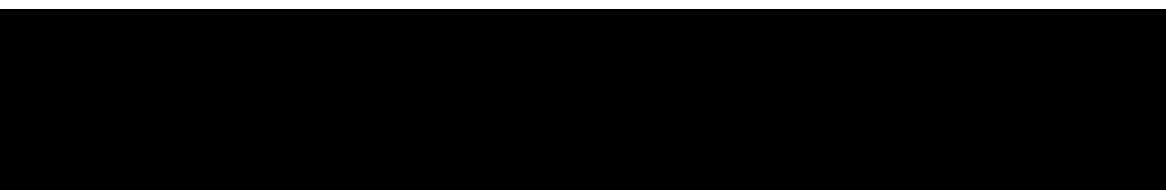
Type of Incident: Arrest

Incident Description: Resident [REDACTED] was acting out trying to hit other residents and staff. The resident pulled down one of the lights on the unit and broke the bulbs from it. Resident destroyed the door on a fire extinguisher cover. The decision was made to contact the police for further assistance.

Agency's Interim Corrective Action: Staff called the police for further assistance and notified the resident's legal guardian.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/2/2021



Date of DCCECE's Follow-up: 9.3.21

Type of Follow-up: Email

Details from Follow-up: 9/3/21-Licensing Specialist emailed the CEO to determine additional details regarding the incident including details on the incident/staff interventions prior to the police being called.

9/7/21-Licensing Specialist discussed in emails with the CEO and other staff the details about the resident's discharge and if she was arrested. Also, the Specialist asked if there was any video footage of the residents destruction to the property during her outburst. No video footage available.



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Notice of Incident

Date of Incident: 1/28/2021

Date Reported to DCCECE: 2/12/2021

Agency Name: UMCH-Little Rock

Agency Number: 115

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Incident occurred on 1/28 and was later determined to be a hotline report. "I am notifying you that an Investigation has been accepted for Abuse - Cuts, Bruises, Welts and Failure to Protect on AV [REDACTED] by Methodist Children's Home/Treatment Center staff member. AOs listed are [REDACTED] Unknown and [REDACTED] Unknown. [REDACTED] stated that when he had gotten into a fight at RTC, staff members laughed at him. He also stated that he had bruises from them pushing him."

Agency's Interim Corrective Action: Employees were moved to a different unit, pending investigation. Employees were required to have behavior management retraining.

Licensing Specialist Assigned: C. Galusha

Licensing Supervisor Assigned: 1/28/2021

[REDACTED]

Date of DCCECE's Follow-up: 2/12/2021 **Type of Follow-up:** Email

Details from Follow-up: Licensing Specialist had originally received the report from 1/28/21 and made a visit to the agency and reviewed the footage. [REDACTED]

[REDACTED] Licensing Specialist requested an interim corrective action that the employees in question be re-trained for behavior management, as Licensing Specialist did not feel

they properly handled the child's behavior. [REDACTED]



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Notice of Incident

Date of Incident: 2/23/2021

Date Reported to DCCECE: 4/6/2021

Agency Name: Centers for Youth and Families Monticello

Agency Number: 159

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: IC [REDACTED] YO, IS, out of home offender [REDACTED]. IC was walking down the hall with his left shoulder on the wall. IS grabbed his right clavicle/shoulder and pulled him off the wall and told IC not to walk that close to the wall. IS left 2 bruises the size of fingerprints on IC's shoulder.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: B. Davis

Licensing Supervisor Assigned: 2/23/2021

Child Abuse Hotline (Only applies to maltreatment incidents)
[REDACTED]

Date of DCCECE's Follow-up: [REDACTED] **Type of Follow-up:** [REDACTED]

Details from Follow-up: [REDACTED]



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Notice of Incident

Date of Incident: 4/16/2021

Date Reported to DCCECE: 4/19/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: Email received from Matthew Richardson with Dacus. We had an injury on 4/16/21 at Dacus RTC that required off-site care. The client [REDACTED] was running on the outside basketball court and trip over the foot of another resident. He fell and hit his left temple on the ground. There was swelling and bruising, so he was transported to Urgent Care to rule out a fracture and concussion. Both were ruled out by the physician at Urgent Care. There was one staff member with five residents at the time of the incident.

Agency's Interim Corrective Action: [REDACTED] was seen at Urgent Care and did not have a fracture or concussion.

Licensing Specialist Assigned: L. White

Licensing Supervisor Assigned: 4/16/2021

[REDACTED]

Date of DCCECE's Follow-up: N/A

Type of Follow-up:

Details from Follow-up: N/A



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Notice of Incident

Date of Incident: 7/21/2022

Date Reported to DCCECE: 7/21/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Residents [REDACTED] and [REDACTED] eloped from the facility by exiting through a front office door while they were suppose to be getting their "priv box".

Agency's Interim Corrective Action: Staff followed the residents.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/21/2022

Child Abuse Hotline (Only applies to maltreatment incidents)

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 5/9/2022

Date Reported to DCCECE: 5/10/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency room visit

Incident Description: Resident [REDACTED] put a Lego into his mouth and swallowed it. Resident complained of throat pain so he was taken to the emergency room.

Agency's Interim Corrective Action: The resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/9/2022

Child Abuse Hotline (Only applies to maltreatment incidents)
[REDACTED]

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 6/17/2022

Date Reported to DCCECE: 6/17/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident █ reported pain in his right hand after he punched a peer in the back of their head. Orders were received for an x-ray to be preformed.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 6/17/2022

Child Abuse Hotline (Only applies to maltreatment incidents)

Date of DCCECE's Follow-up: 6/20/2022 **Type of Follow-up:** Email

Details from Follow-up: 6/20/2022-Program Coordinator emailed the facility to determine what safety precautions were put into place for these residents. The facility reports that the residents will be on a ten foot assault precaution.



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Notice of Incident

Date of Incident: unknown

Date Reported to DCCECE: 6/21/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] reported that resident [REDACTED] was inappropriately touching him in his bedroom away from staff's observation. Resident [REDACTED] states resident [REDACTED] is touching his buttocks repeatedly and pulling down his pants. [REDACTED] verbalizes that he has expressed to [REDACTED] he does not want him touching him and that [REDACTED] has verbally threatened him if he told.

Agency's Interim Corrective Action: Email from the agency- "A/O and A/V are on a 10 foot distance precaution. This means all staff have been made aware and will keep both residents 10ft apart at all times."

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: unknown

Date of DCCECE's Follow-up: 6/22/2022 **Type of Follow-up:** Email

Details from Follow-up: 6/22/22- Licensing emailed the facility to request the referral number for this report, the assigned investigator if known, and the interim corrective action plan. Licensing emailed the investigator for permission to contact/interview residents.

6/23/22- Licensing was made aware that a resident has tested positive for COVID 19, and they are going into quarantine. Mass testing for all residents is set for 6/27/22. Licensing will not be able to interview residents until results from the COVID testing are complete. 7/11/22 Licensing

specialist visited the facility and discussed the incident. No licensing concerns noted.



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Notice of Incident

Date of Incident: 7/3/2022

Date Reported to DCCECE: 7/5/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 7/3/2022, [REDACTED]

[REDACTED] Allegation is that alleged offender [REDACTED] allegedly became physically and verbally abuse toward alleged victim is [REDACTED]. Per incident report due to an altercation between resident [REDACTED] / a peer and [REDACTED] becoming aggressive with staff. It was reported that staff member [REDACTED], shoved [REDACTED] to the ground and put his had on resident's neck bouncing [REDACTED] head 3 to 4 times against the floor. [REDACTED] then used obscene lanuage and grabbed resident by the neck and shoved [REDACTED] towards the wall. Staff was able to remove [REDACTED] from [REDACTED]

Agency's Interim Corrective Action: Staff membe[r] [REDACTED] will not return to the facility until the investigation is complete.

Licensing Specialist Assigned: K. Rice

Licensing Supervisor Assigned: 7/3/2022

Date of DCCECE's Follow-up: 7/11/2022 **Type of Follow-up:** In person visit.

Details from Follow-up: 7/11/22 in person visit. Reviewed camera footage. Licensing complaint is founded. 7/18/2022-Licensing received notification that staff [REDACTED]

[REDACTED] was terminated from employment on 7/14/2022.



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Notice of Incident

Date of Incident: 7/17/2022

Date Reported to DCCECE: 7/19/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Disturbance

Incident Description: Resident [REDACTED] was getting into an office off limits to residents. He went from classroom and tried to go back into office [REDACTED] was blocked by staff that was standing in the doorway. [REDACTED] became combative toward staff using his clothing (shirt, shorts, and socks) as weapons. [REDACTED] used his socks to choke himself. Staff removed the socks from around his neck and [REDACTED] put the socks in his pants. [REDACTED] then took the socks and came behind staff and choked staff with his socks.

Agency's Interim Corrective Action: [REDACTED] was checked out by nursing staff for bruising. No bruises noted.

Licensing Specialist Assigned: K. Rice

Licensing Supervisor Assigned: 7/17/2022

Child Abuse Hotline (Only applies to maltreatment incidents)
[REDACTED]

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: Incident report received on 7/19/2022. [REDACTED] is a foster child.



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Notice of Incident

Date of Incident: 7/29/2022

Date Reported to DCCECE: 8/3/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Sucidal Behavior, Injury & Disturbance

Incident Description: Resident █ attempted to choke himself with a sweatshirt in his bedroom. The sweatshirt and all clothing were removed from his room. █ became upset and hit staff several times.

Agency's Interim Corrective Action: Staff removed the sweatshirt and all clothing items from CC's room for safety.

Licensing Specialist Assigned: K. Rice

Licensing Supervisor Assigned: 7/29/2022

Child Abuse Hotline (Only applies to maltreatment incidents)
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Date of DCCECE's Follow-up: 8/4/2022 **Type of Follow-up:** Facility Visit

Details from Follow-up:



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Notice of Incident

Date of Incident: 8/4/2022

Date Reported to DCCECE: 8/5/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Incident

Incident Description: Resident [REDACTED] reported hurting his hand. Date unknown. [REDACTED] reported hurting his hand last week when he hit the wall. X-ray ordered.

Agency's Interim Corrective Action: Resident [REDACTED]'s right hand was x-rayed at St. Bernard's FirstCare. X-ray showed a mildly displaced intra-articular fracture of the fourth distal phalanx base. Negative for dislocation.

Licensing Specialist Assigned: K. Rice

Licensing Supervisor Assigned: 8/4/2022

Child Abuse Hotline (Only applies to maltreatment incidents)
[REDACTED]

Date of DCCECE's Follow-up: 8/5/2022 **Type of Follow-up:** Email

Details from Follow-up: Resident's finger placed in a metal splint and a referral was made for him to see an orthopedic surgeon. 8/8/2022 appointment not scheduled yet. Provider waiting to hear from St. Bernard's Urgent Care with appointment date and time.



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Notice of Incident

Date of Incident: 8/21/2022

Date Reported to DCCECE: 8/25/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury by Staff

Incident Description: Resident [REDACTED] made several attempts to grab staff ([REDACTED] keys and kicking windows with attempts to break them. [REDACTED] was observed on camera, grabbing [REDACTED]'s leg and [REDACTED] falling to the ground. It was observed that [REDACTED] did not execute proper CPI technique.

Agency's Interim Corrective Action: Resident was evaluated, no injuries were sustained. Staff member terminated.

Licensing Specialist Assigned: K. Rice

Licensing Supervisor Assigned: 8/21/2022

Child Abuse Hotline (Only applies to maltreatment incidents)
[REDACTED]

Date of DCCECE's Follow-up: 8/29/2022 **Type of Follow-up:** Facility Visit

Details from Follow-up:



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Notice of Incident

Date of Incident: 8/26/2022

Date Reported to DCCECE: 8/29/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] had a staff member's key and was able to get off his bedroom hall and exit out of the administration building to elope. The police were called. It was reported that the resident was located in Jonesboro, AR and returned to the facility.

Agency's Interim Corrective Action: Resident was placed on elopement precaution.

Licensing Specialist Assigned: K. Rice

Licensing Supervisor Assigned: 8/26/2022

Child Abuse Hotline (Only applies to maltreatment incidents)
[REDACTED]

Date of DCCECE's Follow-up: 8/29/2022 **Type of Follow-up:** Facility Visit

Details from Follow-up: Camera footage viewed. Resident was observed running off the hallway, into the administration building, and out the entrance door.



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Notice of Incident

Date of Incident: 8/26/2022

Date Reported to DCCECE: 8/29/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] had a staff member's keys and was able to get off his bedroom hall and exit out of the administration building entrance to elope. The police were called. It was reported that resident was located in Jonesboro, AR and returned to the facility.

Agency's Interim Corrective Action: Resident was placed on elopement precaution.

Licensing Specialist Assigned: K. Rice

Licensing Supervisor Assigned: 8/26/2022

Date of DCCECE's Follow-up: 8/29/2022 **Type of Follow-up:** Facility Visit

Details from Follow-up: Camera footage viewed. Resident was observed running off the hallway into the administration building and out of the entrance door.



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Notice of Incident

Date of Incident: 8/27/2022

Date Reported to DCCECE: 8/29/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Assault on Staff, Arrest

Incident Description: Resident [REDACTED] displayed aggressive behavior toward staff by hitting and pushing staff. He destroyed facility property. Resident was trying to gain access to staff's key to elope several times. He became aggressive toward a peer. Due to his physical aggression toward others and damaging of property the police were called and resident was arrested.

Agency's Interim Corrective Action: Resident was arrested.

Licensing Specialist Assigned: K. Rice

Licensing Supervisor Assigned: 8/27/2022

Date of DCCECE's Follow-up: 8/29/2022 **Type of Follow-up:** Facility Visit

Details from Follow-up: Camera footage viewed. Specialist observed resident being physically aggressive toward staff and peer. He was also observed kicking and pushing the door.



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Notice of Incident

Date of Incident: 8/27/2022

Date Reported to DCCECE: 8/29/2022

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

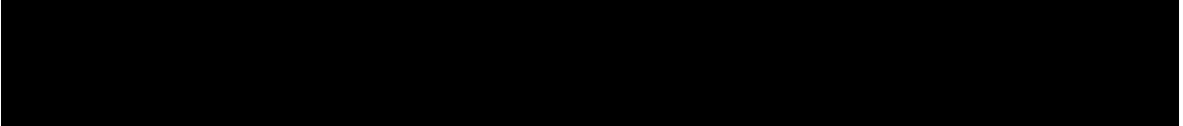
Type of Incident: Assault on Staff, Arrest

Incident Description: Resident █ damaged facility property and displayed physical aggression toward staff and peer. Resident made several attempts to gain access to staff member's keys. The police were called and resident was arrested.

Agency's Interim Corrective Action: Resident was arrested.

Licensing Specialist Assigned: K. Rice

Licensing Supervisor Assigned: 8/27/2022

Child Abuse Hotline (Only applies to maltreatment incidents)


Date of DCCECE's Follow-up: 8/29/2022 **Type of Follow-up:** Facility Visit

Details from Follow-up: Camera footage viewed. Specialist observed resident being physically aggressive toward staff and peer. He was observed kicking and pushing the door.



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Notice of Incident

Date of Incident: 3/11/2021

Date Reported to DCCECE: 3/12/2021

Agency Name: Dacus-RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

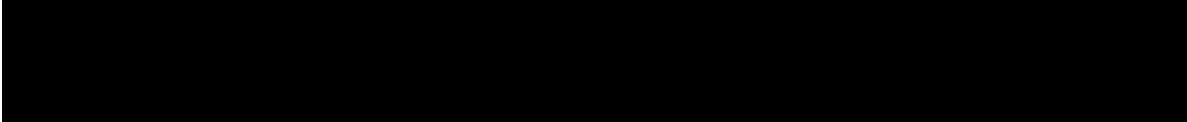
Type of Incident: Elopement

Incident Description: Two residents eloped from the facility.

Agency's Interim Corrective Action: Both residents were placed on unit restriction and strict EP

Licensing Specialist Assigned: L. White

Licensing Supervisor Assigned: 3/11/2021

Child Abuse Hotline (Only applies to maltreatment incidents)


Date of DCCECE's Follow-up: 3/12/2021 **Type of Follow-up:** Email

Details from Follow-up: The following is an email response received on 3/12/21 from Matthew Richardson with Dacus: "There were 10 residents and 2 staff members in the gym, so the ratio was 5:1. EP is Elopement Precautions. The staff has been instructed not to open the door to the outside court when residents on Elopement Precautions are in the gym. The two boys have admitted that they went to the far end of the outside court to avoid staff intervention when they attempted to climb the fence."



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Notice of Incident

Date of Incident: 2/24/2021

Date Reported to DCCECE: 2/25/2021

Agency Name: Youth Home

Agency Number: 0

Type of Facility: PRTF

Facility License Type: Regular

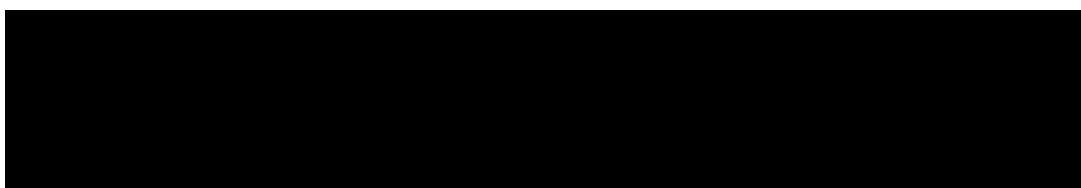
Type of Incident: Restraints

Incident Description: Client was upset due to not being able to accept information. After being asked to log off the music while in ILP (Independent Living Program). Client became frustrated while in ILP and started using racial slurs while in the video class. Staff asked client to refrain from using that kind of language. Client went into his room on his own and returned to the milieu and continued being belligerent influencing other clients to engage in like behavior. This behavior continued after being assigned table time for several infractions such as refusing to accept information, cursing, yelling, using racial slurs (Big Black Nigger), walking out of the house without permission, and ignoring staff's redirection. Client attempted to run to the Administration building, but staff was able to cut him off (directly in front of Crestview near the parking lot on the side of the van). Client purposely dropped down to the ground and grabbed staff's right leg and began to bite his leg several times.

Agency's Interim Corrective Action: Involved staff (██████) which is the AO has been terminated.

Licensing Specialist Assigned: C. Gaddy

Licensing Supervisor Assigned: 2/24/2021



Date of DCCECE's Follow-up: 4/13/2021 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 2/15/2022

Date Reported to DCCECE: 2/24/2022

Agency Name: Delta Family Health and Fitness for Children

Agency Number: 172

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: AV is [REDACTED] yo [REDACTED], who lives at the Delta Family Facility and is in DHS custody. AO is a staff member there. DW disclosed that, on 2/15/2022, the staff member placed [REDACTED] in a restraint. The restraint was done roughly, resulting in a [REDACTED] having a black eye, scratches to the neck, and bruises to the arm. She still has the scratches and bruising on her arm, but the black eye has faded. For a while she could not see out of her eye. The staff members at the facility have been calling her Chucky. [REDACTED] is not allowed to have unsupervised phone calls with her DHS case worker; a therapist must be present.

Agency's Interim Corrective Action: Clients who were arguing separated.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 2/15/2022

Date of DCCECE's Follow-up: 2/28/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 2/28/22 from 12:15PM-2:00PM. Report indicates that client's belongings were removed after client threatened staff. Video reviewed which shows no inappropriate holds [REDACTED]



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Notice of Incident

Date of Incident: 5/16/2021

Date Reported to DCCECE: 5/18/2021

Agency Name: Delta Family Health and Fitness for Children

Agency Number: 172

Type of Facility: Residential **Facility License Type:** Regular

Type of Incident: Other

Incident Description: AV Resident forcefully gave hickeys to AO Resident on her upper chest against her will.

Agency's Interim Corrective Action: Staff will do in service with all staff that when they need to leave their assigned work area that they will have someone observe their clients. In service will include that at no time will more than one client be allowed in the TV room without direct obs

Licensing Specialist Assigned: J. Myers

Licensing Supervisor Assigned: 5/16/2021

Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up:



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Notice of Incident

Date of Incident: Unknown

Date Reported to DCCECE: 7/7/2021

Agency Name: Delta Family Health and Fitness for Children

Agency Number: 173

Type of Facility: PRTF

Facility License Type: Regular

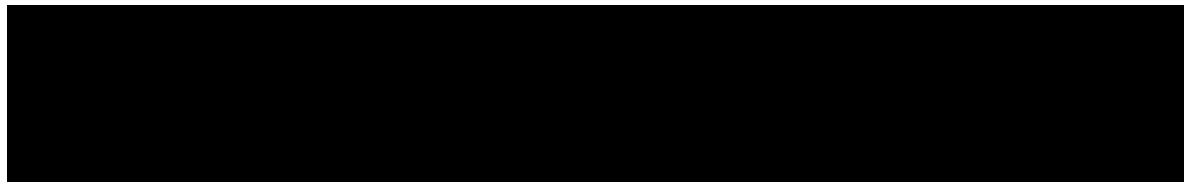
Type of Incident: [REDACTED]

Incident Description: The alleged victim is [REDACTED] who is currently residing at the Juvenile Detention Center in Virginia Beach. The alleged offender is an unknown staff member at Delta Family Center in Hamburg, AR. It was reported that [REDACTED] was at Delta Family Center during an unknown time period. She disclosed that she was sexually molested by staff and tied up against her will, from what is understood, by staff, but no indication as to how long or anything. Nothing further known concerning any of that. She has not been spoken with, and it is not known as to whether she has any issues that would prevent her from knowing what sexual molestation is or not. She reportedly told the therapist at the center and then she was punished by the person who had molested her, and it was hidden by the therapist.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: S.Pitts

Licensing Supervisor Assigned: Unknown



Date of DCCECE's Follow-up: 7/9/21, 7/20/21, and 7/21/21 **Type of Follow-up:** Email to investigator and phone call to the facility.

Details from Follow-up: 7/9/21, I emailed Investigator Alonda Gordon to see if I am okay to contact the facility regarding the incident and am awaiting a reply. On 7/9/21, Alonda Gordon

called me and I asked her if they have any idea who the Alleged Offender is and she advised me that information is not known and she is working with Virginia Beach authorities to obtain that info. Miss Gordon also advised me that she did not have a problem with me contacting the facility. 7/20/21--I emailed Alonda Gordon requesting an update. 7/21/21--I received a response email from Alonda Gordon and she advised me that the authorities she is working with out of state to contact the A/V have not yet spoken to the A/V because she has been moved to another facility. The name of the A/O is still unknown at this time. On 7/21/21, I called the administrator, Dean Hill, and asked that he send me the date the A/V was at the facility, the date the A/V left and asked that he email me the documentation regarding any incidents she reported and any incidents she was involved in.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 3/30/2021

Date Reported to DCCECE: 3/31/2021

Agency Name: Destiny House

Agency Number: 158

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: IC █ went towards the tv and began wrapping the cord around her neck. Staff immediately removed it.

Agency's Interim Corrective Action: We corrected it by putting all the extra cords and DVD devices inside and up on top of our TV box that houses all of that.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 3/30/2021



Date of DCCECE's Follow-up: 4/6/2021 **Type of Follow-up:** Email

Details from Follow-up: Resident's status now is that she is still at PPH where she is continuing the same behavior. She has been in several fights there since last week. Staff and her therapist are discussing her return if any at this point.



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Notice of Incident

Date of Incident: 4/21/2021

Date Reported to DCCECE: 4/22/2021

Agency Name: Destiny House

Agency Number: 158

Type of Facility: Emergency Residential

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: QBHP was called outside to assist with IC(■). While talking to IC(■), he stated that he was angry because he was lied to. IC(■) got up, ran to the fence and climbed on top of the roof. He ran from side to side. After notifying the other staff, IC(RM) couldn't be located. IC(■) eloped around 2pm today by scaling our fence. I was able to catch him behind subway and escort him back safely to the facility an hour later.

Agency's Interim Corrective Action: Police report initiated, report # ■. I put a ticket in for the door to get fixed where he was able to climb the fence. Me and maintenance will walk the fence in the morning and look at all the gate doors to see where we can close off those ga

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/21/2021

Date of DCCECE's Follow-up: 4/23/2021 **Type of Follow-up:** Email

Details from Follow-up: 5/21/2021, Specialist Breedlove and Specialist Meyers did a monitor visit at Destiny House. Program Manager Michael James showed us the area where this incident took place and explained to us the steps he has taken to try and prevent this from happening, again.



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Notice of Incident

Date of Incident: 3/10/2021

Date Reported to DCCECE: 12:00:00 AM

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: The following is documentation received from the [REDACTED] regarding an incident at Perimeter Behavioral of Forrest City:

"AV is [REDACTED] Y/O [REDACTED] who is in foster care in Mississippi county, residing at Perimeter. AO is [REDACTED], a staff member at Perimeter. 03/10/2021 [REDACTED] put his naked behind on the bed of a peer which angered the peer. The peer snatched on [REDACTED]. [REDACTED] came into the room and struck Ray on the back two times. Then [REDACTED] walked [REDACTED] into the hallway and struck [REDACTED] on the head with his hand. The event was caught on camera. [REDACTED] has no injuries. [REDACTED] began to cry, and Mr. Tripp stopped hitting him. [REDACTED] y reported the event to Mr. Morgan, a caseworker. The event was investigated by other staff at Perimeter."

Agency's Interim Corrective Action: Email from Antoine Jackson-Interim CEO Perimeter Forrest City on 3/17/21:

"We were able to regain access to the camera on 3/16/21 after your visit with us per allegation of abuse of resident [REDACTED] by employee [REDACTED] the internal correction that was taken

Licensing Specialist Assigned: L. White

Licensing Supervisor Assigned: 3/10/2021

Date of DCCECE's Follow-up: 3/12/2021 **Type of Follow-up:** Email

Details from Follow-up: The following is an email received from Investigator Jennifer Harris-CACD on 3/12/21: " [redacted] alleged that [redacted], a facility worker there, hit him in the head and across his back. Ray disclosed others saw this happen. Video footage was stated to have been reviewed that did not show any abuse happening or [redacted] approaching [redacted] at any time. Video Footage was stated to be supplied by [redacted] who was not in and would be back in office by Tuesday. I spoke with Mr. James Millbrook's who stated he viewed the footage as well and talked with [redacted] who was adamant that [redacted] hit him."

On 3/12/21, Specialist attempted to contact Interim CEO Antoine Jackson regarding this report but was informed that he was not in.

On 4/9/21, Specialist spoke with CACD Jennifer Harris regarding this investigation. Harris stated the investigation is still pending.

On 3/12/21, Specialist attempted to contact Interim CEO Antoine Jackson regarding this report but was informed that he was not in.

On 4/9/21, [redacted]
[redacted]



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Notice of Incident

Date of Incident: 3/26/2022

Date Reported to DCCECE: 3/28/2022

Agency Name: Elizabeth Michell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident [REDACTED]

Incident Description: AV is [REDACTED] yo [REDACTED] and she lives with her mother, [REDACTED]. Out of home offender is [REDACTED] yo [REDACTED]. [REDACTED] and [REDACTED] are in a residential facility. [REDACTED] reportedly snuck into [REDACTED]'s room and they began spooning. [REDACTED] stated that [REDACTED] attempted to put her hand down her pants to touch her vagina, EV told her no, so she instead put her hand under her shirt and grabbed her breast.

Agency's Interim Corrective Action: Clients separated, placed in separate dorms.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 3/26/2022

[REDACTED]

Date of DCCECE's Follow-up: 3/28/2022 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 2/18/2021

Date Reported to DCCECE: 2/19/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: EMAC medical team sent IC(■) to Arkansas Children's Hospital after she reported severe abdominal pain for further evaluation to rule-out serious medical conditions. She was accompanied by EMAC staff to the hospital who remained by her side until her mother was able to travel from Texarkana. The ER physician examined her and admitted her for further evaluation.

Agency's Interim Corrective Action: On 2-18-21 IC(■) was admitted at Arkansas Children's Hospital (ACH) and kept overnight for ■, in common terms she had inflammation of the lymph nodes that connects your bowel to the abdominal wall. This is common in children and teens.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 2/18/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 3/9/2021

Date Reported to DCCECE: 3/10/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: IC1([REDACTED]) attacked IC2([REDACTED]) in response to a verbal altercation. Attack resulted in IC2 hair being pulled, hit several times, kicked, and bit. Staff immediately intervened and attempted to separate the two. IC2 was transported to the ACH ER, accompanied by CFYF staff by MEMS. LRPD was called immediately after the incident and a report was filed ([REDACTED] 3).

Agency's Interim Corrective Action: Internal Investigation. The aggressor was admitted to an acute facility for stabilization.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 3/9/2021

Date of DCCECE's Follow-up: 3/15/2021 **Type of Follow-up:** Email

Details from Follow-up: After video review and interviews were conducted of the two staff present, there was a short period of time for staff to intervene and prevent the aggressor from entering the victim's room. However, during the intervention to separate the two client's, one staff did not utilize the appropriate technique to disengage hair pulling. Also, the direct supervisor of that shift was coached in appropriately assigning staff to dorms based on the client's current functioning and history. This is noted due to the fact the aggressor has a substantial history of physical assaults

in previous placements after refusing to take her medication for several days. This pattern of aggression as a response of refusal of medication was identified after the fact. If it was identified before the incident, the shift supervisor could have placed more seasoned staff on the dorm.



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Notice of Incident

Date of Incident: 3/19/2021

Date Reported to DCCECE: 3/20/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

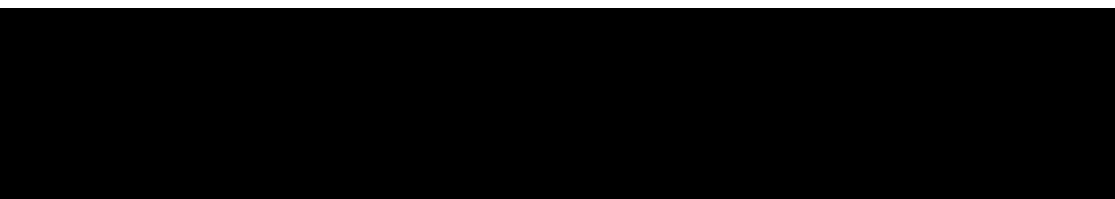
Type of Incident: Other

Incident Description: IC(■) reported to the on-duty nurse that she took “8 blue pills that she got from a client at a previous facility that she hid in a pair of her socks”. The nurse called 911 for immediate medical attention despite her history of fabricating attempted overdose to ensure her safety. MEMS arrived shortly after to transport the student to ACH ER for further evaluation. She is accompanied by Centers staff. Before she was transported, her vital signs were 125/80, 99%RA, 18R and 97.8Tpp heart rate.

Agency's Interim Corrective Action: IC(■) was transported to ACH ER for further evaluation.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 3/19/2021



Date of DCCECE's Follow-up: 3/22/2021 **Type of Follow-up:** Email

Details from Follow-up: March 15, 21 IS(■) searched the belongings of a new admission IS(■). IS(AM) unfolded and searched all clothing items inside and out, which included t-shirts, pants, underwear, and socks. There was no contraband found in the items. IS(■) went through the items in private and once again in front of IC(■).

March 21, 2021: Her drug screen at ACH ER came back with no substances found in her system

and the medical team reported that “she did not take anything”.



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Notice of Incident

Date of Incident: 3/28/2021

Date Reported to DCCECE: 3/28/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: IC(█) is being transported to ACH ER for an infected toe. Her guardian is out of town, so centers staff is accompanying her.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 3/28/2021

Date of DCCECE's Follow-up: 3/29/2021 **Type of Follow-up:** Email

Details from Follow-up: IC(█) has an ingrown toenail that is infected. ACH wants her to take antibiotics x10 days and see the surgeon there to have the nail removed.



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Notice of Incident

Date of Incident: 3/28/2021

Date Reported to DCCECE: 3/30/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: IC(■■■) went into the bathroom; the door was cracked. IS(■■■) knocked on the door but did not hear anything. Staff asked for a response and still didn't hear anything, so staff walked in and saw IC(■■■) sitting on the floor with two masks tied around her neck. Staff immediately took action to untie it and it was a success.

Agency's Interim Corrective Action: Met with staff to review "Suicide Line of Sight & Suicidal Protocol" procedure.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 3/28/2021

Date of DCCECE's Follow-up: 4/5/2021 **Type of Follow-up:** In Person

Details from Follow-up: PRLU Specialist Breedlove viewed the video and observed a period of time IC(LAS) was in her room and no one had come to see or check on what she was doing. Specialist Breedlove cited for supervision 907.2 and recommended that the Center do away with cloth masks and use disposable surgical masks.



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Notice of Incident

Date of Incident: 4/3/2021

Date Reported to DCCECE: 4/4/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

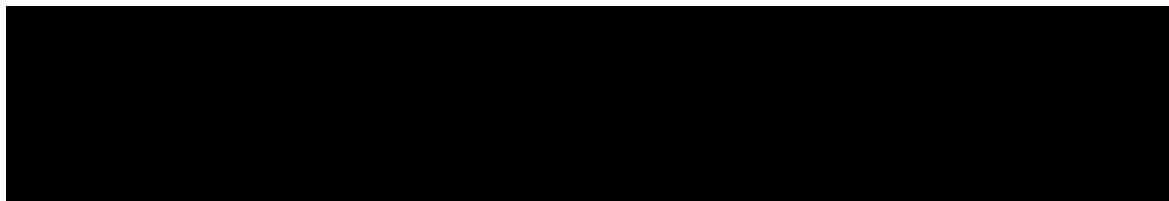
Type of Incident: Injury

Incident Description: IC(■) became upset in response to an argument with her peers and punched the wall several times. IC(■) was placed in a safety hug (ESI) to prevent further injury. After she was released, IC(■) was immediately evaluated by the nurse who informed the physician of her findings. The doctor ordered for her to be transported to ACH ER for further evaluation to rule in or rule out a bone fracture. IC(■) was transported to ACH ER by her guardian later that afternoon. No breaks or fractures were diagnosed after evaluation.

Agency's Interim Corrective Action: IC(■) has a master treatment plan and other supporting documentation that demonstrates efforts to reduce her anger and aggression. This can include her Sensory Safety Plan that is frequently updated.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/3/2021



Date of DCCECE's Follow-up: 4/12/2021 **Type of Follow-up:** Email

Details from Follow-up: IC(■) was transported to ACH ER by her guardian later that afternoon. No breaks or fractures were diagnosed after evaluation.

4/13/2021 - Katie Crosby statement: This student was referred to us with the presenting issues

including but not limited to aggression. Would you like me to send you her master treatment plan and other supporting documentation that demonstrates our efforts to reduce her anger and aggression. This can include her Sensory Safety Plan that is frequently updated. Also, her therapist updated her treatment plan to include the specific behavior of punching walls after the incidents occurred.



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Notice of Incident

Date of Incident: 4/5/2021

Date Reported to DCCECE: 4/6/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

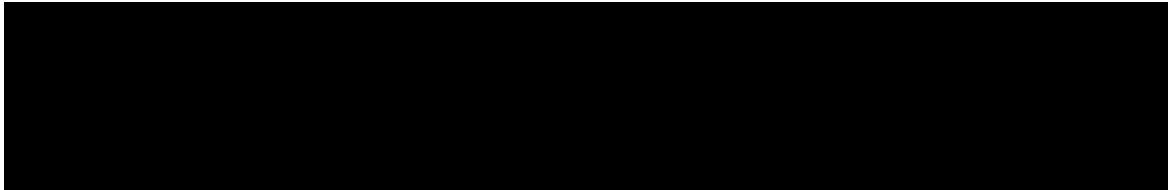
Type of Incident: Other

Incident Description: IC(■) complained of abdominal pain(sharp) worsening. Generalized pain to abdomen, guarding. Alert, no signs of acute distress. VS - 98.2, F18, R98%, RA 124 HR, 145/96 BP. IC(■) sent to ACH for further evaluation.

Agency's Interim Corrective Action: IC(■) sent to ACH for further evaluation.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/5/2021



Date of DCCECE's Follow-up: 4/8/2021 **Type of Follow-up:** Email

Details from Follow-up: She returned the same evening. The ER diagnosed her with ■■■■■ and was provided with Maalox and Pepcid at ACH



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Notice of Incident

Date of Incident: 4/7/2021

Date Reported to DCCECE: 4/8/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: IC(■) was given multiple prompts by staff to stay out of the bedroom. She refused directions and wrapped mask strings tied together around her neck. Staff placed IC(■) in a safety hug while other staff removed strings from her neck. There was no broken skin, but they were tight enough to make redness.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/7/2021

Date of DCCECE's Follow-up: 4/8/2021 **Type of Follow-up:** Email

Details from Follow-up: She was not on any precautions or line of sight at the time of the incident. Staff intervened quickly and was required to place her in a safety hug as mentioned in the report. Video review will occur today to determine if a plan of correction is required. Please note that all cloth masks were confiscated and replaced with paper masks upon your recommendation from this Monday April the 5th.



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Notice of Incident

Date of Incident: 4/7/2021

Date Reported to DCCECE: 4/8/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: "IC(█) peers informed me that IC(█) was about to attempt to hurt herself. That's when I walked towards her room, and I seen IC(█) putting a cloth on the door hinge while standing on her blue cubby. IC(█) put her head through the loop for about two (2) seconds with no strangling. IC(█) did not jump nor pull the clothing tighter. I had already taken the clothing away from her."

Agency's Interim Corrective Action: The IC(█) was placed on suicidal precautions, line of sight, and sleeping in the day area to be re-assessed every 24 hours (Doctor's orders obtained). Cameras were in view.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/7/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up:

Details from Follow-up:



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Notice of Incident

Date of Incident: 4/13/2021

Date Reported to DCCECE: 4/14/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: IC(■) came to the door of her bedroom and stated she didn't feel well with a headache and fainted. Staff told IC(■) to go back to her bed and they will call the nurse. IC(■) passed out by her bed as staff was speaking with the nurse on the phone. Staff stood by IC(■) until she started talking again with staff. The nurse came and worked with IC(■W).

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/13/2021

Date of DCCECE's Follow-up: 4/15/2021 **Type of Follow-up:** Email

Details from Follow-up: She fainted due to ■■■■■ I was unable to identify a contributing factor. They believe it is a medical issue and they are trying to determine the cause (ACH and CFYF)



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Notice of Incident

Date of Incident: 4/13/2021

Date Reported to DCCECE: 4/14/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: IC(■) was in the bathroom. Staff went to check on her. As staff was about to knock on the door, IC(■) slid a suicide note under the door. Staff opened door to find IC(■) on the floor with the elastic from her underwear around her neck. Staff intervened to get elastic off from around her neck.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/13/2021

Date of DCCECE's Follow-up: 4/16/2021 **Type of Follow-up:** In Person

Details from Follow-up: 4/16/21 - Specialist Breedlove went to Centers office located at 1521 Merrill Drive and reviewed the video. Video didn't show anything negligent on behalf of staff. Staff checked on IC after required amount of time.



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Notice of Incident

Date of Incident: 4/15/2021

Date Reported to DCCECE: 4/22/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: IC1 [REDACTED] motioned for IC2 [REDACTED] to "come here" while IC2 [REDACTED] had his penis exposed in the day area. IC2 [REDACTED] moved his penis close to IC1 [REDACTED]. IC1 [REDACTED] appeared to open his mouth as his face went towards IC2 [REDACTED] genitals while IC2 [REDACTED] penis was still exposed. The pair later kissed.

Agency's Interim Corrective Action: Staff suspended until we determine if retraining or termination is appropriate. While the two residents were exposing themselves, it was determined that there were actually 3 residents involved. The older informal leader of the three was moved out of EMC

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/15/2021

Date of DCCECE's Follow-up: 4/27/2021 **Type of Follow-up:** In Person

Details from Follow-up: 4/27/21 Specialist Breedlove reviewed video footage of incident at which time he determined there was inadequate supervision and cited the agency for that R907.2



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Notice of Incident

Date of Incident: 4/30/2021

Date Reported to DCCECE: 5/3/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: IC(█) was standing in cafeteria upset. Shift supervisor(█) and recreational therapist were in kitchen watching her. IC(█) took a step back as recreational therapist moved closer and shift supervisor(█) moved to cafeteria. IC(█) quickly grabbed coffee pot smashing it. Recreational Therapist and shift supervisor(█) acted quickly to get piece of glass away from IC(█). IC(█) cut left wrist with glass while recreational therapist and supervisor were trying to get it out of her hand.

Agency's Interim Corrective Action: Video review occurred that day to identify areas of corrections along with areas of improvement.

Areas of correction: First, the sliding door for the serving area should have been closed after breakfast. The coffee pot should have been placed furthest aw

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/30/2021

Date of DCCECE's Follow-up: 5/3/2021 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 4/30/2021

Date Reported to DCCECE: 5/3/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: IC(■) fell in shower. She hit the ground and bruised her side. she told staff and Nurse/APRN that she was having a hard time because she heard a pop. She was advised to go to the ER. IC(■) went to the ER.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/30/2021

Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up:



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Notice of Incident

Date of Incident: 5/7/2021

Date Reported to DCCECE: 5/9/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

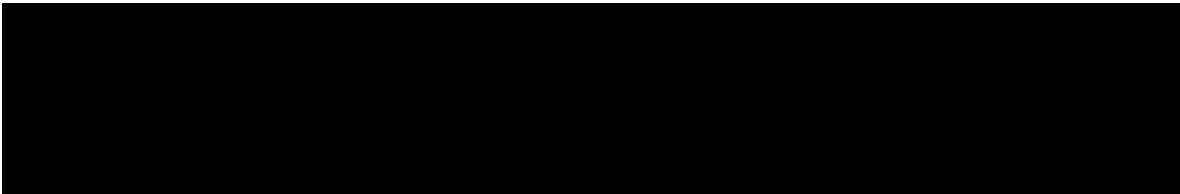
Type of Incident: Injury

Incident Description: AV(█) was allegedly attacked by peer, AO(█) during Outdoors time. AV(█) has a red mark and bruising to the left side of his face. No swelling was observed at this time.

Agency's Interim Corrective Action: To keep AO(█) close to staff and at times 1:1 to keep him from assaulting other peers.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/7/2021



Date of DCCECE's Follow-up: 5/11/2021 **Type of Follow-up:** Email

Details from Follow-up: AV(█) examined by nurse and irregular shaped area of dark red discoloration and irregular oval shaped area of purple/brown discoloration observed to left face. No swelling or deformities, AV(█) denies pain.



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Notice of Incident

Date of Incident: 5/7/2021

Date Reported to DCCECE: 5/9/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

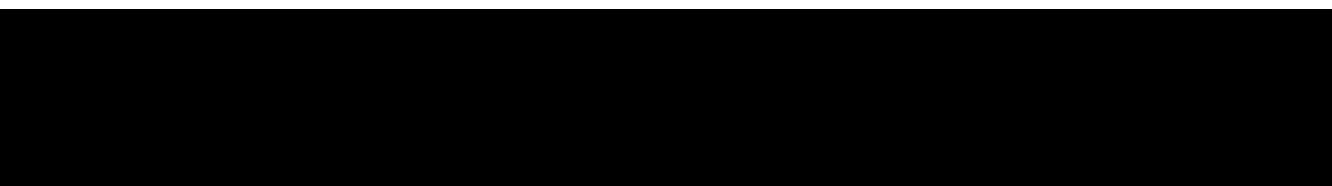
Type of Incident: Injury

Incident Description: IC(█) was in possession of a plastic object during outdoors time (it appears to be a piece of siding from the building) and was using it to injure herself by scratching her arm. Red linear marks observed to her left lower arm. No breaks in the skin were observed. The area was cleaned with soap and water.

Agency's Interim Corrective Action: Aside from the precautions IC(█) has for this incident, we will develop an individualized self-harm plan for IC(█) tomorrow.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/7/2021



Date of DCCECE's Follow-up: 5/9/2021 **Type of Follow-up:** Email

Details from Follow-up:



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 5/7/2021

Date Reported to DCCECE: 5/9/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: AO(■) was reportedly throwing rocks at AV(■) during outdoors time. One of the rocks struck AV(■)'s arm, causing a scratch. Superficial skin flaking was observed. The area was cleaned with soap and water.

Agency's Interim Corrective Action: To keep AO(■) close to staff and at times 1:1 to keep him from assaulting other peers.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/7/2021

Date of DCCECE's Follow-up: 5/9/2021 **Type of Follow-up:** Email

Details from Follow-up:



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 5/8/2021

Date Reported to DCCECE: 5/9/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: IC1 [REDACTED] reported that IC2 [REDACTED] bit him on the back on Thursday during the day shift. IC2 [REDACTED]'s note does reflect that he bit a peer. Human bite observed to left upper back with redness and breaks in the skin.

Agency's Interim Corrective Action: To keep AO [REDACTED] close to staff and at times 1:1 to keep him from assaulting other peers. IC1 [REDACTED] was sent to ACH ER for evaluation of bite and possible Tdap.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/8/2021

Date of DCCECE's Follow-up: No **Type of Follow-up:** Email

Details from Follow-up: IC1 [REDACTED] Returned from ACH ER. Tdap received in ER. Augmentin 87.5mg-125mg pox1 dose administered in ER. Rx for Augmentin BID x10d called by ER to CVS on 12th Street.

Whitney and I will meet in the am to continue placement options for [REDACTED].

We also have an active goals for EMCC to assess and minimize peer to peer assault and general traumatization. In an effort to afford clients a “fun Friday”, to enjoy the nice weather and help them burn energy/get exercise, we had extended playground time, with high staff ratio, including

myself and Whitney, unfortunately, we had a few clients attack each other and/or self-injure. Again Whitney and I will process in the am to identify methods to decrease assaults while affording clients structured outside time.



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Notice of Incident

Date of Incident: 5/16/2021

Date Reported to DCCECE: 5/17/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

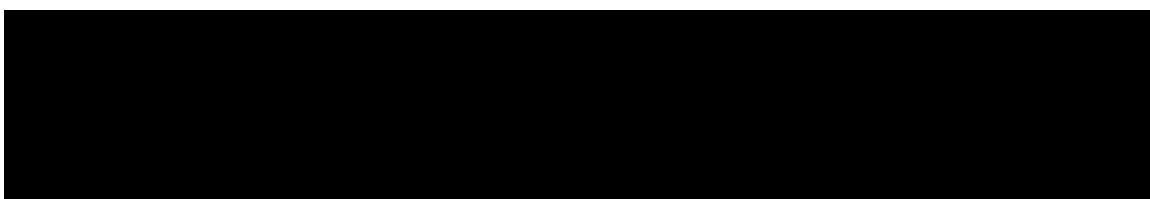
Type of Incident: Other

Incident Description: IC(█) got mad and went in his room and engaged in self-harm by tying the strings from his paper mask together and placing it around his neck. Staff went in and immediately took action. Per students report, he engaged in this behavior as a power struggle and was not attempting suicide. There was no redness noted by medical.

Agency's Interim Corrective Action: IC(█) was placed on Line of Sight immediately.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/16/2021



Date of DCCECE's Follow-up: 5/20/2021 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 5/23/2021

Date Reported to DCCECE: 5/24/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: IC(■) engine began to rise in response to one of her peer's scratching her forearm to self-harm. She requested to go to the EMAC Gym in order to release her frustration and anger out instead of attacking the peer. IC(■) requested that her friend accompany them because "she helps me calm down".

IC(■) was sent to the ACH ER after striking one of the padded walls in the Rage Room. The medical team wanted her hand to be further evaluated to rule out a fracture.

Agency's Interim Corrective Action: We will be dismantling the Rage Room in response to this injury and to prevent any future incidents.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/23/2021

Date of DCCECE's Follow-up: 5/25/2021 **Type of Follow-up:** Email

Details from Follow-up: Based on video review and interviews conducted, IC(■) entered the EMAC Gym and put on gloves that were not purchased by the Program Director. The gloves she put on are thin boxing gloves with little padding. It is unclear who purchased them and placed them in the EMAC Gym. Her peer put on the boxing gloves that were approved. IC(■) and the other student were observed to begin to punch the punching bag, the workout dummy and the padded

walls. (The padded walls are not intended to be hit or kicked). After IC(█) was able to bring her engine down, she complained of pain in her hand and was evaluated by the nursing team.



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Notice of Incident

Date of Incident: 6/7/2021

Date Reported to DCCECE: 6/8/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: Emergency Residential

Facility License Type: Regular

Type of Incident: Injury

Incident Description: IC1(█), █ y/o became upset this evening when staff asked him to take a shower (he has been off/on defiant with regards to showers for quite some time). He reportedly began throwing objects at staff and hitting staff. IC2(█), █ y/o became triggered due to IC1(█) hitting the staff member. IC1(█) and IC2(█) ultimately engaged in a physical altercation after IC1(█) began throwing objects at IC2(█). During the altercation, IC1(█) sustained a scratch below his left eye, petechiae to left eye lid, scratch to forehead near scalp, and human bite to right foot. The bite did break the skin. All injuries were cleaned with peroxide then TAO was applied. IC1(█) was sent to ACH. He returned from the ER after receiving a tetanus booster and was also given a prescription for Augmentin, which is bite protocol for ACH.

Agency's Interim Corrective Action: Incident between peers was problem solved and resolved later in evening. Staff will continue to keep a close eye on these clients and will separate a client by moving one of them off the unit if tensions begin to escalate in the future. Individual therapi

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 6/7/2021

Date of DCCECE's Follow-up: 6/9/2021 **Type of Follow-up:** In Person

Details from Follow-up: 6/8/21 - Specialist Breedlove called EMCC Training Institute Director Mark Bryant to request video footage of the incident.

6/9/21 - Specialist Breedlove made a visit to Centers - EMCC to view video footage of the incident. Upon viewing of the video, it was determined that IS [REDACTED] failed to de-escalate the situation allowing for the incident to get out of control. Specialist Breedlove cited for regulation 907.2 Child caring staff shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well-being of each child at the facility, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.



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Notice of Incident

Date of Incident: 5/2021(no exact date)

Date Reported to DCCECE: 5/13/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: Residential

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: The AV is [REDACTED], a foster child. The AO's are AO1([REDACTED]) and AO2([REDACTED]), AO3([REDACTED]), and AO4([REDACTED]) last name unknown and AO5(unknown staff). The reporter stated AV([REDACTED]) disclosed several allegations from his time at Centers for Youth and Families AV([REDACTED]) began his therapist, AO3([REDACTED]) she made him suck her breast. AV([REDACTED]) said AO3([REDACTED]) played with his private area and then he had to go down and lick her private area and she threatened him with a knife she had in her draw and this happened two times. The reporter stated he went on to disclose that the program managers are AO1([REDACTED]) and AO2([REDACTED]) they were in AO1([REDACTED])'s office and they locked the door and AO2([REDACTED]) had a gun and AO1([REDACTED]) had a big gun like an AK-47 and AO([REDACTED]) had a gun. AO1([REDACTED]) and AO2([REDACTED]) both pointed it at him to his head. Then they both had sex in front of him AO1([REDACTED]) and AO2([REDACTED]) then AO2([REDACTED]) made AV([REDACTED]) perform oral sex on him. AV([REDACTED]) said AO2([REDACTED]) put his private in AO1([REDACTED])'s private. AO2([REDACTED]) then sucked AV([REDACTED])'s private area and then made him suck his private area. AO2([REDACTED]) penetrated him from behind and then AV(CJ) also penetrated him from behind. AV([REDACTED]) then said AO2([REDACTED]) peed down his throat. This happened five or more times. AV([REDACTED]) then said the last time it happened was a week before he left. AV([REDACTED]) said the AO3([REDACTED]) threatened to kill him and she knew his address and his aunt. The reporter stated AV([REDACTED]) said two more staff members abused him, one AO4([REDACTED]) and AO5(unknown staff). AV([REDACTED]) stated, they were on the unit and AO4([REDACTED]) and AO5(unknown staff) put a card over the camera and they had sex with him. AV([REDACTED]) stated this happened three times.

Agency's Interim Corrective Action: On 5/7/21, David Kuchinski emailed the following statement: We will be removing IS(AW) from the schedule immediately due to pending investigation of maltreatment per this email.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/2021(no exact date)

[REDACTED]

Date of DCCECE's Follow-up: Type of Follow-up:

Details from Follow-up:



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Notice of Incident

Date of Incident: 6/24/2021

Date Reported to DCCECE: 6/24/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: 2 clients (██████) climbed on a chair, pulled a ladder down and went into the attic of EMCC. Multiple staff responded. Fire department and police were called to the location. █████ exited the attic after approximately 30 minutes and JB after approximately 1.5 hours.

Agency's Interim Corrective Action: Staff (AG) was immediately suspended pending termination. All attic access was secured by screwing shut attic doors. Shortly after the incident and shortly after incident ended, JB's condition and behavioral stability was assessed. A zoom family therapy

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 6/24/2021

Date of DCCECE's Follow-up: 6/30/2021 **Type of Follow-up:** In person

Details from Follow-up: On 6/30/21, Specialist Breedlove went to Elizabeth Mitchell Children's Center (EMCC) to review video footage of the 6/24/21 incident in which 2 clients (██████) went up into the attic. After reviewing video, it was determined that staff failed to properly supervise which is what led to the incident that occurred. A citation (R97.2) for supervision was issued. Center's Mark Bryant, MS, LPE created a plan for therapeutic leave with mother July 10-12. The following day we assessed █████'s behavior had deteriorated and secured an acute stay with Conway Behavioral for stabilization. Centers staff (including myself) transported Friday evening. █████ stayed

until Sunday morning. Mother requested discharge after being dissatisfied with services. Centers team including myself transported [REDACTED] back to EMCC program. Coordinated with St. Luke's in Boise, ID about partial hospitalization program to transition [REDACTED] into. Will coordinate with this program further after therapeutic leave with family in July. We will continue to monitor and assess [REDACTED]'s behavior.



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Notice of Incident

Date of Incident: 7/4/2021

Date Reported to DCCECE: 7/6/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

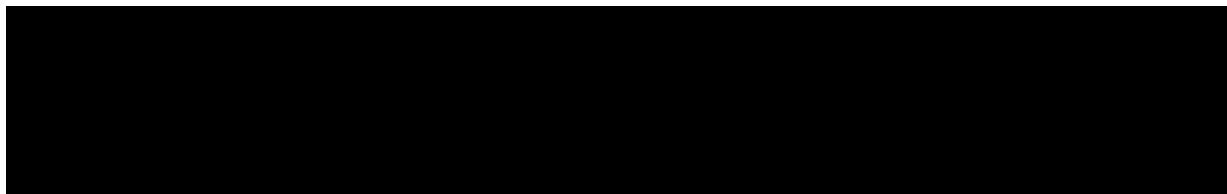
Type of Incident: Injury

Incident Description: IC(█) got a splitter in his hand while running his hand up the railing. He was seen by nurse who called out APRN. Nursing staff attempted to remove but were advised to clean and monitor it. follow up appointment.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 7/4/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: The following day he was taken to ACH after nursing consulted with physician on call. Large splitter was removed from his hand. █ received 2 stitches and dressing after removal. █ will return to clinic at end of week for follow up appointment.



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Notice of Incident

Date of Incident: 7/5/2021

Date Reported to DCCECE: 7/6/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number:

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: On 7/5/2021, at approximately 1815 hours, IC(■) reportedly fell in the shower. IC(■) complained of head, arm and shoulder pain as a result of her fall.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 7/5/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: CFYF staff did not note any break of the skin on IC(■)'s person. CFYF medical staff assessed IC(■) and made contact with Dr. Schay. Dr. Schay made the decision to send IC(■) to ACH for further evaluation. IC(■) was transported from The Centers' facility to ACH by CFYF staff at approximately 1909 hours. While at ACH, medical personnel examined IC(■) and concluded there was no fracture present. The exam included several x-rays of her left forearm and left humerus. After IC(■)'s medical evaluation at ACH, she was released from the hospital and returned to The Centers at approximately 2250 hours.



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Notice of Incident

Date of Incident: 7/4/2021

Date Reported to DCCECE: 7/7/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: On 7/06/2021, at approximately 1600 hours, IC(■) was going through the admission process to enter the EMAC residential facility. During the admission process, IC(■) was observed to have a swollen right hand. IC(■) said she had hit a wall on 7/04/2021 during an argument with her mother. According to ■ and her guardian, there had not been any medical treatment up to this time for her injured hand. IC(■) said that her hand did hurt.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 7/4/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: CFYF Medical Director, Dr. Schay, was notified of IC(■)'s injured right hand and authorized her IC(■) transport to Arkansas Children's Hospital (ACH) for further medical evaluation. CFYF staff transported IC(■) to ACH at approximately 1820 hours. While at ACH, medical personnel examined IC(■)'s right hand and concluded there was no fracture present. The medical exam included several x-rays of the injured right hand. After IC(■)'s medical evaluation at ACH, she was released from the hospital on 7/07/21 and returned to The Centers'

facility (EMAC Unit) at 0100 hours. CFYF medical personnel will continue to monitor IC(█).



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Notice of Incident

Date of Incident: 10/21/2021

Date Reported to DCCECE: 10/27/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: Other: Sexual relation at another facility between clients at current facility

Incident Description: [REDACTED]

[REDACTED] while the two clients were at another facility together. The staff member, [REDACTED], was instructed to report the stated information concerning [REDACTED] to the [REDACTED] call was accepted ([REDACTED]).

Agency's Interim Corrective Action: Clients are both assigned to separate dorms, classroom, and group sessions. Staff have been informed to keep clients separated during outside time, meal services, and other activities.

Licensing Specialist Assigned: A. Clowers

Licensing Supervisor Assigned: 10/21/2021

Date of DCCECE's Follow-up: 10/28/2021

Type of Follow-up: In person visit

Details from Follow-up:



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Notice of Incident

Date of Incident: 11/4/2021

Date Reported to DCCECE: 11/4/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: During a call time for Client [REDACTED] (AV), time became up for him and client became escalated and took off his coat and shirt. AO staff [REDACTED] grabbed client leaving red marks and some bruising on client's shoulder and lower parts of his neck.

Agency's Interim Corrective Action: IS/[REDACTED] was terminated and other staff viewed on the video have been retrained.

Licensing Specialist Assigned: A.Clowers

Licensing Supervisor Assigned: 11/4/2021

[REDACTED]

Date of DCCECE's Follow-up: 11/04/2021 and 11/05/2021
visit

Type of Follow-up: Text,

Details from Follow-up: Received initial text letting me know that computer system is still down and they are writing up a report on this to send in. They wanted to let me know of the event that had occurred. When reaching out on 11/05/2021 to Eric Knowles, he stated that AO staff member [REDACTED] has been terminated due to actions.



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Notice of Incident

Date of Incident: 11/1/2021

Date Reported to DCCECE: 11/2/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Incident

Incident Description: Client [REDACTED] stated that she took 10 pills that she had regurgitated and put in a book. Staff took client to children's where she was evaluated. The staff at the ER stated that they did not show any signs that she had taken any extra medications due to the tests and her vital signs. The staff at the facility stated that they have had the client on med watch and she has been sitting for 30 minutes after taking medication and mouth is checked before she is able to return to normal activities, so they did not see how this would be possible.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: A.Clowers

Licensing Supervisor Assigned: 11/1/2021



Date of DCCECE's Follow-up: 11/5/2021 **Type of Follow-up:** Call

Details from Follow-up: Client was sent to acute. When she returned from acute, she has continued to be on the med watch for thirty (30) minutes.



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Notice of Incident

Date of Incident: 11/30/2021

Date Reported to DCCECE: 12/1/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 11/30/3031, Centers student [REDACTED] reported that a Center's staff member, [REDACTED] grabbed his arm and pinned him against the wall. [REDACTED] was unable to provide a date or time when this incident occurred. Centers' staff reported this incident to the hotline and it was accepted.

Agency's Interim Corrective Action: Staff was placed on leave pending outcome of investigation.

Licensing Specialist Assigned: C. DeBoer

Licensing Supervisor Assigned: 11/30/2021

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called: YES **Was it accepted?** YES **Outcome:** Unsubstantiated

Assigned Investigator:

Date of DCCECE's Follow-up: 11/30/2021 and 12/6/21 **Type of Follow-up:** In Person conversation

Details from Follow-up: When visiting for a buildings and grounds visit 11/30/21, Katie Crosby mentioned this incident to me and asked if we had received it yet from Risk Manager Eric Knowles. I stated that I had not received anything yet. Katie mentioned that she had reviewed video of the past couple of weeks and did not see any video where client and staff were engaged in any activity as mentioned. Received the email a few hours later. 12/6/21 facility visited and camera footage reviewed. Facility have since terminated staff mentioned in the incident.



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Notice of Incident

Date of Incident: 1/7/2022

Date Reported to DCCECE: 1/10/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Maltreatment

Incident Description: The a/v is [REDACTED] is in residential care at Centers for Youth and Families (Pulaski Co). She is not in DHS custody. The a/o is Centers for Youth and Families QBHP 39-40yo [REDACTED]. On 01/07/22 [REDACTED] was on the unit at the facility and was out of control, attacking peers, throwing things, and threatening others. There were attempts made to calm her down and she did calm down initially, but then she attacked a peer and punched staff in the face. [REDACTED] was placed in a CPI restraint by [REDACTED] and another QBHP for about 10 minutes. There was a nurse and other staff present. [REDACTED] was released from the restraint and she was upset because [REDACTED] was a male and she alleged that it triggered her past. [REDACTED] then alleged that [REDACTED] banged her head against the wall 4 times and choked her. There was no mention that she had trouble breathing. A nurse assessed [REDACTED] and no injuries were noted. The other staff members present during the incident indicated that they did not observe the abuse that [REDACTED] alleged occurred. On 01/08/22 [REDACTED] indicated the same allegations against [REDACTED]. The bio mother, who is the legal custodian, indicated that [REDACTED] has a history of making similar accusations that were false and it is part of her behavior when things do not go her way.

Agency's Interim Corrective Action: Staff [REDACTED] has been suspended pending the outcome of the investigation.

Licensing Specialist Assigned: C. Deboer

Licensing Supervisor Assigned: 1/7/2022

Date of DCCECE's Follow-up: 1/11/2022 **Type of Follow-up:** Email, facility visit

Details from Follow-up: Administration building visited 1/11/22 from 12:30PM to 1:30PM. Video footage reviewed on 1/11/22 of day room of incident from 6:12PM to 6:22PM 1/7/22 [REDACTED] did not report this incident to staff until Therapy Session 1/10/22. Hotline was called same day. DCC/ECE Licensing was notified the same day. Video shows [REDACTED] kicking property all over dayroom. Meanwhile [REDACTED] is cursing and yelling at staff. Staff ratio initially 2:2. Staff towards end of video viewed ratio was 5:2. Two staff initiate restraint hold which is then taken off camera. At no time is [REDACTED] heard saying she is hurt or being hurt. Staff are present the entire time. Eric Knowles of EMC reports that staff present have been interviewed which do not agree with [REDACTED] allegation. At no point is improper restraint nor ratio out of licensing standards during video.



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Notice of Incident

Date of Incident: 2/9/2022

Date Reported to DCCECE: 2/9/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: The AV is a [REDACTED] foster child [REDACTED]. AO is Clinician [REDACTED] [REDACTED]. On 2-9-22 at 1330 hours, [REDACTED] was in the cafeteria, flipping tables and throwing books. [REDACTED] was picking up the books, and IF stepped in front of him. Mark put his hand on her back and started to walk away. [REDACTED] said, "Oh, did you just push me" and swung at [REDACTED]'s head. [REDACTED] lunged and grabbed [REDACTED]. Nearby staff intervened. [REDACTED] states that [REDACTED] choked her. She had red marks on her clavicle area. There was also a scratch on her cheek, but it is unknown if it came from this incident.

Agency's Interim Corrective Action: Staff terminated

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 2/9/2022

Date of DCCECE's Follow-up: 2/10/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 2/10/22 in response to incident above. Video viewed. A/O offender clearly seen pushing client as he walked by. This seemed to aggravate client who then became escalated and lunged at A/O. A/O responded by lunging back, grabbing at client.



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SERVICES**

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Notice of Incident

Date of Incident: 2/19/2022

Date Reported to DCCECE: 2/20/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: This incident occurred at The Centers (Destiny House Unit) on 02/19/2022. On 02/19/2022, at approximately 1900 hours, Centers' student, [REDACTED] became dysregulated and punched the wall with his right hand. [REDACTED] was alone and in his bedroom, when he struck the wall with his fist. [REDACTED] told staff what had happened and that his right hand was hurting. Centers' medical staff examined [REDACTED]'s hand and noted a small amount of swelling and limited range of motion. Dr. Bowling was contacted and authorized [REDACTED] to be transported to Arkansas Children's Hospital (ACH) for further evaluation of his right hand. [REDACTED] was transported to ACH by Centers' staff. Once at the ACH emergency room, [REDACTED]'s right hand was X-rayed. It was determined [REDACTED] had a slight fracture of the fifth metacarpal of the right hand. RE's right hand was NOT placed in a cast. After his medical evaluation, [REDACTED] was transported back to Destiny House by Centers' staff. [REDACTED]'s guardian was notified about the incident. [REDACTED] a follow-up appointment with an orthopedist on February 27. The Centers' medical staff will continue to monitor [REDACTED]

Agency's Interim Corrective Action: Transported RE to ER.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 2/19/2022

Date of DCCECE's Follow-up: _____ **Type of Follow-up:** _____

Details from Follow-up: RE has a follow-up appointment with an orthopedist on February 27.



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Notice of Incident

Date of Incident: 4/16/2021

Date Reported to DCCECE: 4/19/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Restraints

Incident Description: The AV is 15yo [REDACTED]. The PRFC is unknown. The out of home AO is unknown. The AV is a foster child. The AV is currently at Perimeter Behavioral health. It was reported that the AV mentioned an incident that occurred possibly this week or last week. AV was in the corner and was refusing to do his work. The AV was not physical, posed a threat, or expressed any unsafe behaviors according to him. AV was escorted by unknown staff but thinks [REDACTED] [REDACTED] (staff member) was in the escort. AV did not know the other staff member. AV was being escorted to the hall or his desk, he was not sure. AV began to resist according to reports, that he then threw himself to the ground. The AV believes his knees buckled and he fell on his own not that he threw himself. Once on the ground a therapeutic hold was administered on the AV. While in the hold, the AV bit himself. There is reddish looking bruise on his left arm (that AV caused when he bit himself). While in the hold, an unknown staff member had their elbow in his ankle forcing pain on his ankle. That unknown staff member was digging his/her elbow into his ankle causing him pain according to the AV. AV mentioned his ankle is sore today 4/16/21. AV was also grabbed hard, and he has a bruise on his left arm which was left by a thumb of one of the staff members. The bruise looks like its healing, and it has been there for a while. No further details or specifics provided. AV only identified Unknown [REDACTED] (male), Unknown [REDACTED] (male), Unknown [REDACTED] (female), Unknown [REDACTED] (female), and Unknown [REDACTED] (female).

Agency's Interim Corrective Action: Corrective Action Steps Taken: Training and retraining of number of people in the room on ESI. How to handle a crisis with residents will take place next week with the Program Manager or Quality Risk Director.

Licensing Specialist Assigned: L. White

Licensing Supervisor Assigned: 4/16/2021

[REDACTED]

Date of DCCECE's Follow-up: 4/19/2021 **Type of Follow-up:** Phone Call

Details from Follow-up: On 4/19/21, Specialist received the following documentation from the Serious Occurrence Report regarding AV-[REDACTED]. "In observance of the camera on April 19, 2021 at approximately 1407-1430, staff was processing with [REDACTED] dropped down to the floor on his own and the YCC's then placed him in an ESI. The Nursing staff was notified and came to assess R.C.

On 4/22/21, Specialist spoke with [REDACTED] Davis stated the AV only disclosed about a bruise on his forearm and digging into his ankles during a restraint, but he did not know who did it. Davis stated AV advised that there were 5 staff at various times during the restraint. Davis stated AV never disclosed that he was abused but just wanted to tell what happened. Davis stated the AV did not want to make a report. Davis stated she viewed the video and from what she observed, the AV was resisting while being escorted, fell backwards and eventually restrained. Davis stated the AV was not complying with staff throughout the day prior to the escort.



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Notice of Incident

Date of Incident: 4/5/2022

Date Reported to DCCECE: 4/6/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 4/5/2022, at approximately 1720 hours, [REDACTED] told a Centers' staff member a peer touched her inappropriately. [REDACTED] said, [REDACTED] (the other peer), touched her [REDACTED] breasts over her clothes. The Child Abuse Hotline was called and notified concerning this incident and the call was accepted. There is an order in place to keep [REDACTED] and [REDACTED] (12) twelve feet apart. The guardians of both clients were notified concerning this incident.

Agency's Interim Corrective Action: Clients separated.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 4/5/2022

Date of DCCECE's Follow-up: 4/6/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Per phone call with Eric Knowles, Director of Risk Mgmt., there exists no evidence to substantiate or refute these allegations.



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Notice of Incident

Date of Incident: 4/4/2022

Date Reported to DCCECE: 4/7/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 04/06/2022, EMAC client, SD disclosed to a Centers' staff member one of her peers "squeezed" her breasts. D said sometime in the afternoon of 04/04/2022, EMAC client, [REDACTED] approached her from behind and squeezed her [REDACTED] breasts through her clothes. Centers' staff reported this information to the [REDACTED] and the call ([REDACTED]) was accepted. Precautions were put in place to keep [REDACTED] (12) twelve feet away from [REDACTED]. The guardians of both clients were notified concerning this incident.

Agency's Interim Corrective Action: Clients separated.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 4/4/2022

Date of DCCECE's Follow-up: 4/7/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Per phone call with Eric Knowles, Director of Risk Mgmt., there exists no evidence to substantiate or refute these allegations.



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Notice of Incident

Date of Incident: 4/6/2022

Date Reported to DCCECE: 4/7/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 04/06/2022, EMAC client, [REDACTED] disclosed to a Centers' staff member one of her peers slapped her on the buttocks and touched her breasts. [REDACTED] said EMAC client, [REDACTED] slapped her on the buttocks and touched her [REDACTED] breasts through her clothes. [REDACTED] was unable to provide any type of date or time when this incident took place. Centers' staff reported this information to the [REDACTED] and the call [REDACTED] was NOT accepted. Precautions were put in place to keep [REDACTED] twelve feet away from [REDACTED]. The guardians of both clients were notified concerning this incident.

Agency's Interim Corrective Action: Clients have been separated.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 4/6/2022

Date of DCCECE's Follow-up: 4/7/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Per phone call with Eric Knowles, Director of Risk Mgmt., there exists no evidence to substantiate or refute these allegations.



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Notice of Incident

Date of Incident: 4/14/2022

Date Reported to DCCECE: 4/14/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Complaint

Incident Description: Received complaint from U/K party stating "Kids have been here for more than 30 days and they do not have evals or treatment plans. Some kids are not getting therapy or required services. There are not enough therapists. At Destiny House a shift supervisor is running things and the staff come and go as they please and they are out of ratio. "

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 4/14/2022

Date of DCCECE's Follow-up: 4/14/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 4/14/22 in response to complaint. Census 63. List of current census with DOA provided. Destiny House census: 18

Video reviewed from Destiny House for 4/9/22 from 2:00AM-3:00AM. 3 staff seen present plus nurse seen entering and leaving nurse's station. Ratio is within limits.

Video reviewed from Destiny House for 4/6/22 from 10:00PM-11:00PM. 3 staff seen present plus nurse seen sitting at nurse's station. Ratio is within limits.

Video reviewed from Destiny House for 4/12/22 from 4:00PM-5:00PM. 3 staff observed from video seen. Ratio within limits.

List of Licensed Clinicians responsible for EMAC viewed. The list consisted of 19 licensed clinicians. These clinicians are responsible for providing casework services for clients at EMAC.

Employee roster for Destiny House viewed for the last 3 weeks. Staff scheduled are within licensing limits.

No licensing concerns observed today's visit.



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Notice of Incident

Date of Incident: 4/21/2022

Date Reported to DCCECE: 4/22/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 3/30/2022, client [REDACTED] was sent from Destiny House to Pinnacle Pointe for acute treatment. [REDACTED] was sent for acute placement due to assaultive, suicidal, and self-harm behavior. Evidently, while at Pinnacle Pointe, [REDACTED] told [REDACTED] staff that a Centers' staff member, Ezekiel Scruggs, pulled his [REDACTED] hair, spit on him and beat him. I am not sure if [REDACTED] any type of timeline for the alleged incident. Evidently, a Hotline call was made and accepted. [REDACTED] returned to Centers from Pinnacle Pointe on 4/06/2022. On 04/21/2022, a DCFS investigator came to Destiny House to interview [REDACTED] in reference to this alleged incident. Upon learning of the DCFS investigation, [REDACTED] was suspended from Centers, pending the completion of the DCFS investigation.

Agency's Interim Corrective Action: Upon learning of the DCFS investigation, [REDACTED] was suspended from Centers, pending the completion of the DCFS investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 4/21/2022

Date of DCCECE's Follow-up: 4/27/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Eric Knowles indicated via phone call that an internal investigation yielded no truth to allegation. There is no video to view as AV provided no time incident took place.



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Notice of Incident

Date of Incident: 5/8/2022

Date Reported to DCCECE: 5/9/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit/Fight

Incident Description: Incident occurred at occurred at The Centers (Destiny House) on 5/08/2022. On 5/08/2022, at approximately 1200 hours, client [REDACTED] was involved in an altercation with another peer. Centers' staff immediately intervened and separated the two clients. During the altercation, [REDACTED] tripped and fell to the ground, hitting the left side of his (NP's) face on a plastic chair. As a result of his fall, [REDACTED] sustained a small laceration (less than 1 cm) next to his left eye. Centers' medical staff cleaned and treated [REDACTED]'s wound. Centers' Medical Director, Dr. John Schay, was contacted and made the decision to send [REDACTED] to Arkansas Children's Hospital (ACH) to further assess the wound. Centers' staff transported [REDACTED] to ACH, where ACH medical staff treated his injury. N[REDACTED] received (2) two absorbable sutures to the laceration on the left side of his face. [REDACTED] was released from ACH and transported back to Destiny House at approximately 1745 hours. [REDACTED]'s guardian was notified about this incident.

Agency's Interim Corrective Action: Client sent to ACH.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/8/2022

Date of DCCECE's Follow-up: 5/9/2022 **Type of Follow-up:** Email

Details from Follow-up: Client returned to Destiny House with sutures.



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Notice of Incident

Date of Incident: 4/21/2021

Date Reported to DCCECE: 5/6/2021

Agency Name: Center's Youth & Family - Monticello

Agency Number: 156

Type of Facility: Residential

Facility License Type: Regular

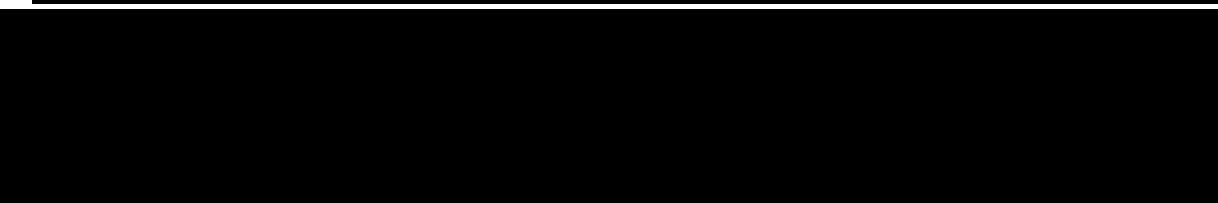
Type of Incident: Injury

Incident Description: IC [REDACTED]. A/O put [REDACTED] in a restraint and threw him against Plexiglas where it left a bruise on an unknown part of the IC's body. IC was playing basketball with another foster child. Staff thought IC was being too aggressive and believed to restrain the IC. IC reported that the staff grabbed his arm and press his fingers in his arms leaving red marks however it is unknown when that happened or if it left injuries at the time.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: J. Myers

Licensing Supervisor Assigned: 4/21/2021



Date of DCCECE's Follow-up: [REDACTED] **Type of Follow-up:** [REDACTED]

Details from Follow-up: [REDACTED]



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Notice of Incident

Date of Incident: 5/12/2022

Date Reported to DCCECE: 5/13/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 5/02/2022, client [REDACTED] was sent from Destiny House to Pinnacle Pointe for acute treatment. [REDACTED] was sent for acute placement due to assaultive, suicidal, and self-harm behaviors. Evidently, while at Pinnacle Pointe, [REDACTED] told [REDACTED] staff that a Centers' staff member, [REDACTED] hit him. I am not sure if [REDACTED] provided any type of timeline for the alleged incident. Evidently, a Hotline call was made and accepted. On 05/12/2022, a DCFS investigator came to Destiny House to interview [REDACTED] in reference to this alleged incident. Upon learning of the DCFS investigation, Mr. Deloney was suspended from Centers, pending the completion of the DCFS investigation. It should be noted, [REDACTED] has made several unsubstantiated allegations during his stay at The Centers. It is my understanding that [REDACTED] is still receiving treatment at Pinnacle Pointe.

Agency's Interim Corrective Action: Staff placed on leave pending investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/12/2022

Date of DCCECE's Follow-up: 5/13/2022 **Type of Follow-up:** Email

Details from Follow-up: Email from facility did not indicate there was any specific time frame to review video and client is at acute placement.



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Notice of Incident

Date of Incident: 5/15/2022

Date Reported to DCCECE: 5/16/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: ON 5/15/2022, at approximately 0800 hours, client [REDACTED] complained to the nurse that his left wrist was hurting. [REDACTED] said he hurt his wrist playing basketball on 5/14/2022 but didn't tell anyone. The nurse noted some slight swelling to [REDACTED]'s outer left hand. The nurse contacted the APRN who advised to treat [REDACTED] with Ibuprofen and apply an icepack to the left wrist area. The APRN also advised to check [REDACTED] every hour for changes. Over the next several hours there were no physical changes to [REDACTED]'s injury; however, he still complained of pain in his left wrist area. The APRN made the decision to send [REDACTED] to Arkansas Children's Hospital (ACH) for an X-ray of the left hand and wrist area. At approximately 1330 hours, a Centers' staff member transported [REDACTED] to the ACH emergency department. Once at ACH, an X-ray was conducted by medical personnel, and it was determined TA had a fracture of the scaphoid bone in his left hand. The scaphoid bone is a small bone near the base of the thumb. This injury is commonly known as a snuffbox fracture. [REDACTED]'s left hand/wrist area was placed in a soft cast. After [REDACTED]'s diagnosis and treatment at ACH, Centers' staff transported him back to Destiny House. Centers' medical staff will continue to monitor [REDACTED]. A voicemail message was left with [REDACTED]'s caseworker concerning this incident.

Agency's Interim Corrective Action: Client transported to and treated by ACH for injury.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/15/2022

Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up:



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Notice of Incident

Date of Incident: 4/23/2021

Date Reported to DCCECE: 4/30/2021

Agency Name: Perimeter Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: (IC [REDACTED]/IS=[REDACTED]) The AV is a foster child. The IC is currently at Perimeter Behavioral Health. It was reported that today 4-23-21 around 9am in the morning, the IC got into an argument with the IS. The IC mentioned that he (IS) put his finger in his face. The IC tried to push his hand out of the way then the IS slapped him in the face with an open hand once. No injuries reported to the IC.

Agency's Interim Corrective Action: Initially the interim corrective action put in place was IS was put on a separation plan and could not be around the IC. The agency changed the interim corrective action and put IS on suspension pending the outcome of the investigation.

Licensing Specialist Assigned: L. White

Licensing Supervisor Assigned: 4/23/2021

[REDACTED]

Date of DCCECE's Follow-up: 5/18/2021 **Type of Follow-up:** Phone Call

Details from Follow-up: Specialist spoke with Antione Jackson with Perimeter. Jackson stated the interim corrective action was that [REDACTED] was put on a separation plan that he could not be around AV. Jackson stated they then changed the corrective action and [REDACTED] was suspended pending the outcome of the investigation. Mr. Jackson stated there was no video of this incident. Jackson stated the investigation [REDACTED]. Jackson was advised

that there were multiple reports received on [REDACTED] abusing the children. Mr. Jackson stated they were aware of that and they are keeping an eye on [REDACTED] to see why the residents keep saying he is physically abusing them.

Specialist spoke with [REDACTED]. Davis stated the AV was not consistent with his statement. Davis stated the witness also stated the AV told them something different. Davis stated the AO denied slapping AV. Davis stated the investigation was closed unsubstantiated.



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Notice of Incident

Date of Incident: 5/17/2022

Date Reported to DCCECE: 5/17/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: AV is [REDACTED] yo foster child, [REDACTED]. AO is a staff member at Centers for Youth and Families. [REDACTED] had her arms in her shirt where her armpits and breast meet and began banging her head into the wall. She stated she was going to harm herself, so [REDACTED] assisted in an intervention. [REDACTED] received a bruise/scratch injury on her left side from the intervention.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/17/2022

Date of DCCECE's Follow-up: 5/17/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Camera footage reviewed from 5/16/22 from 1:38PM on. Client observed sitting on the ground with legs crossed and arms inside her sweater. Staff appear to be counseling client. Client then observed in the stairwell sitting on the ground with her legs crossed and arms inside her sweater, at this point several staff counseling client. Client stands up and is seen kicking door to outside for several minutes. 4 staff members present at this point attempting to counsel client. Client appears to be moving her arms under her sweater during these observations. It appears client continues to escalate, and a supervisor orders a restraint/escort. Client is escorted up a stairwell by staff [REDACTED] on the right side and another staff member on the left. One of both staff

members arms under client, supporting her, and the other arm supporting a leg, as client is being carried flat, face up the stairwell. Staff attempt to escort client back to classroom. At this point client's escort is released and client screams for several minutes. Several staff seen attempting to counsel client.

Photo of client seen. Bruise and fingernail marks observed under left armpit of client. Staff [REDACTED] observed to be on right side of client during entire escort.



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Notice of Incident

Date of Incident: 5/16/2022

Date Reported to DCCECE: 5/17/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident [REDACTED]

Incident Description: Received report from EMCC Risk Mgmt. that staff [REDACTED] had shoved client [REDACTED], DOB [REDACTED] to the ground. Staff was immediately placed on leave pending termination.
[REDACTED]

Agency's Interim Corrective Action: Client placed on administrative leave pending termination.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/16/2022

[REDACTED]

Date of DCCECE's Follow-up: 5/17/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Camera footage reviewed from 5/16/22 at 4:11PM on. Staff is observed tapping client on the shoulder. Client shoves staff [REDACTED]. Staff [REDACTED] shoves client back. Client [REDACTED] rears back as to hit staff [REDACTED]. At this point staff [REDACTED] pushes client into a door. Client [REDACTED]'s head is seen and heard hitting the door. Client [REDACTED] appears visibly hurt after incident.



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Notice of Incident

Date of Incident: 5/22/2022

Date Reported to DCCECE: 5/23/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room visit

Incident Description: On 5/22/2022, at approximately 1543 hours, client [REDACTED] was outside playing when he complained to staff, he was itching all over "really bad." [REDACTED] was immediately taken inside the building to be assessed by the medical staff. Once inside, [REDACTED] complained of a shortness of breath. [REDACTED]'s face became very red, and he began to kick his legs and fling his arms. Staff immediately called for MEMS. Staff and medical personnel continued to attempt to calm [REDACTED] and assist him with breathing techniques until MEMS arrived. MEMS arrived on campus and transported [REDACTED] to Arkansas Children's Hospital (ACH) Emergency Department. ACH medical personnel treated [REDACTED] with (2) two IM EPI injections, (2) two rounds of Albuterol, Benadryl, and a steroid shot. It is believed that [REDACTED] was bitten/stung by something while he was playing outside, causing an allergic reaction. [REDACTED] was admitted to ACH for continued observation and is listed in stable condition. [REDACTED]'s guardian was notified about this incident. As always, do not hesitate to contact me if you need any additional information.

Agency's Interim Corrective Action: Client transported to ACH via MEMS.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/22/2022

Date of DCCECE's Follow-up: 5/24/2022 **Type of Follow-up:** Email

Details from Follow-up: Received email from Risk Mgmt. Eric Knowles: Client discharged from ACH yesterday (5/23/2022) and returned to Destiny House. Client is not showing any ill effects as a result of this incident.



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Notice of Incident

Date of Incident: 5/21/2022

Date Reported to DCCECE: 5/23/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room visit

Incident Description: On 5/21/2022, at approximately 1045 hours, client [REDACTED] was outside playing catch with a football, when another peer ran into him. [REDACTED] who prefers to be called [REDACTED], reported to staff he injured his left wrist as a result of the collision with his peer. [REDACTED] was assessed by Centers' medical personnel. The nurse noted [REDACTED] had slight swelling to the left hand\wrist area. The Centers Medical Director, Dr. Schay, was notified and he advised to give [REDACTED] Tylenol and apply an icepack to the injured area. The medical staff continued to monitor [REDACTED] guardian was notified about this incident. On 5/23/2022, [REDACTED] complained to staff his left wrist was "hurting." The medical staff assessed [REDACTED] and noted the left wrist was still just slightly swollen, but now he had limited range of motion as well. The APRN made the decision to send [REDACTED] to Arkansas Children's Hospital (ACH) Emergency Department for further evaluation. Centers' staff transported [REDACTED] to ACH where an X-ray was conducted on his left hand\wrist area. ACH medical personnel reported there was no fracture noted. [REDACTED]'s left hand was placed in a wrist brace, and he was instructed to wear it at all times for the next week with limited activity. Centers staff was instructed to provide [REDACTED] with Motrin and Tylenol as needed for discomfort. [REDACTED]'s guardian was notified about his visit to ACH. After leaving ACH, [REDACTED] was transported back to EMCC. On 5/24/2022, Centers medical staff received a call from ACH stating that [REDACTED] does have a fracture of the left wrist. ACH informed Centers' medical team a radiologist reviewed [REDACTED] X-ray from 5/23/2022, and determined [REDACTED] had old scarring and a fracture to his left wrist. The treatment remains the same with [REDACTED] utilizing the wrist brace at all times, and now a follow up appointment with ACH Ortho on 5/31/2022. [REDACTED]'s guardian was notified of the new developments involving his wrist.

Agency's Interim Corrective Action: Client transported to ER.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/21/2022



Date of DCCECE's Follow-up: 5/24/2022 **Type of Follow-up:** Email

Details from Follow-up: Client's hand placed in a wrist brace, and he was instructed to wear it at all times for the next week with limited activity. Follow up appointment with ACH Ortho on 5/31/22.



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Notice of Incident

Date of Incident: 4/30/2021

Date Reported to DCCECE: 5/3/2021

Agency Name: Piney Ridge Treatment Center

Agency Number: 203

Type of Facility: SRU

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: On 4-30-21 at approx. 1740 at PRTC [REDACTED] (DOB [REDACTED]) was outside during free time and while the group was lining up he broke off a fence post and squeezed through and eloped off of the property. 22 residents counting [REDACTED] and 4 staff was out there when he eloped. He was in police custody about a half hour later and returned about 2 hours later to the facility. While in police custody he made an allegation that a resident in his bedroom (2 nights before) [REDACTED] (DOB [REDACTED]) had asked him for sexual favors and when [REDACTED] told him no the peer kicked him in the groin and then groped [REDACTED]. [REDACTED] denied engaging in sexual behavior with anyone in his room. [REDACTED]

[REDACTED] Courtney Duncan of the ASP came on Saturday and spoke to [REDACTED]. [REDACTED] was moved to a different room.

Agency's Interim Corrective Action: Residents were put on no interaction intervention

Licensing Specialist Assigned: R. Reader

Licensing Supervisor Assigned: 4/30/2021



Date of DCCECE's Follow-up: 5/4/2021 **Type of Follow-up:** Email

Details from Follow-up: Agency provided the following corrective action plan: Re-training for direct care and nursing staff on hyper-vigilant supervision of residents while outside at the outdoor

recreational area. This training will occur in the safety debriefings with the direct care staff for the next two weeks.



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Notice of Incident

Date of Incident: 4/30/2021

Date Reported to DCCECE: 5/3/2021

Agency Name: Piney Ridge Treatment Center

Agency Number: 203

Type of Facility: Sexual Rehabilitative Program

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: IC1 is [REDACTED] y/o Foster Child [REDACTED]; that Identities as [REDACTED]. The A/o is a peer at Piney Ridge. It was reported that the A/V jumped the fence of the Piney Ridge Residential facility and ran to a nearby home. The AV knocked on the door and explained to the individual that he had been “chained up”, sexually assaulted ,and deprived of water. The individual said that they would contact law enforcement. The A/V then left the home and proceeded to an apartment complex which he stated that he was “chained up”, sexually assaulted , and deprived of water. Law Enforcement arrived and conversed with the A/V .The AV/disclosed that he was sexually abused while living in Virginia. The A/V also mentioned that he had family in Arkansas but he was not able to give locating information for them. The A/V also disclosed while in the facility at Pine Ridge, staff yelled at him and pushed him against the wall causing him to be scared and wet himself. A/V also disclosed that an unknown peer in the facility asked for sexual favors and the A/V refused. A/V then said the peer rubbed his crotch area. Further details are unknown. The Report number for law enforcement contact is [REDACTED] 1.

Agency's Interim Corrective Action: IC1 and IC2 were separated by the facility and were given different rooms and new roommates.

Licensing Specialist Assigned: R. Reader

Licensing Supervisor Assigned: 4/30/2021

[REDACTED]

Date of DCCECE's Follow-up: 5/5/2021 **Type of Follow-up:** Email

Details from Follow-up: 05.06.21 - [REDACTED]

[REDACTED] I [REDACTED] e's in foster care out of West Virginia and I spoke with his caseworker. I reached out to the UJO's mother and she is refusing an interview with her son." 05.28.21 - Specialist sent a request to the ASP investigator for an update in the results of this report.

05.28.21 - Specialist Reader received the following finalized information from ASP investigator Duncan: The case has been closed unsubstantiated. [REDACTED] did disclose that the AO touch his penis on top of clothes. Spoke with [REDACTED]'s caseworker in Virginia and she said that [REDACTED] has a history of making up allegations but has also been abused in past facilities.



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Notice of Incident

Date of Incident: 6/3/2022

Date Reported to DCCECE: 6/4/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Client [REDACTED] was involved in a physical altercation with another peer. As a result of the altercation, [REDACTED] was immediately assessed by Centers' medical personnel. [REDACTED] sustained several scratches to her face, a small cut to the inner lower lip and slight swelling to her chin. [REDACTED] told the nurse she [REDACTED] may have hit her head on the ground during the altercation. It was noted [REDACTED]'s eyes were round and reactive to light. [REDACTED] able to follow commands and respond to questions. Although [REDACTED] injuries appeared to be minor in nature, Centers Medical Director, Dr. Schay, was notified concerning this incident. Out of an abundance of caution, Dr. Schay ordered [REDACTED] to be transported to Arkansas Children's Hospital (ACH) for further evaluation. Centers' staff transported [REDACTED] to ACH where medical personnel there determined [REDACTED]. ACH medical personnel informed Centers' staff to provide [REDACTED] with Tylenol or Motrin as needed and schedule a follow-up appointment with her (Eggers) PCP in seven to ten days. After [REDACTED]s medical evaluation, she was released from ACH and transported back to EMAC. [REDACTED]s guardian was notified about this incident. The other client involved in the altercation, who was the aggressor in this incident, was sent to acute care due to her aggressive and assaultive behavior.

Agency's Interim Corrective Action: Client injured was sent to ACH. Client who was aggressor sent to acute care.

Licensing Specialist Assigned: C. DeBoer

Licensing Supervisor Assigned: 6/3/2022

Date of DCCECE's Follow-up: 6/6/2022 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 6/7/2022

Date Reported to DCCECE: 6/8/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: On 6/07/2022, at approximately 1530 hours, client [REDACTED] was involved in a physical altercation with another peer. As a result of the altercation, [REDACTED] was assessed by Centers' medical personnel. [REDACTED] was crying and complained of a headache and feeling lightheaded. [REDACTED]'s pupils appeared normal and were round and reactive to light. [REDACTED] appeared symmetrical, and she was able to follow commands. No other signs of distress were noted. The APRN was contacted at approximately 1713 hours and ordered hourly neuro checks to be conducted on [REDACTED]. At approximately 1810 hours, Centers' medical staff assessed [REDACTED]. [REDACTED] reported a headache and feeling dizzy. The APRN was again contacted and ordered [REDACTED] to be transported to Arkansas Children's Hospital (ACH) for further evaluation. At approximately 1838 hours, [REDACTED] was transported to ACH by Centers' staff. Once at ACH, medical personnel there diagnosed her [REDACTED] with a [REDACTED]. [REDACTED] Dr. Bailey (ACH ER) prescribed [REDACTED] ondansetron for nausea. ACH medical personnel informed Centers' staff to ensure [REDACTED] avoids any stimuli and for her to get plenty of bed rest throughout the day on 6/08/2022. After [REDACTED]'s medical evaluation, she was released from ACH and transported back to EMAC. [REDACTED]'s guardian was notified about this incident. The other client involved in the altercation was placed on assaultive precautions.

Agency's Interim Corrective Action: Client [REDACTED] transported to ACH ER. Client who committed assault placed on assaultive precautions.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 6/7/2022

Date of DCCECE's Follow-up: 6/8/2022 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 6/28/2022

Date Reported to DCCECE: 6/29/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: On 6/28/2022, several clients were playing outside in the fenced area in the back of EMCC. At approximately 1752 hours, five clients breached the locked gate of EMCC and gained access to the parking lot of the facility. Centers' staff were quickly able to retrieve four of the clients before they left The Centers' campus. The four clients were all safely returned to the EMCC building. The fifth student, [REDACTED], was seen leaving campus and walking down 12th Street towards the Valero Big Red convenience store located at 7200 West 12th Street. Staff had [REDACTED] in their sight the entire time and followed her [REDACTED] to the parking lot of the Big Red store. Once [REDACTED] reached the parking lot of the Big Red store, several additional staff arrived. [REDACTED] refused staffs' request to return with them to Centers. Staff attempted to verbally deescalate [REDACTED] for several minutes but were unable to convince her to get into a Centers' van and return to campus. Out of a fear for [REDACTED]'s safety (several moving vehicles on the parking lot and on 12th Street) she was escorted by staff to the agency van and transported back to The Centers' campus. Once back on the campus, [REDACTED] refused to exit the van. Centers' staff called The Little Rock Police Department (LRPD) to make a police report concerning this incident. An LRPD Officer arrived at The Centers' campus as [REDACTED] was refusing to exit the van. Once again, Centers' staff attempted to verbally deescalate [REDACTED] for several minutes but she refused to exit the vehicle. [REDACTED] was yelling, screaming, and banging her hand against the van's glass window. Again, out of fear for her (EH) safety, staff attempted to escort [REDACTED] from the van. [REDACTED] was extremely combative with staff, so the LRPD Officer attempted to assist them. At one point, [REDACTED] bit the LRPD Officer's hand (did not break the skin). Centers' staff members escorted EH into the building at EMCC and placed her into an Emergency Safety Intervention (ESI) hold that lasted approximately ten minutes. During this incident, [REDACTED] bit (breaking the skin of one), kicked, hit, and pulled the hair of several staff members. [REDACTED] did not sustain any injuries as a result of this incident. The Centers' Medical Director, Dr. Schay, made the decision to send [REDACTED] to an acute facility due to her assaultive and unsafe behaviors. Centers' staff members transported [REDACTED] to Pinnacle Pointe Acute Hospital. [REDACTED]'s guardian was notified about this incident.

Agency's Interim Corrective Action: Client transported to acute.

Licensing Specialist Assigned: C.DeBoer
Licensing Supervisor Assigned: 6/28/2022



Date of DCCECE's Follow-up: 6/30/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Eric Knowles, Risk Mgmt. from EMCC, phoned stating that fence area client had eloped from had been welded and reinforced with steel to prevent further elopements.



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Notice of Incident

Date of Incident: 4/30/2021

Date Reported to DCCECE: 5/3/2021

Agency Name: Millcreek of Arkansas

Agency Number: 187

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

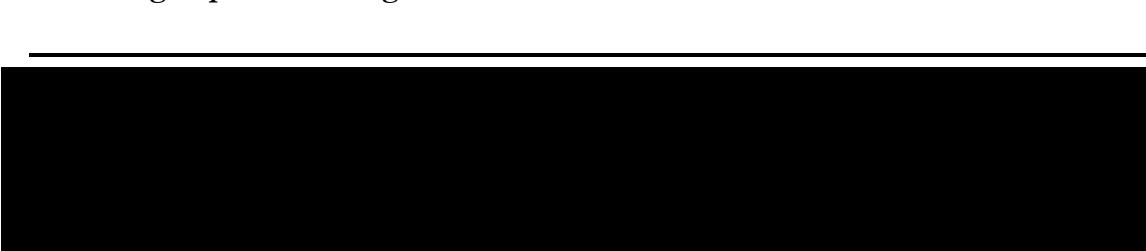
Incident Description: A patient reported to the nurse and supervisor that a IS(█) allowed some peers to smoke marijuana that the staff member had given to them. IC(█), and 2 peers were drug tested and tested positive for marijuana (THC). This occurred sometime after dinner outside on the playground behind some of the equipment (slide).

IC(█) stated that he found the marijuana in a black plastic bag on the ground (approximately 2.5 grams – according to him). He admitted to smoking with the peers and that they had been smoking it through the week. He stated that they would wait for staff to have separate groups and to be distracted with some other activity.

Agency's Interim Corrective Action: This incident was reported to the AR child abuse hotline. Staff placed on leave pending investigation. No injury noted. Clients urine sample collected. The sample will be sent to the lab for confirmation / further details.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/30/2021



Date of DCCECE's Follow-up: **Type of Follow-up:**





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Notice of Incident

Date of Incident: 4/30/2021

Date Reported to DCCECE: 5/4/2021

Agency Name: Millcreek of Arkansas

Agency Number: 187

Type of Facility: PRTF

Facility License Type: Regular

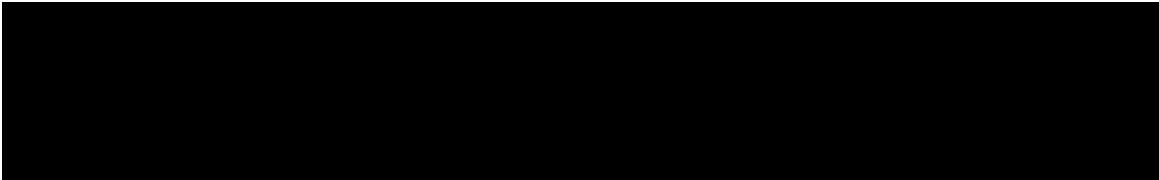
Type of Incident: Other

Incident Description: IC(█) reported to a nurse / supervisor that IS1(█), IS2(█), and, IS3(█) allowed the unit to have a fight night. IC(█) stated that one staff member brought boxing gloves so that the patients could fight one another. No injuries noted.

Agency's Interim Corrective Action: Staff was placed on leave pending investigation.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/30/2021



Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up: On 6/14/21, an email from CHRIS advised the following: The Investigation has been completed and the Overall Finding is Unsubstantiated.



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Notice of Incident

Date of Incident: 5/1/2021

Date Reported to DCCECE: 5/3/2021

Agency Name: Millcreek of Arkansas

Agency Number: 187

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: AV [REDACTED] reported to staff that he was asleep in his bed and he woke up because he felt something sticking in his butt. He stated his pants were down and that he looked up and saw one of his roommates hiding beside his bed.

The peer denies the incident. He stated that he could not sleep and kept getting out of bed to walk around. He stated that he got scared and hid because of a "ghost" and because he heard something. The other peer/roommate stated that he did not see anything happen.

Agency's Interim Corrective Action: Patient were moved to different rooms.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/1/2021

[REDACTED]

Date of DCCECE's Follow-up: [REDACTED] **Type of Follow-up:** Email

Details from Follow-up: AV [REDACTED] is [REDACTED] yo, and he is a foster child at Mill Creek of Arkansas. AJO is [REDACTED], [REDACTED] yo and he is a foster child as well and resides at Mill Creek as well. It is reported that AV [REDACTED] disclosed that he was sleep on his stomach and AO [REDACTED] came to the side of his bed and got on top of him and penetrated him in the anus. AV [REDACTED] stated he didn't know what happened and did not feel AO [REDACTED] at first and it didn't hurt him. It is reported that there is no

visible tearing or bleeding to AV(■). AV(■) reported that he asked AO(■) why he did that and AO(■) stated that he didn't know.



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Notice of Incident

Date of Incident: 5/1/2021

Date Reported to DCCECE: 5/3/2021

Agency Name: Little Creek

Agency Number: 255

Type of Facility: Residential

Facility License Type: Regular

Type of Incident: Other

Incident Description: IC - [REDACTED]. IS - [REDACTED]
Staff [REDACTED] was redirecting [REDACTED] to the unit and [REDACTED] started to hit the staff [REDACTED]. Since [REDACTED] was attacking staff, [REDACTED] and [REDACTED] included themselves in the physical altercation. Due to the severity of the fight and all persons that was involved including staff [REDACTED] and [REDACTED] used improper techniques to break up the fight. No one was injured or had any bruises.

Agency's Interim Corrective Action: Staff members were placed on administrative leave due to [REDACTED]
[REDACTED]

Licensing Specialist Assigned: J. Myers

Licensing Supervisor Assigned: 5/1/2021

Date of DCCECE's Follow-up: [REDACTED] **Type of Follow-up:** [REDACTED]

Details from Follow-up: [REDACTED]



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Notice of Incident

Date of Incident: 5/1/2021

Date Reported to DCCECE: 5/3/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On Saturday 1st of May, There was a massive fight, including IS1([REDACTED]), IS2([REDACTED]), IS3([REDACTED]), IC1([REDACTED]), IC2([REDACTED]) and IC3([REDACTED]). IS1([REDACTED]) was redirecting IC1([REDACTED]) back to the unit, and IC1([REDACTED]) started to hit IS1([REDACTED]). Since IC1([REDACTED]) was attacking staff, IC3([REDACTED]) and IC2([REDACTED]) included themselves in the physical altercation. Due to the severity of the fight and all persons included IS3([REDACTED]) and IS1([REDACTED]), were place on administrative leave due to improper techniques to break up the fight. No one was injured or had any bruises.

Agency's Interim Corrective Action: Staff members were placed on administrative leave due to improper techniques.
[REDACTED]

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/1/2021

Date of DCCECE's Follow-up: 5/19/2021 **Type of Follow-up:** In Person

Details from Follow-up: Specialist Breedlove, Stepps, and Reader conducted a complaint investigation and reviewed video footage of incident that occurred on 5/1/21 based on initiated complaint received on 5/3/21. Based on review of video, licensing complaint is found true on violation of regulation 907.2(Child caring staff shall be responsible for providing the level of

supervision, care, and treatment necessary to ensure the safety and well-being of each child at the facility, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.) One staff was seen initiating an improper restraint and another staff failed to use proper techniques in order to deescalate a situation. The agency was cited for violation of regulation 907.2 above.



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Notice of Incident

Date of Incident: 5/2/2021

Date Reported to DCCECE: 5/2/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: I am emailing to notify that we have had an incident at our EMCC program. I was notified shortly ago that we had an emergency safety intervention which resulted in a client injury. Client was sent to ACH and nurse notified me at 12:48pm that her arm is broken. Client/AV is ([REDACTED]) (DOB [REDACTED] 0). [REDACTED]
[REDACTED]

Agency's Interim Corrective Action: Staff member has been sent home and will not return to work until an investigation into the incident is concluded. 5/3/21, notified by Chief Clinical Officer David Kuchinski, I just wanted to pass on that after we watched the video today, we decided to a

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/2/2021

Date of DCCECE's Follow-up: 5/4/2021 **Type of Follow-up:** In Person

Details from Follow-up: Video footage of the incident was requested and has been provided for pick up on 5/7/21. On 5/17/21, Specialist Breedlove reviewed video footage. Based on video footage and reviewing the CPI Techniques program used by the agency, it is determined by this specialist that the proper intervention was not used in the situation that arose when dealing with AV(LR) and therefore will be citing the agency under regulation (907.2 - Child caring staff shall be

responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well-being of each child at the facility, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.) All Handle With Care(HWC) restraints have been discontinued and CPI is the only restraint method being used until further notice.



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Notice of Incident

Date of Incident: Unknown

Date Reported to DCCECE: 7/8/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 7/07/2022, a DCFS investigator came to the 12th Street campus and informed The Centers' Residential Program Director, Kenleigh Bennett, she was investigating an accepted call to the Arkansas Child Abuse Hotline. The complaint involves Centers' staff member [REDACTED] and Centers' client [REDACTED] (W/M, DOB: [REDACTED]). The complaint alleges [REDACTED] scratched [REDACTED]'s arm. It is unknown at this time when the alleged incident took place. [REDACTED] has been suspended pending the outcome of the DCFS investigation. [REDACTED]'s guardian has been notified about this incident.

Agency's Interim Corrective Action: Staff mentioned in complaint placed on leave pending investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: Unknown

Date of DCCECE's Follow-up: 7/8/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Facility visited 7/13/22 from 10:00AM-12:00PM. Video footage reviewed from milieu camera 7/6/22 from 8:00PM-8:07PM at Destiny House EMAC PRTF. [REDACTED] is heard (offscreen) initiating a fight with a peer. 2 staff are seen restraining [REDACTED] at this time. Staff are on either side of [REDACTED] leaning against the wall (one staff on screen, the other off screen). Staff are

speaking calmly. Client is heard screaming and seen kicking during the hold. Staff are heard attempting have client count down. Client continues to scream. Nurse is seen arriving. Client calms down, counts down with staff and sits down to speak with the nurse. Video reviewed from bedroom camera which shows the other side (other staff) of hold. Neither video view shows an inappropriate hold by staff during this restraint.



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Notice of Incident

Date of Incident: 6/22/2022

Date Reported to DCCECE: 7/8/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: [REDACTED]

[REDACTED] The complaint involves Centers' staff member [REDACTED] and Centers' client, [REDACTED], DOB: [REDACTED]. The complaint alleges [REDACTED] choked [REDACTED] during an Emergency Safety Intervention (ESI) on 6/26/2022. [REDACTED] has been suspended pending the outcome of the CACD investigation. In an attempt to notify [REDACTED]'s guardian, Mike James called his [REDACTED] caseworker and left a message but has not received a return call at the time of this report. Since [REDACTED] is a [REDACTED] [REDACTED]. [REDACTED]

Agency's Interim Corrective Action: Staff mentioned in complaint have been placed on administrative leave pending investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 6/22/2022

Date of DCCECE's Follow-up: 7/8/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Facility visited 7/13/22 from 10:00AM-12:00P. Video reviewed from 6/25/22 (no incident involving this client and aforementioned staff on 6/26/22) from 6:55PM-

7:10PM [REDACTED] is seen running towards another client as if to fight. 2 staff initiate a hold at this time. [REDACTED] struggles at which time the hold goes to a table and eventually to the ground. [REDACTED] is turned over to a supine hold. Staff are seen on either side of [REDACTED] while one additional staff is seen talking with client. The nurse is seen arriving to speak with client as well. The hold ends and client is seen continuing to speak with 2 nurses at this point. A second video footage is reviewed from the same day, separate incident from 8:33PM-8:50PM. [REDACTED] is heard yelling obscenities, seen smashing a broom, and attempting to push past staff (apparently to get to peer [REDACTED] was upset with). At around 8:45PM a hold was initiated to stop [REDACTED] from entering area where peer [REDACTED] was angry with resides. At 8:48PM staff [REDACTED] is seen being relieved from hold. At 8:49 restraint ends. At no time during either of these holds is staff seen saying or doing anything inappropriate or in violation of minimum licensing standards.



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Notice of Incident

Date of Incident: 3/28/2022

Date Reported to DCCECE: 7/26/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Suicidal

Incident Description: There was a suicide attempt at Centers for Youth and Families Little Rock on 03/28/22 that was not reported. A 13 year old male was admitted to an acute hospital from CFYF on 03/30/22. The acute records indicate that "while at centers he tied a shirt around his neck and a towel around his neck on the Monday prior to admission." They also state patient was admitted "secondary to increased depression and interrupted suicide attempt."

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 3/28/2022

Date of DCCECE's Follow-up: 7/26/2022, 7/27/2022 **Type of Follow-up:** Facility visits.

Details from Follow-up: Facility visited 7/26/22. Program Manager Mike James indicated that client was sent to acute for disruptive behavior and voicing suicidal ideation. Mr. James stated that client did not attempt suicide. Facility visited 7/27/22. Report from Elizabeth Mitchell Centers dated 3/28/22 states [REDACTED] was upset that he could not have his DVD player and he began scratching his left forearm with his fingernails but did not break the skin. He then went in his room and attempted to wrap a sweatshirt around his neck. This was observed in the camera and staff immediately intervened".

Licensing records indicate that Licensing was not notified of this incident prior to complaint.



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Notice of Incident

Date of Incident: 7/25/2022

Date Reported to DCCECE: 7/25/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Complaint of staff/client ratio.

Incident Description: 2/22/22 an incident happened with resident and there were not enough staff to assist. Client was Beating hand on wall, and Threw computer chair. Documented that we needed more staff on incident report.

3/6 Physically attacked peer because they would not treat her for head lice. No assistance from other staff/program w, documented on incident report.

3/7 Physical attack of staff, not enough staff, no assistance from other program. Documented on incident report.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 7/25/2022

Date of DCCECE's Follow-up: 7/26/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 7/26/22 regarding complaints. Incident referred to in this complaint 2/22/22 is almost exactly like documented incident reported 2/9/22 previously addressed by Licensing. In the event this is the same incident listed in this complaint, therapist was seen on

video lunging and grabbing at client during an altercation. On 2/10/22 facility cited 905.4g and 907.2.

No incident reports from 2/22/22. Incident report from 3/6/22 from 2 staff (for same incident) reviewed both which read “called code red/stat 13...no assistance from any other program...no shift supervisor”. Staff present today [REDACTED] states that [REDACTED] was present on this day. The two staff writing the reports would indicate adequate staff ratio for two clients in an altercation. Incident report from 3/7/22 reviewed. 2 staff both wrote reports on same incident “no staff came to help despite codes being called”. This incident’s statements reviewed to be an altercation between 2 clients. Mike James (present today), Senior Program Director which includes Destiny House, was able to determine client transferred to Pinnacle Point Acute 3/30/22 was [REDACTED]. [REDACTED] was transferred due to multiple disruptions and voicing suicidal ideation. At no point did [REDACTED] attempt suicide nor commit acts of self-harm prior to transfer.

No definitive evidence from statements reviewed to support a licensing violation at this time.



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Notice of Incident

Date of Incident: 5/4/2021

Date Reported to DCCECE: 5/6/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: IC-[REDACTED]. IS-[REDACTED] IC reported that he had a rough day and was restrained for trying to hit staff. He stated that he felt safe at Centers and denied being scared of any staff except IS. IC said that IS "flipped a child over a chair", by grabbing the child by the back of the leg, causing him to flip and hit his head on a chair. IC was asked what it is like to be restrained. IC stated that the staff grab a child's arms and put them behind their back until the child calms down. IC stated that some staff try to make it hurt by putting the child's arms up further. IC stated that marks and bruises are often left on him following a restraint. IC had light yellow bruises that he said were the result of a restraint. IC also stated that the staff don't get in a hurry to break up fights between kids. IC stated that a child urinated on his belongings and staff didn't do anything about it.

Agency's Interim Corrective Action: Specialist has contacted ASP investigator to request permission to contact agency for ICA.

On 5/7/21, Michael James emailed the following statement: My in

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/4/2021

Date of DCCECE's Follow-up: 6/9/2021 **Type of Follow-up:** Email

Details from Follow-up: On 5/26/21, Specialist Breedlove emailed the Investigator Garrick Rogers to get any additional follow-up report on incident. Awaiting a response.

6/9/21, Specialist Breedlove still waiting to hear from Inv. Rogers, sent a follow-up email in regards to the investigation to see if he has any concerns.



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P: 501.320.3971

Notice of Incident

Date of Incident: 8/3/2022

Date Reported to DCCECE: 8/4/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Medical Care

Incident Description: Client [REDACTED] reported to facility physician that he had hurt his toe playing basketball 2 weeks ago. [REDACTED] transported to Ortho Arkansas for X-ray. [REDACTED] had an intra-articular fracture of his left fourth toe. [REDACTED] placed in a walking boot and has a follow up in one week.

Agency's Interim Corrective Action: Client transported for X-ray.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/3/2022

Date of DCCECE's Follow-up: 8/5/2022 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 8/3/2022

Date Reported to DCCECE: 8/4/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Medical Care

Incident Description: Client [REDACTED] reported pain in little finger of right hand. [REDACTED] transported to Ortho Arkansas and X-ray yielded a nondisplaced fracture of right small finger. [REDACTED] placed in an aluminum splint and follow up with physician in 7-10 days.

Agency's Interim Corrective Action: Client transported for X-ray.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/3/2022

Date of DCCECE's Follow-up: 8/5/2022 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 5/7/2021

Date Reported to DCCECE: 5/7/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: IC-[REDACTED].., age [REDACTED] is in DHS custody and residing in a foster home with aunt/foster mother [REDACTED]. IS-[REDACTED].., who was IC's former therapist at Centers for Youth and Families in Little Rock. The incident occurred when IC was a resident at the Centers facility (Pulaski Co). He was there from 12/29/20-04/24/21. IC disclosed on 05/06/21 that while he was at the facility that IS would call him into her office where she would undress and she would ask him to lick her "front" (how he refers to genital area). IC said he refused and IS threatened to kill him and showed him a knife. There was no indication that she attempted to cut/stab him with the knife, but since she made the threat and knew his address he did go ahead do it (perform oral sex). IC said this happened more than once, but he could not say how many times. He is not good with numbers and gets confused, though he does not have known special needs. IC did not clarify when the last incident occurred prior to him leaving the facility. IC said he did not disclose about this until now because he was scared of IS. As far as was known IS is still working at the facility.

Agency's Interim Corrective Action: On 5/7/21, David Kuchinski emailed the following statement:
[REDACTED]

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/7/2021

Date of DCCECE's Follow-up: 5/7/2021 Type of Follow-up: Email

Details from Follow-up: On 5/13/2021 PRLU unit received another accepted hotline report([REDACTED]) involving foster child and AV([REDACTED]). The AV is ([REDACTED], 11, a foster child. The AO's ([REDACTED]), and ([REDACTED] last name unknown and another unknown staff member. The reporter stated AV([REDACTED]) disclosed several allegations from his time at Centers for Youth and Families. AV([REDACTED]) began his therapist, AO([REDACTED]), she made him suck her breast. The AV([REDACTED]), said she played with his private area and then he had to go down and lick her private area and she threatened him with a knife she had in her draw and this happened two times. The reporter stated he went on to disclose that the program managers are AO([REDACTED]) and ([REDACTED]), they were in AO([REDACTED])'s office and they locked the door and he had a gun and AO([REDACTED]) had a big gun like an AK-47 and AO([REDACTED]) had a gun. AO([REDACTED]) and AO(JP) both pointed it at him to his head. Then they both had sex in front of him, AO([REDACTED]) and AO([REDACTED]) then AO([REDACTED]) made AV([REDACTED]) perform oral sex on him. AV([REDACTED]) said AO([REDACTED]) put his private in AO([REDACTED]) private. AO([REDACTED]) then sucked AV([REDACTED])'s private area and then made him suck his private area. AO([REDACTED]) penetrated him from behind and then AV([REDACTED]) also penetrated him from behind. AV([REDACTED]) then said AO([REDACTED]) peed down his throat. This happened five or more times. AV([REDACTED]) then said the last time it happened was a week before he left. AV([REDACTED]) said the therapist threatened to kill him and she knew his address and his aunt. The reporter stated AV([REDACTED]) said two more staff members abused him, one named AO([REDACTED]) and another unknown staff member. The AV([REDACTED]) stated, they were on the unit and AO([REDACTED]) and the unknown staff member put a card over the camera and they had sex with him. AV([REDACTED]) stated this happened three times.

5/18/21, Per notification of open investigation of [REDACTED] here is our facilities response effective today. We will have an interim internal correction plan (ICA) per the open investigation and [REDACTED] facility as CEO of Perimeter Behavioral of Forrest City will contain the following:

[REDACTED] will not have any contact or interaction with the youth of this facility.

*Antoine Jackson Clinical Director will act in any capacity that is needed for [REDACTED] regarding contact or interaction with the youth of this facility.



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Notice of Incident

Date of Incident: 8/4/2022

Date Reported to DCCECE: 8/5/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident [REDACTED]

Incident Description: The following occurred at Destiny House PRTF Elizabeth Mitchell Centers. On 8/04/2022, at approximately 1445 hours, Centers' staff member [REDACTED] was working at Destiny House when she was involved in an incident with client [REDACTED]. [REDACTED] had removed a gaming system from the bedroom area dayroom in an attempt to keep [REDACTED] and another peer from arguing/fighting. [REDACTED] tipped the gaming console away from [REDACTED] and ran away from her. After a short chase, [REDACTED] was able to catch [REDACTED] and a brief struggle over the gaming console occurred. During the struggle over the console, [REDACTED] could be seen pushing [REDACTED] to the ground. Once [REDACTED] was pushed to the ground, there was no further physical contact with [REDACTED] by [REDACTED]. Medical personnel accessed [REDACTED] and noted several scratches to various parts of his upper body. [REDACTED]'s guardian was notified about this incident. [REDACTED] was immediately suspended pending her termination.

[REDACTED]
Since [REDACTED] is a [REDACTED] client, this incident was also reported [REDACTED].

Agency's Interim Corrective Action: Staff suspended pending termination.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/4/2022

Date of DCCECE's Follow-up: 8/5/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited from 9:00AM-10:00AM. Video reviewed from incident 8/4/22. Client █ heard and seen upset over video game. Staff █ grabs video game console and walks away from client and other peers with console. Client runs up behind staff and grabs console out of staff's hands. Client runs with console into dorm common area. Staff follows client seemingly to retrieve gaming console. Client does not release gaming console and a struggle ensues. During the struggle staff grab, with both hands, behind client's neck and throw client to the ground.



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Notice of Incident

Date of Incident: 8/9/2022

Date Reported to DCCECE: 8/10/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: On 8/09/2022, approximately 1339 hours, client [REDACTED] was outside in the fenced area of Destiny House when he climbed to the top of the sixteen-foot privacy fence and eloped. The Centers staff member who was with him ([REDACTED]) immediately called for help on her radio. Centers staff members immediately responded to Destiny House and began searching for [REDACTED]. [REDACTED] was located in less than five minutes at the tennis courts close to Centers. [REDACTED] was returned to Destiny House where Centers medical personnel conducted a medical evaluation on him. [REDACTED] did not sustain any visible injuries as a result of this incident. [REDACTED]'s case worker was notified about this incident. [REDACTED], who is eighteen and discharging from Centers today, said he was not sure why he "ran away."

Agency's Interim Corrective Action: Client discharging from facility 8/10/22.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/9/2022

Date of DCCECE's Follow-up: 8/10/2022 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 8/16/2022

Date Reported to DCCECE: 8/17/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

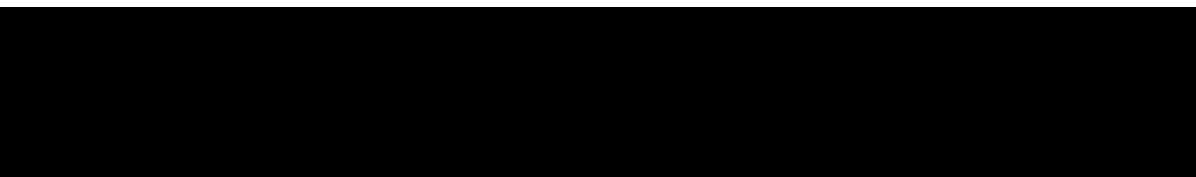
Type of Incident: Emergency Care Visit

Incident Description: On 8/16/2022, at approximately 1115 hours, client [REDACTED] became dysregulated and punched the fence while outside. [REDACTED] complained of pain in his left hand as a result of hitting the fence. Centers medical staff accessed [REDACTED] and noted some swelling to his left hand. Out of an abundance of caution, Dr. Perkins gave an order for [REDACTED] to be sent to Convenient Care for further evaluation. Once at Convenient Care, [REDACTED]'s left hand was x-rayed, and it was determined there were NO fractures present. After his evaluation at Convenient Care, [REDACTED] was transported back to Destiny House. [REDACTED] guardian was notified about this incident.

Agency's Interim Corrective Action: Client transported to Convenient Care Clinic for X-ray.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/16/2022



Date of DCCECE's Follow-up: 8/17/2022 **Type of Follow-up:** Email

Details from Follow-up: X-ray yeilded no fracture. Client transported back to facility.



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Notice of Incident

Date of Incident: 8/17/2022

Date Reported to DCCECE: 8/18/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

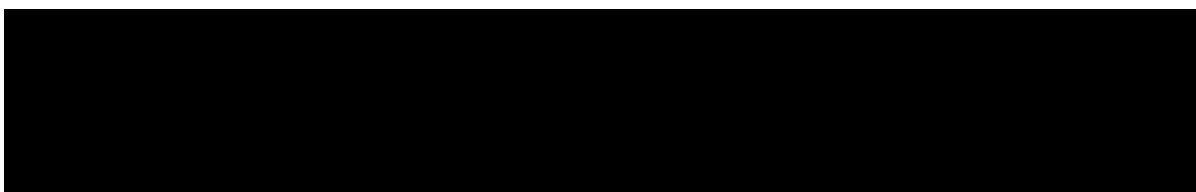
Type of Incident: Emergency Medical Care

Incident Description: Follow up appointment for client [REDACTED] at ACH Ortho 8/17/22 revealed slight [REDACTED] of right fourth metacarpal hand. Placed in a soft cast. Guardian notified.

Agency's Interim Corrective Action: Ortho ACH follow up.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/17/2022



Date of DCCECE's Follow-up: 8/18/2022 **Type of Follow-up:** Email

Details from Follow-up: Follow up in 3 weeks.



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Notice of Incident

Date of Incident: 8/17/2022

Date Reported to DCCECE: 8/18/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Medical Care

Incident Description: Client [REDACTED] transported to ACH for headache. Dr. Montgomery determined that client had suffered [REDACTED]. Guardian notified.

Agency's Interim Corrective Action: Client transported to ACH.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/17/2022

Date of DCCECE's Follow-up: 8/18/2022, 8/22/22

Type of Follow-up: Email, facility visit

Details from Follow-up: Nurse Manager Andrea Marshall consulted regarding neurological checks. She indicated that these are conducted per Dr.'s orders. Ms. Marshall indicated that if neurological checks were conducted with no cause for concern, it would be reasonable for client to be playing dodge ball following day.

All showers inspected that showed no visible signs that would cause client to slip. Client [REDACTED] interviewed and asked to show which shower and how he slipped. Client [REDACTED] stated that he had mis-stepped on a lip at the edge of the shower and fell. Client [REDACTED] stated that his head still hurt. Nurse Manager Andrea Marshall stated that neurological checks were completed 8/17/22. Dr.

Montgomery's order from ACH 8/17/22 stated for █ to take Tylenol/Ibuprofen every six hours as needed, rest and a relaxing environment.

Centers nursing staff to continue to monitor.



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Notice of Incident

Date of Incident: 8/17/2022

Date Reported to DCCECE: 8/18/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Assault on staff

Incident Description: On 8/17/2022, at approximately 2045 hours, several clients became dysregulated and were refusing to go to bed. One of the clients pulled a CO2 alarm from the ceiling, sending a silent alarm to the Little Rock Police Department (LRPD) and Little Rock Fire Department (LRFD). Several clients were outside of their dorm area and refused to transition back to their dorm. Once LRPD arrived and entered the facility, several clients were aggressive towards them. One client, [REDACTED] physically attacked a Centers staff member and was aggressive towards Officers. As a result of this incident, [REDACTED] was arrested and charged with Battery 3rd (Misdemeanor) and Terroristic Threatening (Misdemeanor). [REDACTED] was removed from the facility by LRPD and transported to JDC. A second client, [REDACTED], was aggressive towards staff and LRPD Officers. LRPD had MA transported to Arkansas Children's Hospital (ACH) for evaluation and possible placement into an acute facility. ACH was unable to locate an acute placement and [REDACTED] was transported back to Centers. There were no reported injuries as a result of this incident.

Agency's Interim Corrective Action: Police called.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/17/2022

Date of DCCECE's Follow-up: 8/18/2022, 8/19/22

Type of Follow-up: Email

Details from Follow-up: Client remains at facility as of 8/19/22.



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Notice of Incident

Date of Incident: 8/21/2022

Date Reported to DCCECE: 8/22/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

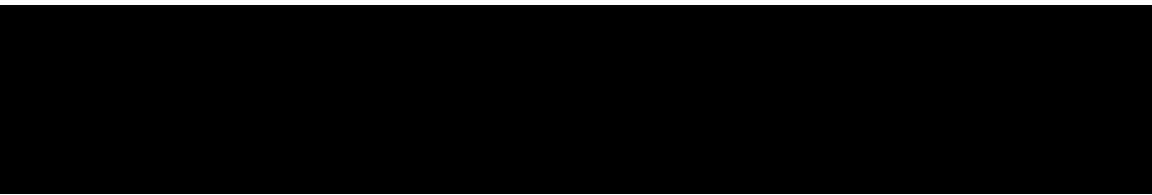
Type of Incident: Elopement

Incident Description: On 8/21/2022, at approximately 1221 hours, two clients breached a security door in the rear of the building at Destiny House. Once outside of the building, the two clients ran into the fenced area of Destiny House, where they were able to breach a locked gate of the privacy fence. Centers staff members were quickly able to catch one of the clients, [REDACTED], within five minutes of his elopement. [REDACTED] was taken back to Destiny House. Centers staff reported this incident to the Little Rock Police Department (LRPD). The second client, [REDACTED], was located at a Subway Restaurant approximately two hours after his elopement. The Subway is less than a block from The Centers campus. The LRPD assisted Centers staff members in returning [REDACTED] to Destiny House. The guardians for both [REDACTED] and [REDACTED] were notified about this incident.

Agency's Interim Corrective Action: Reinforced gate outside of facility where clients eloped from.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/21/2022



Date of DCCECE's Follow-up: 8/22/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Staff roster for Destiny House for 8/21/22 5:17. Video reviewed. Two staff seen in day area. Clients seen approaching door in day area and taking turns kicking it. Staff attempt to intervene by getting in between clients and door. Clients successfully kick door open and

push through staff. Outside video reviewed. 4 staff seen exiting door behind clients. Clients reportedly pushed open gate of fenced area to elope from facility.

Police were immediately called. Both clients [REDACTED] and [REDACTED] located and returned to facility 8/21/22.

Door at Destiny House has the highest magnet power allowed for door for top and bottom magnet (1200lb test). Fence gate inspected. Gate at this area at least 12' tall. Gate unable to be opened with reasonable amount of pressure today. Gate was reportedly refastened with enforced steel with additional measures to decrease likelihood of elopement.



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Notice of Incident

Date of Incident: 5/11/2021

Date Reported to DCCECE: 5/14/2021

Agency Name: Little Creek of Arkansas

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

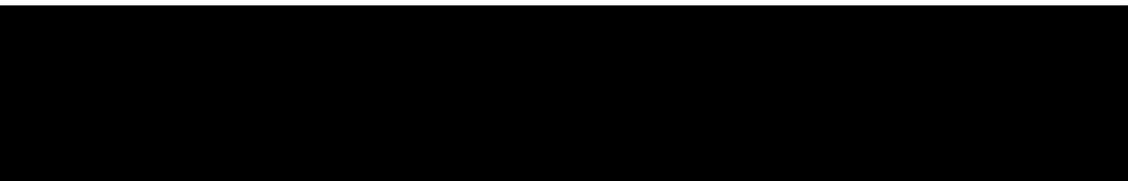
Type of Incident: Restraints

Incident Description: On May 11, 2021 during classroom time, IC(■) did not complete his work. IC(■) threw his paper down and attempted to walk out of the classroom. BHA ■ stopped IC(■) from walking out of the classroom. Support staff was called, and IS(■) arrived to the classroom. Upon arriving to the classroom, IC(■) attempted to walk out again and IS(■) intervened. Shortly after, IC(■) attacked IS(■) by punching her. IS(■) placed IC(■) in an improper restraint while attempting to hands on deescalate IC(■). IC(■) stated he could barely breathe and IS(■) was instructed to relieve him from the restraint by nursing.

Agency's Interim Corrective Action: IS(■) was placed on administrative leave 5/14/21 pending investigation.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 5/11/2021



Date of DCCECE's Follow-up: 5/19/2021 **Type of Follow-up:** In Person

Details from Follow-up: Specialist Breedlove, Stepps, and Reader conducted a complaint investigation and reviewed video footage of incident. After reviewing footage, it was determined that IS(■) initiated an improper restraint hold on IC(■), and another IS(■) stood by watching

while failing to intervene and assist.



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Notice of Incident

Date of Incident: 2/20/2021

Date Reported to DCCECE: 2/22/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: IC(■) was admitted to an acute hospital after engaging in self-harm at 19:00 on 2/20/21.

Agency's Interim Corrective Action: The staff maintained supervision per policy and the client was checked on in the bathroom and the situation was discovered quickly.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 2/20/2021

Date of DCCECE's Follow-up: 2/24/2021 **Type of Follow-up:** Email

Details from Follow-up: IC(■) did not sustain any injuries from her self-harm. She is currently admitted to Rivendell and we received the initial safety plan that was created upon intake. As for her current status, that information was not provided.



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Notice of Incident

Date of Incident: 8/5/2022

Date Reported to DCCECE: 8/8/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Maltreatment/Emergency Care visit

Incident Description: Phone call from Risk Mgmt. Eric Knowles stating that on 8/5/22 an attempted elopement occurred. A client climbed up on the roof after a fire extinguisher was set off in a dorm, causing all clients to go outside. While one client was on the roof, another client on the ground ([redacted]) accused staff of punching her in the face. [redacted]
[redacted]

Agency's Interim Corrective Action: Staff placed on leave pending investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/5/2022

Date of DCCECE's Follow-up: 8/8/2022, 8/9/22 **Type of Follow-up:** Phone call. Facility visit.

Details from Follow-up: On 8/05/2022, at approximately 2130 hours, EMAC clients were removed from their dorms and taken outside to the fenced area of the facility. The clients were removed because one of the EMAC clients discharged a fire extinguisher inside a dorm area. During her time outside, client [redacted] reported that Centers staff member, [redacted], punched her in the face.

Facility visited from 9:00AM-10:45AM. Clients [REDACTED] and [REDACTED] interviewed. Video reviewed from the evening of 8/5/22.



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Notice of Incident

Date of Incident: 7/18/2022

Date Reported to DCCECE: 7/20/2022

Agency Name: Elizabeth Mithcell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Complaint of neglect and inadequate supervision

Incident Description: The Centers for Youth and Families has been neglectful in reporting incidents accurately to proper licensing authorities. Centers is not protecting their staff and offering adequate staffing to client ratio. On weekends especially, Centers is out of compliance resulting in dangerous situations for other clients and staff. The facility is out of compliance. The Centers is not providing adequate staff based on the needs of and care of the type of clients and behaviors. There are several incidents in which fights occur and there is not enough staff to provide adequate care. On the weekends after 3pm, some of the buildings are out of compliance with staff and clients leaving 1 staff with 7 to 8 clients. The weekend overnight staff are out of compliance because the clients are awake for several hours past 7 pm leaving 1 staff to 7 or 8 clients while awake. The Centers is dangerous for staff and clients. This has been an ongoing issue since Centers came off point of corrections in 2021. There have been multiple times staff have been assaulted and attacked with inadequate staff to help ensure safety. The administration does not care about the staff to client ratio and safety of everyone in general. Staff have voiced concerns over the past year with the safety of themselves and students. Centers is not a therapeutic environment. The clients do not have a gym or an adequate area for them to exercise or be active especially when it is too hot or cold outside. Centers needs to be investigated. Licensing needs to show up to Centers on the weekends between the hours of 4pm and 9 pm. Centers will not have adequate staff to client ratio. There are no safe guards for the amount of aggressive clients that are in each building. Staff are not protected and are expected to come to work in these dangerous situations in all buildings located on the 12th street campus.

Agency's Interim Corrective Action: No specific staff mentioned in complaint.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 7/18/2022

Date of DCCECE's Follow-up: 7/20/2022. 7/21/22 Facility visit. **Type of Follow-up:** Phone call. Facility visit.

Details from Follow-up: Facility visited 7/21/22 from 11:30AM-1:00PM. Staff rosters for all the weekends, all areas, this month thus far made available for licensing visit. Staff roster reviewed for EMCC for 7PM-7AM shift 7/9/22. Staff/client ratio was 6:26. Staff roster reviewed for 7/10/22 for 7PM-7AM shift. Staff/client ratio 5:26. These ratios do not include the swing shifts and nurses (additional staff). AM shifts for the same dates were 9:26 and 5:26. Video reviewed for EMCC for 7/9/22 from 7:00-7:05PM. 3 staff seen present. No more than 8 kids are allowed in a dorm at a time. Staff rosters reviewed for 7PM-7AM EMAC for 7/16/22. Staff/client ratio 6:30 including a swing shift. Video reviewed for EMAC from 8:30-8:35PM 7/16/22. Bedtime reported to be 8:30PM. Day area observed to be empty and clients reportedly in rooms asleep. Staff ratio 1:8. A floater (additional staff) is seen in and out of area as well. Staff roster reviewed for Destiny House 7/17/22 7PM-7AM shift. Least number of staff is between 8:30PM-11PM which includes 2 QBHP and one nurse giving ratio of 3:20. Bedtime reported to be 8:30PM. Video reviewed of Destiny House for 7/17/22 from 9:00PM-9:05PM. 2 QBHP and one nurse seen in day area. Lights are out. One client is awake in dayroom. Other clients seen in rooms with lights out. Therapist list reviewed of 9 therapists. Census today for Centers on 12th St. is 76. Sensory rooms have been observed during other visits to 12th St. Centers which includes rage rooms, sand tray therapy room and cozy corner. Outdoor basketball area has been observed. Outdoor outings this Summer thus far include bowling, a movie, Little Rock Bridge, Traveler's Game, outdoor water parks and hiking trails.

No licensing concerns observed this visit.

Follow up visit 8/14/22 (Sunday): Facility was out of ratio in some areas. Facility cited.



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Notice of Incident

Date of Incident: 7/30/2022

Date Reported to DCCECE: 7/31/2022

Agency Name: Elizabeth Mithcell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency room visit

Incident Description: On 7/30/2022, there was a physical altercation at EMAC between 2 clients. One client pushed client [REDACTED]'s head into the wall resulting in a laceration. [REDACTED] was sent to ACH emergency room via staff transport and received stitches.

Agency's Interim Corrective Action: Injured client sent to ACH ER and received stitches.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 7/30/2022

Date of DCCECE's Follow-up: 8/1/2022 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 6/1/2021

Date Reported to DCCECE: 6/3/2021

Agency Name: Little Creek

Agency Number: 255

Type of Facility: Residential

Facility License Type: Regular

Type of Incident: Other

Incident Description: Staff kicked [REDACTED] YO [REDACTED] foot when she refused to remove her foot from blocking a door from closing.

Agency's Interim Corrective Action: 06.03.21 - Video footage has been reserved. The staff was placed on administrative leave as of 06/02/21. When the CEO returns to work on Monday, we will discuss the plan moving forward.

Licensing Specialist Assigned: R. Reader

Licensing Supervisor Assigned: 6/1/2021

Date of DCCECE's Follow-up: 6/3/2021 **Type of Follow-up:**

Details from Follow-up: 06.03.21 - Notification is late due to DRA being in the building on 06.02.21.



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P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 6/13/2021

Date Reported to DCCECE: 6/14/2021

Agency Name: Little Creek

Agency Number: 255

Type of Facility: Residential

Facility License Type: Regular

Type of Incident: Injury

Incident Description: On Sunday 13, 2021 Resident [REDACTED] was outside playing flag football with his peers. While playing flag football, peer [REDACTED] hit resident [REDACTED] in the nose with his shoulder on accident. X-ray: Acute faint linear latency in distal nasal bones compatible with acute nondisplaced fracture of distal nasal bones.

Agency's Interim Corrective Action: IC1 was taken for an X-Ray and the following was observed: X-ray: Acute faint linear latency in distal nasal bones compatible with acute nondisplaced fracture of distal nasal bones.

Licensing Specialist Assigned: R. Reader

Licensing Supervisor Assigned: 6/13/2021

Date of DCCECE's Follow-up: 6/14/2021 **Type of Follow-up:**

Details from Follow-up: 06.14.21 - Specialist responded to the initial email with the following questions: Thank you for the report. What is the child's birthday? What was the staff/child ratio during this incident? Is the agency taking any other actions moving forward? 06.14.21 - Jlynn responded with the following information: [EXTERNAL SENDER] DOB: [REDACTED] Staff/Child ratio: 1:6. No other actions moving forward. The resident will not need medical intervention.



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Notice of Incident

Date of Incident: 06.21.21

Date Reported to DCCECE: 12:00:00 AM

Agency Name: Little Creek

Agency Number:

Type of Facility: PRTF

Facility License Type: regular

Type of Incident: Injury by Staff

Incident Description: On June 21, 21, around 2000, Staff [REDACTED] was attacked by resident [REDACTED]. The staff [REDACTED] pushed the resident away multiple times, pushed the resident into a chair, and using the resident arm to place the resident in a chokehold. The resident was placed in the chokehold for about 5 mins.

Nurse assessment:

No injuries or bruises. Pt c/o pain 4/10.

Agency's Interim Corrective Action: On May 22, 2021, Risk received a report from Destin-Huam resources and Kerry Ingram -Clinical Director that an incident had occurred on Monday Night 06.21.21. Upon watching the camera review, Risk can see [REDACTED] (resident) attacked the staff ([REDACTED])

Licensing Specialist Assigned: Reader

Licensing Supervisor Assigned: 06.21.21

Date of DCCECE's Follow-up: [REDACTED] **Type of Follow-up:** [REDACTED]

Details from Follow-up: Specialist followed up with agency in person and cited for 907.2.



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Notice of Incident

Date of Incident: 2/25/2022

Date Reported to DCCECE: 2/25/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: [REDACTED]

Incident Description: Licensing received a phone call on the afternoon of 2/25/22 stating that a "little" had complained of another "little" touching him in the "penile" area. Report sent by facility regarding this incident reads: On 02.25.22, Risk spoke with client [REDACTED] regarding inappropriate touching on the unit. [REDACTED] stated when he and his peers play Hide and Seek, one of his peers touch the genital area on top of his clothing. Landon stated that he told the peer to stop, and the peer stopped and laughed. [REDACTED] says that the peer touches his genital area only when playing Hide and Seek. When asked has anything other than inappropriate touch has been displayed on the unit. Resident [REDACTED] replied no.

Agency's Interim Corrective Action: Risk has reminded staff that no horse playing is allowed on the units. We remind staff to monitor the resident's interaction closely and keep all doors locked when not accompanied by a resident. [REDACTED] and his peers have been reminded to hold hands and fe

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 2/25/2022

Date of DCCECE's Follow-up: 3/1/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 3/1/22. Jlynn Perkins, [REDACTED]

[REDACTED] Ms. Perkins [REDACTED]

at this time but states she will get to Licensing in the near future. Per staff report: Risk has reminded staff that no horse playing is allowed on the units. We remind staff to monitor the resident's interaction closely and keep all doors locked when not accompanied by a resident. [REDACTED] and his peers have been reminded to hold hands and feet to themselves to know the difference between good and bad. Ms. Perkins consulted whom states that per client this incident happens when playing hide and seek, in client's room. Client [REDACTED] has been advised not to play hide and go seek.



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Notice of Incident

Date of Incident: 2/28/2022

Date Reported to DCCECE: 3/1/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: [REDACTED]

Incident Description: On 02/28/22, Risk Management received a report from the night shift supervisors that [REDACTED] had explained a recent experience on the unit. [REDACTED] stated that a peer had been inappropriately touching her butt and making inappropriate comments during bible study. [REDACTED] said on 02/26/22, the same peer had sat in her lap. Staff did not see the lap-sitting due to staff dealing with another situation. However, [REDACTED] did ask the resident to get off her, and the resident complied with the request from [REDACTED]. [REDACTED] stated there had been no sexual activity between the two residents, and she is keeping her distance.

Agency's Interim Corrective Action: The staff has been notified to keep the two individuals on separate ends of the unit and to closely monitor the interactions. Both residents have spoken with their therapist to process the interaction and expectations moving forward. [REDACTED] has agreed to in

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 2/28/2022

Date of DCCECE's Follow-up: 3/1/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 3/1/22. Staff ratios reported to be within licensing standards. As per report, Agency Interim Corrective Action: The staff has been notified to keep the two individuals on separate ends of the unit and to closely monitor the interactions. Both residents

have spoken with their therapist to process the interaction and expectations moving forward. [REDACTED] has agreed to inform Risk of any interaction between her and the peer if she feels the interaction is crossing boundaries. The recreational therapist has been notified of the behaviors in bible study and will continue to keep the two separate. Per Jlynn Perkins, Risk Management Director, [REDACTED]

[REDACTED] would get it to licensing in the near future.



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Notice of Incident

Date of Incident: 3/6/2022

Date Reported to DCCECE: 3/7/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Risk Mgmt. Jlynn Perkins spoke with staff [REDACTED] -BHA regarding a restraint on 03/06/22. Upon entering resident [REDACTED]'s room, [REDACTED] - BHA saw staff [REDACTED] -BHA shoved [REDACTED] towards the bed. Risk took the report and went to speak with the resident, stated that the staff shoved her to the bed, but the staff's name was [REDACTED].

Agency's Interim Corrective Action: Risk Mgmt. received witness statement and reviewed camera footage for the incident. The incident was outside of camera view (inside of patient's room). There were no injuries or bruises to either party of the incident. Risk has placed both [REDACTED] and [REDACTED]

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 3/6/2022

Date of DCCECE's Follow-up: 3/18/2022 **Type of Follow-up:** Email

Details from Follow-up: No video footage to review to support the allegation. Staff is still employed at the facility and have been retrained on the physical portion of Handle with Care, completion 03/09/2022.



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Notice of Incident

Date of Incident: 5/31/2021

Date Reported to DCCECE: 6/1/2021

Agency Name: Little Creek

Agency Number:

Type of Facility: Residential

Facility License Type: Regular

Type of Incident: Injury

Incident Description: On May 31, 2021, Nathaniel had a verbal altercation with a peer on the unit about the Legos. [REDACTED] was very irate and went into his room, where he slammed the door continuously and kicked the wall. Staff [REDACTED] asked him to leave the room, and the resident refused. Staff stated they would strip his room if he continues his behavior. Staff [REDACTED] and [REDACTED] had begun to strip his room of his belongings, and the resident attacked the staff. Staff Humble hand-on escorted the resident out of the bedroom into the dayroom and proceeded to push the resident to the floor with force. The resident received a faint bruise and no injuries. [REDACTED].

Agency's Interim Corrective Action: ICAP:

Staff [REDACTED] will be terminate from Little Creek Behavioral Health. Supporting staff

[REDACTED] and [REDACTED] will receive early intervention training by 06.11.21.

Little Creek will follow up with State Police in 2 weeks for an upda

Licensing Specialist Assigned: R. Reader

Licensing Supervisor Assigned: 5/31/2021

Date of DCCECE's Follow-up: 06.10.21; email did not send

Type of Follow-up: Email

Details from Follow-up: 06.02.21 - sent by Fatima: Jlynn, From your report I assume that you all were able to see staff [REDACTED] e on camera intentionally push the child so those allegations were found to be true? Did staff [REDACTED] any policies that were found as well? Thanks, Fatima
06.02.21 - From Jlynn P: [EXTERNAL SENDER]

Yes ma'am, the abuse was indeed true. [REDACTED] did not violate any policies. The CEO would like to place [REDACTED] and [REDACTED] on an ICAP, due to them not intervening during the incident.

06.03.21 - from Fatima: Jlynn, [REDACTED]

[REDACTED] From Jlynn: [EXTERNAL SENDER] [REDACTED], will the offender. 06.11.21 - Specialist sent an information request to Courtney Hodges <Courtney.Hodges@dhs.arkansas.gov> this date; Good afternoon, I was hoping to get an update on your [REDACTED]. I am the assigned licensing specialist for the Little Creek facility. Thank you for any information. Respectfully, Rachel Reader



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Notice of Incident

Date of Incident: 3/13/2022

Date Reported to DCCECE: 3/14/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident [REDACTED]

Incident Description: Staff [REDACTED] reported to the nursing department that she might have hit a resident at the facility. The Director of Nursing relied on a report to Risk on 03/14/2022. Risk spoke with staff [REDACTED] and Client [REDACTED]. Client stated he was in a physical altercation with a peer. Staff [REDACTED] intervened by separating the two, and [REDACTED] told Client to keep his hands to himself. Client then physically assaulted the staff, and staff retaliated by physically attacking client. [REDACTED] that [REDACTED] apologized to him later that night, and he apologized as well.

Agency's Interim Corrective Action: Staff was terminated immediately.

Licensing Specialist Assigned: C. DeBoer

Licensing Supervisor Assigned: 3/13/2022

Date of DCCECE's Follow-up: 3/16/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 3/16/22 at 9:30AM. Video reviewed of incident. Staff did separate two clients. Then staff approached AV, client [REDACTED], in an aggressive manner. Client [REDACTED] slapped at torso of staff. Then staff [REDACTED] threw a flurry of punches at client, the last one hitting client [REDACTED] in the face.



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Notice of Incident

Date of Incident: 3/22/2022

Date Reported to DCCECE: 3/23/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Little Creek Risk Mgmt. received a report of physical abuse by staff towards client [REDACTED]. [REDACTED] reported that staff member [REDACTED] punched her in the face and pulled her hair after taking the Roku off the unit. Risk Mgmt. investigation included camera footage and staff witness statements. Camera footage shows no punches or hair pulling by staff. Incident then moved to another client's room. Other staff statements indicate that staff [REDACTED] was asked to relieve himself from the incident, but he could not due to [REDACTED] holding on to staff Baker's genital area. After staff separated the two, staff Baker was released from the unit and remains on leave. Client [REDACTED] de-escalated and remains at the unit.

Agency's Interim Corrective Action: Staff placed on leave pending investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 3/22/2022

Date of DCCECE's Follow-up: 3/25/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Risk Mgmt. investigation included camera footage and staff witness statements. Camera footage shows no punches or hair pulling by staff. Incident then moved to another client's room. Other staff statements indicate that staff [REDACTED] was asked to relieve himself from the incident, but he could not due to [REDACTED] holding on to staff [REDACTED] genital area. After

staff separated the two, staff █ was released from the unit and remains on leave. Client █ de-escalated and remains at the unit.



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Notice of Incident

Date of Incident: 4/13/2022

Date Reported to DCCECE: 4/13/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Complaint

Incident Description: Parent phoned stating that her 20 y/o son whom may be a danger to himself or others was being discharged from facility without a discharge plan. Parent expressed concern that she may not be able to provide adequate services for her son.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 4/13/2022

Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up:



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Notice of Incident

Date of Incident: 4/15/2022

Date Reported to DCCECE: 4/19/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: At 1252, [REDACTED] and his peer were coming from the rec yard. [REDACTED] ran over by the fence, ignoring all staff directives and refusing to return with the group. [REDACTED] climbed up the fence and went over into the back parking lot. Maintenance got in their vehicles to follow the resident. Little Creek contacted the Faulkner County Sheriff's department, and he was located a couple of blocks over and returned to the facility at 1323.

Agency's Interim Corrective Action: Client has returned to the facility.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 4/15/2022

Date of DCCECE's Follow-up: [REDACTED] **Type of Follow-up:** [REDACTED]

Details from Follow-up: [REDACTED]



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Notice of Incident

Date of Incident: 5/6/2022

Date Reported to DCCECE: 5/9/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

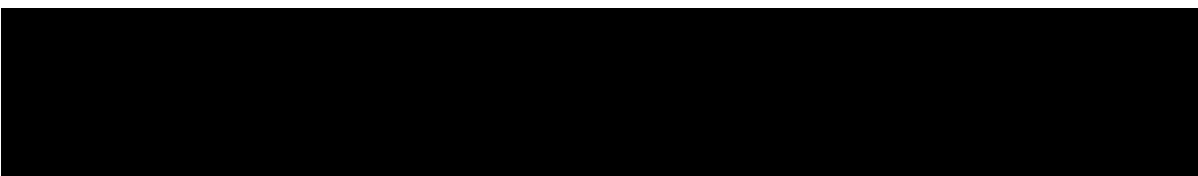
Type of Incident: Elopement

Incident Description: At approximately 1512, Resident [REDACTED] kicked open the side yard fence to the basketball court and ran into the woods. The basketball court is currently under construction with an open panel to the parking lot. Due to the resident immediately not returning to Little Creek, the Faulkner County Sheriff Department was called.

Agency's Interim Corrective Action: Sheriff's Dept. called.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/6/2022



Date of DCCECE's Follow-up: 5/11/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 5/11/22. The outdoor gym area has a portion of the fence torn down so construction workers can come in and out, as the outdoor gym area is being enclosed. Clients are not allowed in this area at this time. The enclosed fence area leading to the outdoor gym area is where client [REDACTED] eloped from. The side fence is missing a bolt that secures the latch to open and close gate. There is a lock on it, but without bolt the latch moves with little force as so the gate opens. Risk Mgmt. Jlynn Perkins ensured maintenance would install the bolt and weld it today, 5/11/22. No clients will be allowed in this area until bolt is installed.



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Notice of Incident

Date of Incident: 5/24/2022

Date Reported to DCCECE: 5/24/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Complaint

Incident Description: Licensing received a phone call from reported Parent Attorney of parent of client at facility. Attorney stated that client [REDACTED] stated that staff [REDACTED] " (last name unknown) [REDACTED] kids in the mouth when they cuss, shoves and drags clients by the arm to make them sit down.
[REDACTED]
[REDACTED]

Agency's Interim Corrective Action: Pending

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/24/2022

Date of DCCECE's Follow-up: 5/24/2022. 5/25/22 facility visited. **Type of Follow-up:** [REDACTED] C.DeBoer regarding this incident and an in person visit was conducted on 5/25/2022

Details from Follow-up: Licensing Visit conducted 5/25/22 from 9:30AM-10:30AM. Census-52 Licensing Specialist discussed the report with the agency who stated that they were aware of this report [REDACTED] [REDACTED]

Due to the nature [REDACTED]

of the complaint and a previous Technical Assistance given to the agency on 8/18/21 regarding regulation R110.9, the agency shall provide re-education to all staff on mandated reporting and provide the Licensing Unit with a sign in sheet showing all staff have been re-trained.



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Notice of Incident

Date of Incident: Unknown

Date Reported to DCCECE: 5/24/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] reported that staff "[REDACTED]" (last name unknown) [REDACTED] in the mouth when they cuss, shoves and drags clients by the arm to make them sit down.

Agency's Interim Corrective Action: Pending

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: Unknown

Date of DCCECE's Follow-up: 5/25/2022 **Type of Follow-up:** In person

Details from Follow-up: 5/25/2022- Report is pending assignment to an investigator. Licensing Specialist will make contact once approval from the assigned investigator is obtained. Facility visited 5/25/22. Licensing Specialist discussed the report with the agency who stated that they were aware of this report. [REDACTED].



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Notice of Incident

Date of Incident: 5/26/2022

Date Reported to DCCECE: 5/27/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: 5/26/22, around 5:07 pm, Staff entered [REDACTED] s room to wake up rt for dinner. Rt woke up, lost his balance, fell forward, and hit his head on the nightstand. Staff immediately texted the nurse, and the interpreter called the nurse at 5:10 pm.

The nursing staff at Little Creek conducted Q15 checks on the resident until around 10 pm and then received an order from APRNs to transport him to Baptist Health ED. The patient returned to the facility at 2350 on 05.26.22

Nursing assessment: Pt had an approximately 2-inch scrape on the left side of the head with hair missing and a small area that required cleaning due to a gash. Pt also had a large golf ball lump in front of his head.

Agency's Interim Corrective Action: Client transported to ER.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/26/2022

Date of DCCECE's Follow-up: 5/27/2022 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 6/22/2022

Date Reported to DCCECE: 6/23/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: On 06.22.22 at 1842, Resident █ was transported to the local Conway hospital for dizziness and lightheadedness. The patient received one bag of fluids and returned to Little Creek Behavioral Health around 2130.

Agency's Interim Corrective Action: Client taken to ER.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 6/22/2022

Date of DCCECE's Follow-up: 6/24/2022 **Type of Follow-up:** Email

Details from Follow-up: Client █ received bag of fluids and returned to Little Creek.



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Notice of Incident

Date of Incident: 7/4/2022

Date Reported to DCCECE: 7/5/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room visit

Incident Description: Client [REDACTED] visited the hospital due to an EPS episode [REDACTED] believes); however he was diagnosed with [REDACTED] from Baptist Health here at Conway, AR. At 0800, [REDACTED] was shaking, couldn't turn his neck to the right, his face drooped, and his blood pressure was elevated. He received an [REDACTED] of Benadryl from Little Creek and was back calm. Then the symptoms presented again around 1130am, and sent to the hospital.

Agency's Interim Corrective Action: Client sent to the hospital.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 7/4/2022

Date of DCCECE's Follow-up: 7/5/2022 **Type of Follow-up:** Email

Details from Follow-up: Client remains at facility. Will continue to monitor.



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Notice of Incident

Date of Incident: 7/12/2022

Date Reported to DCCECE: 7/13/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 07/12/22, Risk received a report from therapist [REDACTED] about client [REDACTED]. [REDACTED] reported that Behavioral Health Associate [REDACTED] had hit her in the head.

Agency's Interim Corrective Action: CJ was interviewed on 03/12/22 and assessed by the nursing department for injuries or bruises; none noted. [REDACTED]

[REDACTED] DHS will take over the external investigation and sen

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 7/12/2022

Date of DCCECE's Follow-up: 7/13/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Facility visited 7/18/22, Risk Mgmt. Jlynn Perkins present. [REDACTED] interviewed [REDACTED] asked to demonstrate what happened. [REDACTED] stated that other kids were “coming after me and I fell in another kid’s room” and that staff member “hit me on the head”. [REDACTED] asked to demonstrate what was happening prior to being hit. [REDACTED] gave one scenario where she was lying on the ground. [REDACTED] was asked if she felt, saw or both felt and saw staff hit her “I saw a little bit”. [REDACTED] was asked to demonstrate again what she saw staff do at which point [REDACTED] demonstrated a scenario where she was standing and was hit in the head.

No definitive evidence to support violation of minimum licensing standards at this time.



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Notice of Incident

Date of Incident: 7/15/2022

Date Reported to DCCECE: 7/15/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: On 07/15/22 at noon, client [REDACTED] was transported to Conway Regional Hospital for a laceration to his left foot. [REDACTED] was outside during recreational time and jumped off the rock. Thus, landing on the metal landscape border, which cut his foot. At Conway Regional Hospital; [REDACTED] received 6 stitches and arrived back in Little Creek around 1650 this evening.

Agency's Interim Corrective Action: Client transported to Emergency Room.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 7/15/2022

Date of DCCECE's Follow-up: 7/18/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Client remains at facility. Continued monitoring by nursing.



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Notice of Incident

Date of Incident: 7/26/2022

Date Reported to DCCECE: 7/27/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

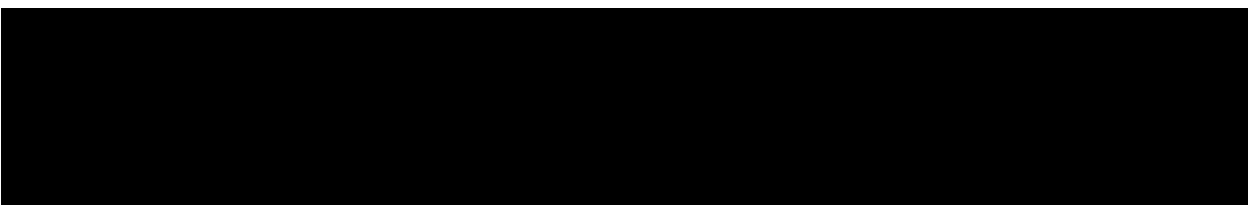
Type of Incident: Emergency Care

Incident Description: On 07/26/22, Pt [REDACTED] was admitted to Children's Hospital in Little Rock, due to enterocolitis. He has not return to the facility

Agency's Interim Corrective Action: Client sent to hospital.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 7/26/2022



Date of DCCECE's Follow-up: 7/27/2022 **Type of Follow-up:** Email

Details from Follow-up: Email sent 8/3/22 states that [REDACTED] was returned to Little Creek from hospital 8/2/22 around 1614.



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Notice of Incident

Date of Incident: 8/9/2022

Date Reported to DCCECE: 8/10/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency care visit.

Incident Description: Peer was picking/bullying rt [REDACTED]. Rt got upset, ripped the daily documentation paper, went into room and began slamming door hard. Rt screaming and cussing. Rt trashed room, throwing his belongings everywhere. Rt punched wall several times causing hand to swell. [REDACTED] received an X-ray on 8/9/22. [REDACTED] fracture distal fifth metacarpal with angulation vertex doesal suggestion boxer fracture component. [REDACTED] transported to Conway Regional on 8/10/22.

Agency's Interim Corrective Action: X-ray. After findings, transported to Conway Regional.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/9/2022

Date of DCCECE's Follow-up: [REDACTED] **Type of Follow-up:** [REDACTED]

Details from Follow-up: [REDACTED]



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 12/2020 (Specific date unknown)

Date Reported to DCCECE: 6/1/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: AV([REDACTED]) is [REDACTED] y/o. AV([REDACTED]) is currently in foster care. AO([REDACTED]) is an employee at Centers for Youth and Families. AV([REDACTED]) stated that while she was at Centers for Youth and Families in Little Rock, the girls were required to keep the door cracked while they were undressing and showering every day. She also stated that a few days after Christmas, she was letting a peer use her MP3 player and a female staff member grew upset with her, telling her that the peer could have killed herself with the ear cords. AV([REDACTED]) became triggered by the loud noises of the staff member and the peer yelling, so she tried to shut her door several times but the staff member would open it again. AO([REDACTED]) chased her around her bed, yanked her arm, and then threw her on the floor to put her in a restraint. AV([REDACTED]) received bruises from this altercation.

Agency's Interim Corrective Action: Client is no longer at Center's.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 12/2020 (Specific date unknown)



Date of DCCECE's Follow-up: 6/9/2021 **Type of Follow-up:** Email

Details from Follow-up: 6/9/21 - Email sent to CACD requesting additional details from the interviews. 6/9/21 - Inv. Cassie Johnson responded by email and advised the following: I was able to pull up and watch the forensic interview of [REDACTED] y/o AV([REDACTED]). Just to summarize:

AV(■) was forensically interviewed at the CAC in Jonesboro on 06/08/21. AV(■) stated that a staff member at Centers for Youth and Families (who she identified as ■") had thrown her on the floor into a restraint and stated that she obtained fingernail marks/bruising on her arm. AV(■) stated that this happened at the Destiny House at Centers and that the bruises were not documented. AV(■) also stated that this happened "a little after Christmas" while she resided in the private pod due to COVID concerns.

I will get in touch with the director of risk management today and attempt to obtain more information.

6/16/21 - Received an email from Cassie Johnson(ASP-CACD) advising the following: I have received the name and date of birth of the AO regarding the investigation with AV(■). Her name is ■ (DOB: ■ 8). I will give you a call regarding the Incident Reports from the new Director of Risk Management with Centers.



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Notice of Incident

Date of Incident: 8/20/2021

Date Reported to DCCECE: 8/20/2021

Agency Name: Little Creek Behavioral

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] became upset during recreational therapy and began to attempt to fight a peer. The therapist blocked the resident in a corner and was standing in front of him. BHA staff asked the recreational therapist to release the resident from the corner. Resident then began to push the recreational therapist in the back so the BHA staff took the resident to the ground. BHA staff then attempted to put his hand around the residents neck. Recreational therapist intervened and removed the BHA staff away from the resident. When asked later the resident denies the BHA staff squeezed his hands around his neck.

Agency's Interim Corrective Action: Staff placed on administrative leave as of 8/20/2021 and returned to work on 8/24/21 to receive de-escalation training. [REDACTED]

[REDACTED] staff was placed on office duties with no direct or

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 8/20/2021

Date of DCCECE's Follow-up: 8/20/2021 **Type of Follow-up:** Email

Details from Follow-up: 8/18/2021-Licensing Specialist emailed Jlynn Perkins to request that the video footage of this incident be saved for review next week as the video footage automatically

deletes after 72 hours.

8/23/2021-Licensing Specialist

called Jlynn Perkins and confirmed that the video footage of this incident was saved and will be available for review by the Specialist tomorrow 8/24/2021. Specialist then emailed again requesting information on the working status of the staff who allegedly performed an inappropriate restraint hold. 8/24/21-Licensing Specialist visited the facility and viewed the camera footage. Specialist hot lined the incident as it was not accepted the first time it was hot lined by the facility. Video footage shows the A/O holding the A/V to the ground then shift his weight, but you cannot see the placement of the A/O's hands. Additional staff in the room then can be seen forcibly trying to remove the A/O off the top of the A/V and eventually succeeds and escorts him to the other side of the room away from the A/V. Witnesses reported to Little Creek management that the A/O had his hands around the A/V's neck. A/V states the A/O did not squeeze his hands. No bruises or marks noted on the A/V by nursing staff after the incident.



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Notice of Incident

Date of Incident: 3/29/21 (Unknown dates)

Date Reported to DCCECE: 5/18/2021

Agency Name: Perimeter Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: (IC1=████/IC2 (AO)=████) IC1 is currently in long term care at Perimeter Behavioral but is due to discharge next week. IC1 disclosed 03/29/21 that 3 times IC2 (AO) has penetrated IC1 rectum with his penis and ejaculated into him. No other types of sexual contact reported. The dates of the first two incidents were unknown. The last incident occurred 1 ½ weeks ago. IC1 said IC2 (AO) would corner him in IC1 bedroom and threaten to beat him up if he would not let him do it (penetration) or if he told what happened. IC1 indicated that he believed IC2 (AO) has pressured 2 other minors at the facility to do sexual things, but it was unknown if anything actually happened or if it was consensual with them. Facility staff have separated the boys so IC2 (AO) cannot access IC1. Law enforcement had not been notified. There is an internal investigation occurring at the facility.

Agency's Interim Corrective Action: Both boys were put on peer restriction and ICS(AO) was put on a sexual safety plan that he will be placed in a room by himself

Licensing Specialist Assigned: L. White

Licensing Supervisor Assigned: 3/29/21 (Unknown dates)

Date of DCCECE's Follow-up: 5/18/2021 **Type of Follow-up:** Phone Call

Details from Follow-up: Specialist spoke with Antoine Jackson regarding this report. Jackson stated when they found out about the report, they put both boys on peer restriction. Jackson stated they also put [REDACTED] on a sexual safety plan that he would be in a room by himself because they determined he had some sexually acting out behaviors. Jackson stated the [REDACTED] was not consistent with details of the incident. Jackson stated it was a he say/he say situation. Jackson stated [REDACTED] would say that it happened then would change his story and [REDACTED] always denied that it happened. Jackson stated the residents are not allowed to be in each other's rooms. Jackson stated there were no inadequate supervision concerns because staff checks on the residents every 15 minutes during sleeping hours.

Specialist was advised by Mr. Jackson that Lisa Austin, Quality and Risk Director sent an email to inform specialist of the report on 4/26/21. Jackson was informed that the email was not received. Jackson forwarded the email sent on 4/26/21. The email that the notification was sent too was not the correct email for the specialist.

Jackson stated there were no video of this incident because they are having problems with their camera system. Jackson stated they have informed corporate of the problems with the cameras and they are in the process of trying to get new cameras.



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Notice of Incident

Date of Incident: 4/2021 - Date undetermined

Date Reported to DCCECE: 4/28/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: Alleged Victim is [REDACTED] yo foster child [REDACTED]. Alleged Offender is Unknown. The AV[REDACTED] currently resides with foster mother [REDACTED]. The AV[REDACTED] was recently discharged from Centers for Youth and Families. The AV[REDACTED] had a black eye, two bruises on either side of his neck, and a bite mark on his back. The AV[REDACTED] was seen to have these injuries on 4-24-21 when he was discharged. It is unknown how the AV[REDACTED] got his injuries. Some boys were also mentioned to have peed on his clothes. The facility was said to have cockroaches. The AV[REDACTED]'s therapist allegedly knew about the abuse and didn't report it, simply moved the AV[REDACTED].

Agency's Interim Corrective Action:

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 4/2021 - Date undetermined

Date of DCCECE's Follow-up: [REDACTED]
Type of Follow-up: [REDACTED]

Details from Follow-up: [REDACTED]



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Notice of Incident

Date of Incident: 2/17/2021

Date Reported to DCCECE: 2/18/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: IC(■) was hospitalized for lithium toxicity. IC(■) was transported to the ED on 02.17.20 at 1400. IC(■) was sent to the ED for the following symptoms: Lethargy, staggered walk, low blood pressure.

Agency's Interim Corrective Action: As a facility, we are adopting a new system that will provide our patients with more opportunities to drink water. Lithium and Valproic Acid work efficiently when water intake is sufficient. Water will be offered at every snack time which is three times a

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 2/17/2021

Date of DCCECE's Follow-up: 2/26/2021 **Type of Follow-up:** Email

Details from Follow-up: Medications such as Lithium and Valproic Acid (Depakote) are standard in psychiatric medicine and require routine lab draws. It is our practice to draw labs seven days after one of these medications is started, adjusted, and every three months for maintenance. In the case of IC(■), he did have a medication increase on Feb. 11 and his level was to be checked on Feb. 18. However, he went into the hospital on Feb. 17. On 2/25/21, Program Manager E. Russ spoke with DON Nedra Allen-Jones who advised that ■ is prescribed Lithium and that his medication was increased on 2/11/21. She reports that his lab was scheduled to be drawn on the 18th. However,

[REDACTED] was transported to the hospital on the 17th. He was monitored at the hospital and released on the 19th. [REDACTED] has been removed from Lithium and his blood pressure medications have been changed.



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Notice of Incident

Date of Incident: 2/19/2021

Date Reported to DCCECE: 2/25/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: IC(█) was discovered with a cellular device on 02/19/21. During the investigation, administration were made aware of IS(█) buying the resident under garments. (IS) bought the resident a sport bra and boxer set.

Agency's Interim Corrective Action: IS(█) has been terminated from Little Creek Behavioral Health as of 02/25/21.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 2/19/2021

Date of DCCECE's Follow-up: 2/26/2021 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 2/21/2021

Date Reported to DCCECE: 2/22/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: Resident IC(SK) was sent to Arkansas Children's Emergency Department and hospitalized on 02/21/21 for symptoms of being lethargic and hypotensive.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 2/21/2021

Date of DCCECE's Follow-up: 2/26/2021 **Type of Follow-up:** Email

Details from Follow-up: IC(█) turned out to be severely constipated. He is currently still inpatient at Arkansas Children's Hospital. Phone call (2/21/21) with DON Nedra Allen-Jones, the youth is currently at ACH. ACH will not release the youth until his bowels are completely clear. ACH may keep the youth until Monday 3/1/21. Per Program Manager E. Russ.



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Notice of Incident

Date of Incident: 2/26/2021

Date Reported to DCCECE: 3/4/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Friday February 26th, 2021, Risk Director received an allegation of physical abuse involving IC([REDACTED]) and IS([REDACTED]). The allegation reports that IC([REDACTED]) was physically hit with a pen multiple times on the shoulder and neck area to get his attention after he picked up an item from the cleaning cart. [REDACTED]

[REDACTED] Risk Director conducted an internal camera review of the incident. Findings of camera review substantiate the fact the IC([REDACTED]) was hit with a pen by IS([REDACTED]). In the review, IS([REDACTED]) does hit resident one time in an unaggressive manner. According to statement received, it was to get IC([REDACTED]) attention due to a history of IC([REDACTED]) trying to remove items from the cleaning cart especially gloves.

Agency's Interim Corrective Action: IS([REDACTED]) corrective action plan includes training on Deaf Culture with Deaf Start Program Director Kerry Ingram.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 2/26/2021

Date of DCCECE's Follow-up: [REDACTED]
Type of Follow-up: [REDACTED]

Details from Follow-up: [REDACTED]



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Notice of Incident

Date of Incident: 3/7/2021

Date Reported to DCCECE: 3/9/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 03/07/21, at approximately 1545, IC([REDACTED]) was in his room tearing up paper and throwing it on the floor. He became angry when told to stop and clean it up. He told staff to leave his room and slammed the door on staff. IS1([REDACTED]) arrived and helped get the door opened and tried talking to IC([REDACTED]). IC([REDACTED]) balled his fist up and grabbed staff. IC([REDACTED]) swung at IS2([REDACTED]) and IS3([REDACTED]); IS2([REDACTED]) and IS3([REDACTED]) then held IC([REDACTED]) down on his bed. IC([REDACTED]) continued to try and fight and kick staff. IC([REDACTED]) eventually stopped fighting and staff released him.

Agency's Interim Corrective Action: Staff placed on administrative leave.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 3/7/2021

Date of DCCECE's Follow-up: [REDACTED] **Type of Follow-up:** [REDACTED]

Details from Follow-up: [REDACTED]



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Notice of Incident

Date of Incident: 3/29/2021

Date Reported to DCCECE: 3/31/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: On 03/29/21, COO Carlos Silva contacted Risk Jlynn Price to report a suicide attempt by IC(█). Carlos received a call from BHA 2 Temeka Berry stating that IC(█) said she would change her clothing to go outside and closed her bedroom door. Residents on the unit and staff heard coughing coming from her room, but when asked if she was okay, she never responded. Peer █ Jones ran inside IC(█) room first and was attempting to take the clothing items from around IC(█)'s neck. Staff followed behind Jones and called a code blue for medical attention. IC(█) has been placed on a one-to-one.

Agency's Interim Corrective Action: Nursing Director (NA-J)'s statement: IC(█) is on 1:1 observation and her safety is being maintained. If at any point her behaviors deteriorate to a point where her safety or facility safety could be compromised, acute placement will be explored.

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: 3/29/2021

Date of DCCECE's Follow-up: 3/31/2021 **Type of Follow-up:** Email

Details from Follow-up: The therapist (Lauren Young), clinical director (Alyson Walker), and nursing director (Nedra Allen-Jones) were looped in on the email so they can address the question about moving forward with the possibility of an acute placement. 4/14/2021 - █ is no longer on

1:1. The peer who helped during the incident is [REDACTED] and resident has met with her therapist Lauren Young on 03/30/21.



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Notice of Incident

Date of Incident: Specific date unknown

Date Reported to DCCECE: 4/17/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

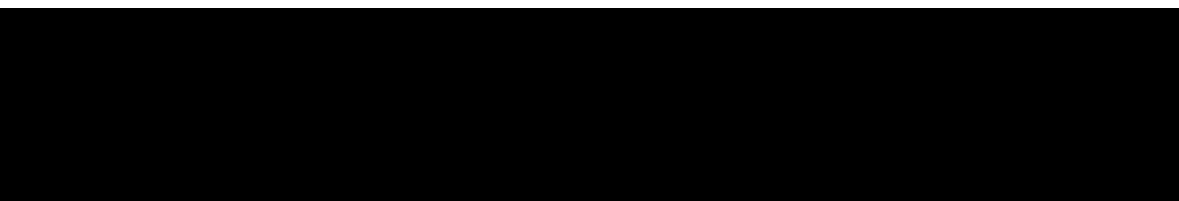
Type of Incident: [REDACTED]

Incident Description: The AV is [REDACTED] yr.), who is a ward of the state and placed at Little Creek Behavioral Health in Conway. The out of home AO is Little Creek Behavioral Health staff (Unknown Unknown1). There are issues with facility staff's ability to care for the children placed at the facility. There are about 46 children at the facility. AV([REDACTED]) is bullied and beat up by other children at the facility on a daily basis and staff allow it to happen. AV([REDACTED]) was last known to be physically assaulted by other children at the facility last week. AV([REDACTED]) does not currently have any known injuries, but has had injuries in the past from being bullied and beat up by other children. Staff let the children do whatever they want. There had been only one janitor for the whole facility, but they resigned on 4/15/21. Over the last couple of months, the facility has been unclean and rapidly declining. The clear coat on the showers is chipping and water is getting behind the walls, resulting in mold and mildew. There is hair and feces on the walls and urine in the bathrooms everywhere, including on the walls, which is left there for days on end. Staff does not make sure the children shower.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: E. Breedlove

Licensing Supervisor Assigned: Specific date unknown



Date of DCCECE's Follow-up: _____ **Type of Follow-up:** _____

Details from Follow-up: On 6/10/21 - Specialist Breedlove received email from Terri Davis(DCFS) and she advised, No I was not given names of any particular staff nor did the child provide any names. Nothing further to add. The report was unsubstantiated thanks



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Notice of Incident

Date of Incident: 7/4/2021

Date Reported to DCCECE: 7/6/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

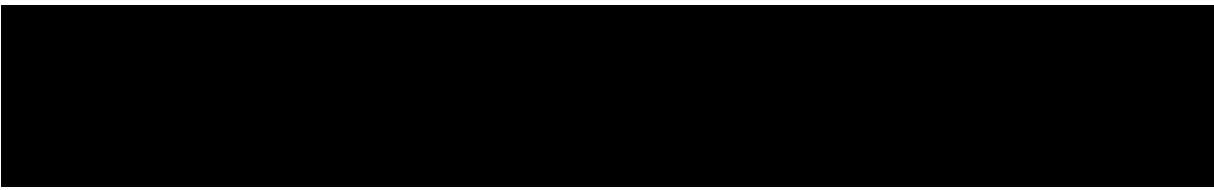
Type of Incident: Injury

Incident Description: Resident [REDACTED] was playing outside and complained of calf pain to the staff on 7/2/21. Nursing staff did muscle stretches and gave the resident Ibuprofen. Resident then began to complain of pain again on 7/4/21 so an Xray was ordered.

Agency's Interim Corrective Action: Resident was given an X-Ray on site.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 7/4/2021



Date of DCCECE's Follow-up: 7/6/2021 **Type of Follow-up:** Email

Details from Follow-up: 7/6/21-Licensing Specialist emailed the facility to find out the date the injury actually occurred. Additionally, was the resident in any altercations or restraint holds recently. 7/8/21- Licensing Specialist visited the facility and discussed the incident. The resident was injured on a bounce house on 7/2/21 during a facility event. The resident reported no pain again after ibuprofen was administered. On 7/4/21 the resident complained of pain again and the decision was made to x-ray. While waiting on the X-ray results the resident became aggressive with staff and hit two staff members. The resident was placed in a restraint hold by staff. X-ray results came back later that evening that the resident had a fracture in his right patellar bone and he was taken to the

Arkansas Children's hospital for further treatment.



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Notice of Incident

Date of Incident: 7/7/2021

Date Reported to DCCECE: 7/8/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was taken to the emergency room after a normal check up at the facility showed abnormal ERG results.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/7/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 7/13/2021

Date Reported to DCCECE: 7/14/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Staff [REDACTED] can be seen on camera breaking up an altercation between peers and slamming resident [REDACTED] to the ground.

Agency's Interim Corrective Action: Staff was placed on administrative leave on 7.14.21.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/13/2021

Date of DCCECE's Follow-up: 7/15/2021 **Type of Follow-up:** Email

Details from Follow-up: 7/15/21- Specialist emailed Jlynn Price to confirm the employment status of this staff member to ensure they were not working directly or unsupervised with any resident.

Jlynn stated that the staff was placed on administrative leave on 7.14.21. Jlynn reports staff has also turned in a letter of resignation.

8/2/21- Specialist emailed Jlynn

Price to confirm the status of the staff members employment. Jlynn reports that the staff resigned on 7.14.21 and never returned back to work.

8/30/21-Licensing Specialist notified by the investigator that the [REDACTED]



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Notice of Incident

Date of Incident: 7/11/2021

Date Reported to DCCECE: 7/14/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

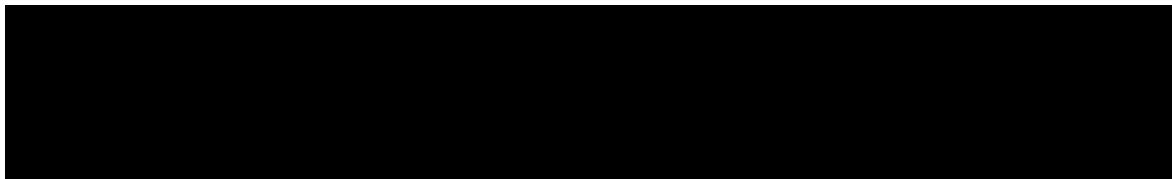
Type of Incident: Other

Incident Description: Staff [REDACTED] left IC1 on the unit alone for 18 minutes.

Agency's Interim Corrective Action: Staff [REDACTED] put on administrative leave as of 7/14/2021.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/11/2021



Date of DCCECE's Follow-up: 7/15/2021 **Type of Follow-up:** Email

Details from Follow-up:



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 8/30/2021

Date Reported to DCCECE: 8/31/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

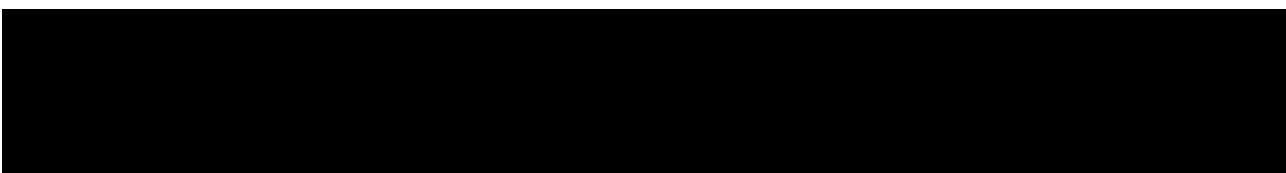
Type of Incident: Incident

Incident Description: IC1 was upset with staff and began to attack IS1. During the assault on IS1 and second resident IC2 then became upset about IC1 attacking staff so they charged at IC1 and knocked them into a wall.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 8/30/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: IC1 noted to have slight bleeding around gum line of left central incisor and left lateral incisor with both teeth noted to be loose. IC1 has an appointment at 8am 8/31/21 for a dental evaluation.
8/31/21-Dentist notes that no further treatment is needed.



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Notice of Incident

Date of Incident: 8/26/2021

Date Reported to DCCECE: 8/30/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

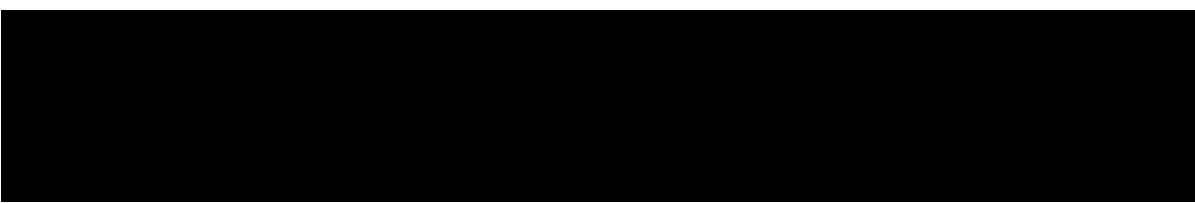
Type of Incident: Emergency Room Visit

Incident Description: IC1 was complaining of severe stomach pain so she was sent to the emergency room for further evaluation due to possible appendicitis.

Agency's Interim Corrective Action: IC1 was taken to the Emergency room for further evaluation.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 8/26/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 8/5/2021

Date Reported to DCCECE: 8/5/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: Licensing Specialist received an email forwarded by management from a previous employee of the facility reporting concerns about the facility along with a mother of a resident at the facility wanting to discuss concerns.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 8/5/2021



Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up: Licensing Specialist received information regarding concerns about the following from a previous employee at Little Creek, the mother of a resident at Little Creek, and a Family Support Provider from Illinois. The former employee reported that she is aware of at least two times when the resident was assaulted by peers and one time she was sexually assaulted by peers. The former employee reported that "uncertified restraints happen all the time" and "Carlos Silva and Jlynn Price cover it up". The former employee reported she had felt so strongly that wrongdoing by management was occurring that she left her job there as a Therapist/Clinical Director. Mother of the resident reported the following concerns: *Lack of supervision by staff allowing for the resident to

be attacked by other residents in which the resident had to "go find help", the resident using an employee's personal cell phone to make contact with individuals she was not supposed to speak with, the resident had been allegedly involved in an incident in which the resident was in a room with several other female residents and they engaged in sexual contact amongst each other, the resident has self-harmed while at the facility,

*The use of inappropriate or noncertified restraint holds. Mother reported that the resident has stated she witnesses restraint holds regularly in which staff is too rough or injures residents.

*Resident was able to use the cellphone of staff members to call people not on her contact list. Due to a history of the resident using cellphones inappropriately this concerned the mother. Mother reported that staff told her that cellphones were the only way she could call her mother on those days.

*Mother reported that the facility is not following the ICPC agreement in which they agreed to notify and gain permission before changing the residents medications and keeping the mother and Family Support worker informed of all incidents involving the resident.

*Mother reports the resident found glass outside of the facility and brought it inside then hid it in her pillow case for two days until she was able to take it to the shower and cut both of her arms bilaterally.

*Mother reports that while the resident was in a verbal altercation with staff, that she had several issues with previously, the resident called the staff a "fat bitch" and the staff responded "so I am your mom". Family Support Provider from Illinois stated the following concerns *Not sending her the incident reports in a timely manner so she is finding out about incidents directly from the resident instead of from the facility, which is in violation of the ICPC agreement.

*Concerns about sudden medication changes without authorization from the guardian.

*Concerns about the resident's supervision as she has been successful at self-harming and having sexual contact with other residents while being placed at the facility.

8/18/2021-Licensing Specialist reviewed the chart of the resident named in the complaint to check for all correspondence documentation, medication change authorizations, ICPC agreement, and appropriate documentation of all incidents.



Division of Child Care & Early Childhood Education
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P: 501.320.3971

Notice of Incident

Date of Incident: 9/23/2021

Date Reported to DCCECE: 9/24/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Complaint

Incident Description: Licensing Specialist received a complaint reporting that two therapists have resigned their positions at the facility leaving only the clinical Director to provide therapy services to the residents. Residents are reportedly not receiving therapy services.

Agency's Interim Corrective Action: NA

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/23/2021



Date of DCCECE's Follow-up: 9/24/2021 **Type of Follow-up:** Email

Details from Follow-up: 9/24/21-Specialist contacted the individual who made the complaint against the facility and received additional information. Additional information included that the two therapists that left the agency noted they left due to unprofessional contact, mistreatment of staff, and mistreatment of residents by COO Carlos Silva and Jlynn Perkins. The reporter states that the agency no longer has any therapists able to provide services to the residents other than the Clinical Director therefore residents are not receiving therapy services. The reporter also mentioned that the staff who resigned were asked to "stay on paper" so that it would not appear as though the agency did not have any therapists on staff.

9/29/2021-Licensing Specialist visited the facility

and reviewed the list of current employees and three therapist records.



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Notice of Incident

Date of Incident: 9/29/2021

Date Reported to DCCECE: 9/29/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRFT

Facility License Type: Regular

Type of Incident: Complaint

Incident Description: Licensing Specialist and Program Coordinator received complaint of short staffed and poor management. Complaint stated that staff is forced to stay against their want. Staff [REDACTED] has charges on background and talks down to kids and staff. A kid (not named) was recently choked by a staff member and staff all lied to save the staff member and sent the boy home. They want this staff member back on the floor. There is almost never an interpreter in the deaf classroom. Not enough direct care or case managers.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/29/2021

Date of DCCECE's Follow-up: 10/1/2021 **Type of Follow-up:** Site Visit

Details from Follow-up: Follow up was done with background check unit and background check was completed for COO Carlos Silva. Ratios at random check at facility was within standards. Follow up conducted by Austin Clowers.



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 12/2/2021

Date Reported to DCCECE: 12/2/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Incident

Incident Description: Faulkner Sheriff Dept. visited Little Creek 12/2/21. Client [REDACTED] stated he would like to file a police report on his peer [REDACTED]. [REDACTED] accidentally touched [REDACTED] on the bottom while attempting to wake him up. Client [REDACTED] stated there was no sexual intent behind this incident. [REDACTED] and [REDACTED] both acknowledge that [REDACTED] stated "I touched your bottom on accident, I thought I was touching your stomach". The Police Report was made and there is no further information at this time.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: A. Clowers

Licensing Supervisor Assigned: 12/2/2021

Date of DCCECE's Follow-up: 12/7/2021 **Type of Follow-up:** In-person

Details from Follow-up: Contacted Jlynn Perkins on this incident. There was no footage of this due to it being in a room. Client had walked into room of another client to let them know that it was time to get up and, in the process of trying to tap client, brushed hand in accident, on other clients rear. After talking to both clients, they stated that they felt that it was an accident.



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Notice of Incident

Date of Incident: 12/27/2021

Date Reported to DCCECE: 12/28/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: Elopement

Incident Description: Client [REDACTED] attempted to get over the gate. Staff made it to client and pulled him back down and walked client to the unit. When staff and client got to the back door client attempted to run through the other gate but failed. He was then placed in a restraint until calm. Faulkner Co was on the ground and asked if staff needed assistance because client was released and attempted to run again. When client made it to the gate, staff pulled him down, and returned client to the unit. Faulkner Co. then left the facility grounds. Nursing Assessment states there was no injury to client.

Agency's Interim Corrective Action: Client placed on Unit Restriction and Physical Hold.

Licensing Specialist Assigned: C. DeBoer

Licensing Supervisor Assigned: 12/27/2021

Date of DCCECE's Follow-up: 12/29/2021

Type of Follow-up: Site visit.

Details from Follow-up: Video footage reviewed. Staff ratio was initially 1:6 Staff then 3:6 for fight that proceeded elopement. As soon as two additional staff left client [REDACTED] and client [REDACTED] exit the back door. Original staff member [REDACTED] made no attempt to stop clients from exiting back door.



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Notice of Incident

Date of Incident: 12/27/2021

Date Reported to DCCECE: 12/28/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: Elopement

Incident Description: Client █ and his peer were kicking at the door to make it come open. Client EJ and his peer got outside. Faulkner Co. arrived to the facility and left once everything was calmed. Nurse Assessment states there was no injury to client.

Agency's Interim Corrective Action: Client placed on Unit Restriction and Physical Hold

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 12/27/2021



Date of DCCECE's Follow-up: 12/29/2021

Type of Follow-up: Site visit.

Details from Follow-up:



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Notice of Incident

Date of Incident: 12/27/2021

Date Reported to DCCECE: 12/28/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: [REDACTED]

Incident Description: On 12/27/21 client [REDACTED] was dragged in a room by his peers and wanted to get out. [REDACTED] was in the room for approx. 6 minutes before he was able to walk out by his peer. Staff stayed seated the entire time while resident was being forced to play an inappropriate sexualized game. Risk Mgmt. Jlynn Perkins received this report on 12/28/21. The investigation included interviewing the residents on the unit, interviewing staff and reviewing camera footage. The findings of the allegation of neglect towards client [REDACTED] were determined substantiated. The incident location was in the client's room. Camera footage does not view client's room. Client stated he was forced to play a game called butt raped. Butt raped in where a peer or peers will sexually hump on the target client while clothed. Staff [REDACTED] was terminated from Little Creek due to the violation of Little Creek's Zero Tolerance Policy.

Agency's Interim Corrective Action: Staff [REDACTED] was terminated from Little Creek. Clients involved in incident were separated.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 12/27/2021

Date of DCCECE's Follow-up: 12/29/2021

Type of Follow-up: Site visit.

Details from Follow-up: Video was reviewed which shows peers drag client █ into a room by his peers from 7:05PM to 7:12PM on 12/27/21. Client is clearly heard yelling “no”. Client attempted to stay close to staff █. No video footage available for room. At no time did staff █ do anything to stop anything reported in this incident. █



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Notice of Incident

Date of Incident: 6/29/2021

Date Reported to DCCECE: 7/1/2021

Agency Name: Perimeter of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Nursing staff [REDACTED] reported an incident that resident [REDACTED] was in a physical altercation with another staff [REDACTED]. Resident [REDACTED] reported that [REDACTED] shoved him, hit him in the mouth, and tried to choke him around the neck.

Agency's Interim Corrective Action: Resident was assessed by the nurse who noted no injuries and the resident reported no pain. At the time of the incident [REDACTED] was asked to leave the room and she is now on suspension pending investigation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 6/29/2021

[REDACTED]

Date of DCCECE's Follow-up: 7/7/2021 **Type of Follow-up:** In Person

Details from Follow-up: 7/1/21- Licensing Specialist received the incident report, but no investigator has been assigned to the report yet. Once the investigator is assigned the Licensing Specialist will contact them to gain authorization to contact the agency about the report.

7/6/21- [REDACTED] them asking for a phone call to discuss the incident/gain clearance to contact the agency.

7/7/21- Specialist visited the facility and reviewed the camera footage of the incident.

7/13/21 [REDACTED]





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Notice of Incident

Date of Incident: 1/15/2022

Date Reported to DCCECE: 1/18/2022

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: Assault on staff

Incident Description: The Faulkner County Sheriff Department was called to Little Creek Behavioral Health on 01.15.22. Three resident [REDACTED], and [REDACTED] all physical assaulted staff. The sheriff did not take anyone out of the facility and or off the facility grounds.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 1/15/2022

Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up:



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Notice of Incident

Date of Incident: 1/25/2022

Date Reported to DCCECE: 1/26/2022

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: Injury

Incident Description: On 1/17/22 [REDACTED] was involved in a physical altercation with a peer where he punched the peer in the head. Following the altercation, his right hand, pinky knuckle was noted to be slightly swollen. However, [REDACTED] had full range of motion of his hand. He was given Tylenol and an ice pack. During the following days he complained of minimal pain off and on and was given Tylenol/Ibuprofen and continued to have full range of motion and function of his hand. 1/25/22, due to [REDACTED] still continuing to complain of pain, the nurse practitioner was notified and she ordered a 3-view hand x-ray. The x-ray findings were as follows: acute minimally displaced fracture at the base of the 5th metacarpal. No other fracture seen.

Agency's Interim Corrective Action: [REDACTED] will be seen by physician 1/26/22.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 1/25/2022

Date of DCCECE's Follow-up: [REDACTED] **Type of Follow-up:** [REDACTED]

Details from Follow-up: [REDACTED]



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Notice of Incident

Date of Incident: 1/27/2022

Date Reported to DCCECE: 1/28/2022

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: Emergency Room Visit

Incident Description: On 01.27.22, [REDACTED] was aggravated about a missing phone call to a relative. The nursing staff asked [REDACTED] to take her PRN meds due to aggressive behavior. [REDACTED] proceeded to take her medication and then threw water in the supervisor's face. Soon after, [REDACTED] physically attacked the staff, hitting her multiple times. While the staff was attempting to de-escalate, [REDACTED] backed into a wall and hit her head (assumption). The Incident was not in camera sight. Nursing Assessment: There is a 4cm vertical wound on the crown of client's head. APRN notified and ordered the client to be taken to Baptist Hospital ED. The client receives five staples. Risk Mgmt. Recommendation: Jlynn Perkins received the report on Thursday 1.27.22 at approx. 2030 of the injury towards resident [REDACTED]. Investigation included interviewing the resident on the unit, interviewing staff, and reviewing camera footage. The findings of the Incident towards resident [REDACTED] will be undetermined. The incident location was in the resident room, and the camera position does not show any staff member who physically abused the resident. Nor does the resident make any complaints of being physically abused by staff. [REDACTED]
[REDACTED]

Agency's Interim Corrective Action: Staff retrained on entering client's room without assistance.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 1/27/2022

[REDACTED]

Date of DCCECE's Follow-up: 1/28/2022 **Type of Follow-up:** Facility visit/email.

Details from Follow-up:



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Notice of Incident

Date of Incident: 2/2/2022

Date Reported to DCCECE: 2/3/2022

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: Emergency Room Visit

Incident Description: Client █, while waiting to be seen by the psychiatric nurse practitioner, fell on the floor. He reported to the nurse that he was dizzy prior to falling. A blood sugar was taken immediately following the fall and it was 104 (normal). Client's vital signs were taken while he was sitting and his blood pressure was 104/60 and his heart wait was 84. When asked to stand, patient had difficulty. His pulse was weak and thready, and his blood pressure was unattainable. The family nurse practitioner was notified and ordered for him to be taken to the ER. While in the ER, an EKG was done and had normal findings. He, also, received a left foot X-Ray due to complaints of pain from the fall. His X-ray was normal, and the doctor stated that he had a sprained ankle. █ was brought back to the facility in stable condition with no further issues. At this time nursing staff will be monitoring him closely.

Agency's Interim Corrective Action: Nursing staff will monitor client.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 2/2/2022

Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up:



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Notice of Incident

Date of Incident: 11/17/2021

Date Reported to DCCECE: 11/18/2021

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] reported to his therapist that staff [REDACTED] was trying to protect peer during a fight. Clients were in a physical altercation. In the process of separating patients [REDACTED] slapped client. Client stated that he was punched in the left cheek multiple times by peer.

Nursing Evaluation: slight discolored area to left cheek bone..

Agency's Interim Corrective Action: Staff is placed on leave until investigation is done.

Licensing Specialist Assigned: C. DeBoer

Licensing Supervisor Assigned: 11/17/2021

Date of DCCECE's Follow-up: 11/18/2021

Type of Follow-up: Email

Details from Follow-up: Contacted Chris with Millcreek and he stated that clients and staff were interviewed. No video is available of room where incident happened due to being a bedroom. Video of outside of bedroom is being held until staff can view. Staff member has been placed on administrative leave pending outcome.



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Notice of Incident

Date of Incident: 12/4/2021

Date Reported to DCCECE: 12/8/2021

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] stated that staff [REDACTED] instigated a group of 4 fellow patients to fight her. Internal investigation conducted with 3 staff and 5 patients revealed that no witnesses corroborate the statements of [REDACTED]. It was admitted by [REDACTED] that on 12.4.21 [REDACTED] "Got in my face. She slightly pushed me and I pushed her shoulder and said, [REDACTED] move". Nurse evaluation: Scratch under and over left eye. Scant amount of bleeding. Small knot to left side of forehead with several scratches. Pt. had hair pulled out on both sides of head with scant bleeding noted.

Agency's Interim Corrective Action: Staff involved in incident was terminated.

Licensing Specialist Assigned: C. DeBoer

Licensing Supervisor Assigned: 12/4/2021

Date of DCCECE's Follow-up: 12/9/2021 **Type of Follow-up:** Phone call, visit.

Details from Follow-up: Phone call made to Chris Butler (Risk Mgmt. Millcreek) whom stated he had not heard if hotline call had been accepted thus no ref. #. Mr. Butler stated he was conducting further investigations regarding incident and would notify PRLU of any further information. Mr. Butler later emailed [REDACTED]

Moving forward staff will be properly trained that physical injury or threat of bodily harm may not

be used when interacting with clients. 12/15/21 facility visited. Staff did admit to pushing client. Facility cited for 905.4g. Staff involved in incident was terminated.



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Notice of Incident

Date of Incident: 12/18/2021

Date Reported to DCCECE: 12/21/2021

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] alleges the staff [REDACTED] "bitch slapped" him in the face while intervening in an episode of physical aggression. The primary interview with [REDACTED] showed discrepancies in the alleged events that lead to doubts of the authenticity of the report. A follow-up interview conducted on 12/21/2021 matched the original allegation. Interviews conducted with 2 staff and 4 patients revealed that no eye witnesses corroborate the statements of [REDACTED] being slapped. The events, as described by [REDACTED], cannot be confirmed by internal investigation. Nurse evaluation after the physical altercation: No redness, swelling or bruising noted in the indicated area.

Agency's Interim Corrective Action: Staff placed on leave pending outcome of investigation.

Licensing Specialist Assigned: C. DeBoer

Licensing Supervisor Assigned: 12/18/2021

Date of DCCECE's Follow-up: 12/21/2021 **Type of Follow-up:** Email to investigator and facility. Facility stated there was nothing to substantiate the report.

Details from Follow-up: Facility's internal investigation yielded nothing to substantiate report.



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Notice of Incident

Date of Incident: 7/1/2021

Date Reported to DCCECE: 7/2/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] was agitating a peer. Staff [REDACTED] was attempting to de-escalate by separating the patients. [REDACTED] ran to attack the peer and [REDACTED] extended his arm to stop him. Resident ran into [REDACTED] arm, neck first. Resident began hitting [REDACTED] several times so [REDACTED] grabbed the resident by the shirt and flung him to the ground. Resident kicked and bit [REDACTED] while on the ground. [REDACTED] then kicked the resident in the knee and proceeded to hold the resident firmly on the ground.

Agency's Interim Corrective Action: Staff was placed on suspension 7/2/21

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 7/1/2021

Date of DCCECE's Follow-up: 7/6/2021 **Type of Follow-up:** Email

Details from Follow-up: 7/6/21-Licensing specialist attempted to contact the investigator, but she is out of the office until 7/13/21. Specialist left a message for the investigators supervisor to call to discuss the incident and gain permission to contact the agency regarding the incident. Supervisor responded and gave permission for contact. 7/8/21- Specialist visited the facility and reviewed the camera footage of the incident.



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Notice of Incident

Date of Incident: 7/1/2021

Date Reported to DCCECE: 7/2/2021

Agency Name: Piney Ridge Treatment Center

Agency Number: 203

Type of Facility: SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] reported that staff [REDACTED] pushed him. [REDACTED] states he first pushed [REDACTED] several times and was upset at [REDACTED] or taking his ball and dice. [REDACTED] then pushed [REDACTED] about 6ft towards the nurse's station.

Agency's Interim Corrective Action: Staff was immediately taken off his shift and sent home. Staff was placed on suspension.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 7/1/2021

Date of DCCECE's Follow-up: 7/2/2021 **Type of Follow-up:** Email

Details from Follow-up: 7/2/21- Supervisor Sharra Litzsey emailed the investigator to ask for permission to contact the agency for [REDACTED]

[REDACTED] investigator reports she has finished her interview with the alleged victim and was informed by the Director that the alleged offender has been terminated from employment. 7/6/21-Licensing Specialist emailed Ronissa Adams requesting the incident report pertaining to this incident and the interim corrective action for the staff involved. 7/9/21- Specialist visited the facility and discussed the incident. The specialist also reviewed camera footage of the incident that shows staff not using minimal force in a restraint hold and initiating a restraint hold without

cause.



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Notice of Incident

Date of Incident: 12/26/2021

Date Reported to DCCECE: 12/27/2021

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] reported that client [REDACTED] was "feeling her breast and rubbing her elbow and tried to hold her hand" while their group was watching a movie. Client [REDACTED] reported during the internal investigation that both girls were fully clothed. These events were alleged to have occurred over a period of three minutes. Nurse evaluation: no injury indicated.

Agency's Interim Corrective Action: Staff placed on administrative leave. Clients separated or moved units.

Licensing Specialist Assigned: C. DeBoer

Licensing Supervisor Assigned: 12/26/2021

[REDACTED]

Date of DCCECE's Follow-up: 12/28/2021
Butler-Risk Mgmt.

Type of Follow-up: Phone call to Chris

Details from Follow-up: Chris Butler-Millcreek Risk Mgmt. stated he would research what staff ratio and staff names were during incident.



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Notice of Incident

Date of Incident: 7/3/2021

Date Reported to DCCECE: 7/6/2021

Agency Name: Perimeter of the Ozarks

Agency Number: 237

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident was grabbed from behind by staff [REDACTED], picked up off the ground and swung into the seclusion room. [REDACTED] released the resident with excessive force and the resident hit the floor and slid into the wall. [REDACTED] then kicked the residents shoe into the room and closed the door.

Agency's Interim Corrective Action: Staff [REDACTED] was placed on immediate leave in which his keys and fob were obtained pending the results of the investigation. Resident was assessed by staff RN and found to have a wound to her forehead. RN stopped the bleeding, applied a band aid, and

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 7/3/2021

[REDACTED]

Date of DCCECE's Follow-up: 7/6/2021 **Type of Follow-up:** Email

Details from Follow-up: 7/6/21-Licensing specialist emailed Mr. Thompson, CEO, for further information including the residents name, DOB, [REDACTED]

[REDACTED] 7/9/21- Licensing Specialist visited the facility and discussed the incident in detail with [REDACTED]. Specialist reviewed the camera footage of the incident.



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Notice of Incident

Date of Incident: 1/2/2022

Date Reported to DCCECE: 1/5/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] reported to staff that on 12/31/21 that staff [REDACTED] picked him up and slammed him on the floor in another client's bedroom. Staff then took MW to the nurses' station and called supervisor. Nursing evaluation: Nickle size abrasion to left elbow with superficial scab present. Full ROM to all extremities area to elbow cleaned with peroxide. TAO and band-aid applied.

Agency's Interim Corrective Action: Staff placed on administrative leave. Staff was retrained and brought back. Staff no longer works at facility for unrelated reasons.

Licensing Specialist Assigned: C. DeBoer

Licensing Supervisor Assigned: 1/2/2022

Date of DCCECE's Follow-up: 1/6/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 1/6/22 from 12:30-3:30PM. Staff remains on administrative leave until internal investigation is completed. No camera footage was available of incident. Incident happened 12/31/21 and the hotline was called and call accepted. Licensing was notified 1/5/22. Facility cited for 110.12.



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P: 501.320.3971

Notice of Incident

Date of Incident: 1/10/2022

Date Reported to DCCECE: 1/11/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Allegation [REDACTED] (client) stated to his therapist that [REDACTED] (client) touches him in his private area and made the comment, "I'm going to molest you".

Internal Investigation: [REDACTED] stated that the allegation was fabricated in an effort to get him in trouble and gain access to his Nintendo gaming system.

Agency's Interim Corrective Action: Clients have been separated pending internal investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 1/10/2022

Date of DCCECE's Follow-up: [REDACTED] **Type of Follow-up:** [REDACTED]

Details from Follow-up: [REDACTED]



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Notice of Incident

Date of Incident: 2/6/2022

Date Reported to DCCECE: 2/9/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: The alleged victim is [REDACTED] she's believed to be in DHS custody, at Millcreek Behavioral Health. The alleged offender was a staff member at Millcreek, name and age unknown. It was reported that on Sunday, 02/06/22, staff member, [REDACTED], age unknown, was looking for an object, possibly a pencil or pen, and although [REDACTED] was holding out her hands showing [REDACTED] the object, [REDACTED] still put her hands down in [REDACTED] bra. It is unknown if this was done for sexual gratification or not, but [REDACTED] has made it known to the kids that she is bisexual or lesbian. [REDACTED] has behavioral issues and was violently raped when she was [REDACTED]. She said she didn't have a way to protect herself when this happened and she has been having flashbacks of when she was raped, due to the incident. This isn't the first time something has happened to [REDACTED] at the facility. About a month ago two female employees were trying to restrain [REDACTED], one staff member had [REDACTED] hands behind her back and the other one was choking her; put her hands around her neck [REDACTED] pressure to where she couldn't breathe. It is unknown who those staff members are, but a report was made to the HR person and the women quit their jobs; [REDACTED] was told it was her fault that they quit. [REDACTED]'s time on the phone has been cut down to where she can only talk for five minutes and staff members are right there the whole time, so she doesn't have time to tell anybody what is going on or anything. A report was made to law enforcement concerning this.

Agency's Interim Corrective Action: Staff involved in prior reported incident no longer work at facility.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 2/6/2022

[REDACTED]

Date of DCCECE's Follow-up: 2/10/2022 **Type of Follow-up:** Visit.

Details from Follow-up: Regarding incident reported to have happened about a month ago (12/19/21 according to file). Reports in client file and from Risk Mgmt. Chris Butler yield no licensing concerns.

Regarding incident reported to have happened 2/6/22. Reports in client file and from Risk Mgmt. Chris Butler yield no licensing concerns. [REDACTED] has a history of self-harm behavior. [REDACTED] reported to have removed the object from [REDACTED]'s bra in order to prevent injury to [REDACTED].



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Notice of Incident

Date of Incident: 3/2/2022

Date Reported to DCCECE: 3/3/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: The AV is [REDACTED] who is in foster care and admitted to Millcreek Behavioral Health for residential treatment. The out of home AO is Millcreek staff [REDACTED]. On 3/2/22, the AO was aggressively yelling at [REDACTED] and intentionally hit him on his head 4 times. It is unknown what the AO used to hit [REDACTED] were not reported. There is voice recording of the AO yelling at [REDACTED] was very scared of the AO.

Agency's Interim Corrective Action: Staff member placed on administrative leave pending investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 3/2/2022

Date of DCCECE's Follow-up: 3/8/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 3/8/22. Video reviewed from 3/2/22 8:00PM-8:45PM which does not show AO hit any children. It does show AO point her finger and appear to yell (no audio). Client statement reviewed which states that AO hits and slaps him on the top of his head. Client could not state times. Staff statement reviewed which denies ever hitting client. Staff admits that she yelled at client to go to bed while on the phone.

3 clients interviewed at Rock Hill PRTF (where incident took place). Clients [REDACTED] and [REDACTED] Clients GM and VA did not indicate that any staff had ever hit them. Client [REDACTED] indicated that [REDACTED] hits and slaps him in the back of his head and grabs his neck. When asked how staff hit the client, he made a fist and indicated (making a knock on the door motion) "she does this on top of my head". When asked if staff has ever called client names he stated '[REDACTED]'. Client is believable when asked to describe how staff hits him. Chris Butler, Risk Mgmt., states that staff in this incident has been involved in a previous incident at that facility. Chris Butler states that staff is on leave and to be terminated.



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Notice of Incident

Date of Incident: 3/5/2022

Date Reported to DCCECE: 3/9/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Client [REDACTED] and peers were outside and playing a recreational game. They fell to the ground and [REDACTED] rolled and hurt his arm.

Nurse Evaluation: Abnormality noted to left forearm. Appears fractured and displaced. Sling applied. Supervisor notified. Transported to DCMC ER. Tylenol 325mg PO provided.

Dallas Co. ER findings: [REDACTED]

[REDACTED] No soft tissue foreign

body. Transferred to AR Children's Hospital for treatment.

AR Children's Hospital: [REDACTED], [REDACTED],

[REDACTED] order.

[REDACTED]. Patient tolerated procedure well without complications.

Agency's Interim Corrective Action: Client [REDACTED] taken to ER. Continue to monitor.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 3/5/2022

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: Nurse Evaluation: Abnormality noted to left forearm. Appears fractured and displaced. Sling applied. Supervisor notified. Transported to DCMC ER. Tylenol 325mg PO provided. Dallas Co. ER findings: [REDACTED]

[REDACTED] No soft tissue foreign body. Transferred to AR Children's Hospital for treatment.

AR Children's Hospital: [REDACTED]

[REDACTED] Patient tolerated procedure well without complications.



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Notice of Incident

Date of Incident: 3/14/2022

Date Reported to DCCECE: 3/14/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Location: Rock Hill PRTE- Millcreek of Arkansas. [REDACTED]

[REDACTED] . The report alleged that unknown staff members allowed [REDACTED] to be struck in the head while showering. Another report alleged that a " [REDACTED] " flipped [REDACTED] mattress over and pushed personal belonging off of his bed. While being interviewed by DHS investigator, [REDACTED] Reported that he was kicked in the back on 3/14/22 during an interaction in his classroom. He identified his teacher as the staff member who kicked him. Nurse Evaluation: Reddened area 1" diameter to lower back on left side. Pt. indicated the spot of being kicked in the middle of his back, approximately 3 inches above reddened area. No tenderness, no apparent injury at site. 1/10 pain. No pain reported at palpation. An internal investigation is being conducted into the reports of alleged abuse. Corrective actions will be taken pending the results of internal and external investigations.

Agency's Interim Corrective Action: Corrective actions will be taken pending the results of the internal and external investigations.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 3/14/2022

Date of DCCECE's Follow-up: 3/16/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 3/16/22 at 12:15PM. Witness statements from client and teacher involved reviewed. Risk Mgmt. Mr. Butler attempted to call [REDACTED] who could not be reached and did not have a voice mail. Client [REDACTED] interviewed regarding incident in the shower. Client stated staff saw this incident and did nothing about it. Client could not state whether this staff was a man or a woman staff. When asked, client stated that without saying anything “[REDACTED]” came in his room and flipped his mattress over. When asked what the client did after this, he stated he got back on his bed. When asked about the teacher kicking him in the back, after being asked to demonstrate, the client motioned a slow, front kicking gesture as to demonstrate how the teacher kicked him. Teacher ([REDACTED]) interviewed. She indicated that she had stood by the client to keep the door from banging while the client kicked it as the client was laying in the floor. She indicated the client was moving and her foot may have touched the client. [REDACTED], when asked twice, asserted that she did not kick the client in any way. [REDACTED] statement reflects this.

Nothing from today's interviews yields any licensing concerns. ICA-[REDACTED] can work but not around children pending further investigation.

Nothing from today's interviews yields any licensing concerns. ICA-[REDACTED] can work but not around children pending further investigation.



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Notice of Incident

Date of Incident: 3/31/2022

Date Reported to DCCECE: 3/31/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] stated that, while in a physical restraint, she bit staff member [REDACTED] and that [REDACTED] punched her in the face in return. During that same restraint, it was stated that [REDACTED] pinched the back of her calf in an effort to get her to calm down. Arkansas State Police Investigator Stephanie Britton has interviewed [REDACTED]. Her interview and inspection revealed no injuries to authenticate the claims. Staff member [REDACTED] adamantly denied the claims of punching her but verified that she was bitten during the restraint. [REDACTED] is not scheduled to work again until Monday at 7am. I have not been able to interview [REDACTED] yet. There is no video footage of the incident.

Agency's Interim Corrective Action: Agency's Risk Mgmt. Chris Butler's preliminary opinion is that [REDACTED] is displaying a large amount of high-risk behavior in an effort to disrupt her placement at Millcreek of Arkansas. She is going to great lengths to be discharged and return to a set

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 3/31/2022

Date of DCCECE's Follow-up: 4/4/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 4/4/22. [REDACTED] interviewed. [REDACTED] stated that at no time did she hit nor pinch client. [REDACTED] stated that she had been at facility for 14 years and at no time hit or pinched any clients. [REDACTED] stated that she was involved in this restraint hold with " [REDACTED]" and at no time witnessed Shaneca hit or pinch client. [REDACTED] stated at no time was she bitten by client. [REDACTED] stated she was examined by the nurse which also confirmed that at no time was she bitten during that restraint.

[REDACTED] witness statement reviewed which states that at no time did she pinch client during this restraint. Statement states that she had ahold of client's legs with both arms which would make it very hard for her to pinch client. Statement says that the hold lasted for about 15 or 20 seconds until a male supervisor arrived.

Client [REDACTED] interviewed whom stated that she had been in multiple holds recently. It was narrowed down to the incident that involved " [REDACTED]". Client [REDACTED] stated that she was pinched on her legs because staff could not get her to unfold her legs. Client CI stated that " [REDACTED]" put her closed fist against her neck as to where client [REDACTED] could not breathe. Client [REDACTED] given opportunity to voice additional issues or concerns which she voiced to Risk Mgmt. Chris Butler. Client [REDACTED] did acknowledge that she was acting in such ways as to fulfill desired discharge from facility.



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Notice of Incident

Date of Incident: 3/31/2022

Date Reported to DCCECE: 3/31/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] stated that while he was placed into a restraint on January 27, 2022 a "racist nurse stomped on my chest". The name of the alleged offender is unknown. He believes her name is [REDACTED] or [REDACTED]. The only identifiable comment is that "she wears cowboy boots". We do not have a nurse named [REDACTED]. We do have a nurse named [REDACTED], however, she does not work with that population and was not present at the time of the restraint. Carolyn Gamble has interviewed [REDACTED] and we are complying with her requests for information. We are working to identify any possible nurses that fit the description. There is no video footage of the incident.

Agency's Interim Corrective Action: Facility Risk Mgmt. Chris Butler is working to identify any possible nurses that fit the description. There is no video footage of the incident. No staff members have been placed on leave at this time as there are serious questions to the validity of th

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 3/31/2022

Date of DCCECE's Follow-up: 4/4/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 4/4/22. Client [REDACTED] interviewed whom stated that 3 persons "[REDACTED]" were initiating a restraint hold on him. Client [REDACTED] then

stated that 2 of the aforementioned staff were relieved by " [REDACTED] and [REDACTED] ". Client [REDACTED] then stated that a nurse "2 kicks and stomped once" while client [REDACTED] was in the hold. Client then reports getting a shot and not remembering anything after that.

Risk Mgmt. Chris Butler states that there exists no Nurse [REDACTED]. Nurse " [REDACTED] " interviewed whom was never in a restraint hold with that population and not involved in this incident. After further investigation it was determined that 2 nurses ([REDACTED]) were involved in this hold. Risk Mgmt. Chris Butler contacted Nurse's station. [REDACTED] do not work today.

[REDACTED] Unit Coordinator for Rock Hill, and " [REDACTED] " cited by Client [REDACTED] interviewed. [REDACTED] [REDACTED] stated that at no time did he witness [REDACTED] do anything besides administer shot to client [REDACTED].



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Notice of Incident

Date of Incident: 4/15/2022

Date Reported to DCCECE: 4/15/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Location: Facility Grounds- Millcreek of Arkansas. Allegation: [REDACTED], patient at Millcreek of Arkansas alleged that [REDACTED], staff, punched him in the jaw while being placed into a physical restraint.

Internal Investigation: Risk Director has interviewed A/O and 2 staff members participating in the physical restraint and 3 responding supervisors. No report corroborates the statement made by A/V. There were no patient witnesses to the events. The incident transpired as [REDACTED] became upset after being called names when his team lost a basketball game. He attempted to elope from the campus. [REDACTED] became physically aggressive with staff members when he was prevented from eloping. He punched another staff member in the jaw, prior to being placed into restraint. The physical restraint was initiated to provide safety for those involved. Patient reports jaw soreness. Nursing reports no visible injury. X-ray did not reveal any fracture to the jaw. Patient is actively participating in all activities. In the patient's incident debriefing, he stated that he did not want a witness statement because "the staff did not do anything to me." (witness statements are offered as standard practice.) He stated that he should have just calmed down and later apologized to the staff members for his behavior. Patient's initial discussion with therapist indicates discrepancies from what was reported in the allegation listed above. He first indicated that another staff was the one that punched him.

Agency's Interim Corrective Action: Staff member [REDACTED] remains on leave until completing in service Therapeutic Crisis Intervention at which time he will be rescheduled for employment.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 4/15/2022

[REDACTED]

Date of DCCECE's Follow-up: 4/19/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Witness statements reviewed for staff: Rashel Williams, Robert Phillips, Sheila Smith, Tracy Crain, [REDACTED] and Supervisor Brandon Randle who all witnessed the incident. All statements state that at no time did any staff witness any staff involved in this incident hit client. Supervisor Randle's witness statement adds that client [REDACTED] stated he "didn't want to do no witness statement because they didn't do anything to me".

Client [REDACTED] interviewed. Client [REDACTED] stated that "[REDACTED]" ([REDACTED]) stated to him "shut up bitch" and punched his ([REDACTED]'s) left cheek with his ([REDACTED]'s) right hand during a restraint. [REDACTED] had client in the restraint when this happened. Client added that [REDACTED] stated "don't tell nobody", and that [REDACTED] stated "don't tell on me tell on him" ([REDACTED]). Witness statements from above do not corroborate this story. Mr. Butler adds that at the end of this restraint he was present and states that no conversation such as above took place. There is no definitive evidence to support that staff [REDACTED] struck client [REDACTED]. Risk Mgmt. Chris Butler has stated that staff [REDACTED] will be in-service trained on Therapeutic Crisis Intervention. Risk Mgmt. states that client/staff interaction will be limited to basketball events which involve other staff.



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Notice of Incident

Date of Incident: 4/20/2022

Date Reported to DCCECE: 4/21/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: AV is [REDACTED]. AO's are a Millcreek staff member and a [REDACTED] names unknown. [REDACTED] disclosed that previously, another child hit him. [REDACTED] then disclosed that the AO (staff member) smacked him with an open hand on his face a couple of weeks ago. [REDACTED]'s worker requested eyeglasses for him since he entered the facility in 11/2021, but he still have received them; he is on waiting list. [REDACTED]'s hygiene is inadequate; his clothes were dirty; he was disheveled, and he seemed to be wearing the same clothes for multiple days. AS was asked if he bathes and he stated, "no, because they do not make him." There were no other details given.

Agency's Interim Corrective Action: Agency unaware of complaint. Complaint called into hotline.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 4/20/2022

Date of DCCECE's Follow-up: 4/22/2022 **Type of Follow-up:** Facility visit

Details from Follow-up: [REDACTED] (DOB [REDACTED]) is housed in Rock Hill house. 3 clients from Rock Hill interviewed: [REDACTED] and [REDACTED] (client involved in report). When asked, all clients report access to a shower, clean clothes, feeling safe at Millcreek and how to report to staff if they feel unsafe. [REDACTED] has received his glasses and was wearing them today. [REDACTED] was showered and had clean clothes on today.

Meco Davis, [REDACTED]'s therapist, reports that client [REDACTED] frequently refuses to shower or change clothes. [REDACTED] reports staff doing everything possible to encourage [REDACTED] to shower and wear clean clothes on a regular basis.



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Notice of Incident

Date of Incident: 4/21/2022

Date Reported to DCCECE: 4/22/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: While playing basketball outside, [REDACTED] slipped and fell on the ground. When staff went to check on RP while he was on the ground, [REDACTED] mentioned that his wrist was hurt badly. [REDACTED] then went to the nurse for further evaluation. Supervisor was notified. Patient sent to DCMC for x-ray. Patient returned from DCMC. [REDACTED] had brace in place to right wrist/hand area. [REDACTED] will be leaving with supervisor to go to ACH. 4/22/22 [REDACTED] returned from ACH for right wrist fracture.

Agency's Interim Corrective Action: [REDACTED] sent to DCMC then to ACH. [REDACTED] has brace in place to right wrist/hand area.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 4/21/2022

Date of DCCECE's Follow-up: 4/22/2022 **Type of Follow-up:** Email

Details from Follow-up: [REDACTED] returned from ACH with right wrist fracture. [REDACTED] has brace in place to right wrist/hand area.



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Notice of Incident

Date of Incident: 5/5/2022

Date Reported to DCCECE: 5/5/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Millcreek of AR was notified of an outside report [REDACTED]. The report contained the following allegation: AV is [REDACTED] and he lives with his 2 other siblings, names are unknown, and they live with their mother, [REDACTED]. Out of home offender is various staff members at Millcreek Behavioral Health. [REDACTED] picked [REDACTED] up from Millcreek and saw various bruises on his shoulder, back, shoulder blades, neck and forearms. All the bruises were in various stages of healing. [REDACTED] stated the other children at the facility were holding him down and punching him. He stated the staff knew and told him not to tell otherwise he would get his phone privileges taken away.

Agency's Interim Corrective Action: Internal investigation is being conducted. Corrective action and a follow-up report will be made if deficiencies are noted.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/5/2022

Date of DCCECE's Follow-up: 5/9/2022 **Type of Follow-up:** Email and phone call with investigator.

Details from Follow-up: Ms. Gamble called and stated that she believes client is in another facility in another state now. Ms. Gamble stated she would keep Licensing updated.



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Notice of Incident

Date of Incident: 5/5/2022

Date Reported to DCCECE: 5/6/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] reported to a staff member that "[REDACTED] pulled my pants down and was sucking my thing." He indicated that he was referring to his penis. He explained that they both were playing Hide and Seek. He chose to hide on the floor of the linen closet. [REDACTED] asleep while waiting to be found. [REDACTED] entered the closet, pulled [REDACTED]'s pants down, and sucked his penis. [REDACTED] denied that the incident happened. He explained that they were playing hide and seek. He opened the door to the linen closet and witnessed [REDACTED] with his pants down. He immediately shut the door to the linen closet and left to hide in another area. He indicated that [REDACTED] was lying about the incident in an effort to get him in trouble.

[REDACTED]. No return correspondence has been received at this time.

Nurse Evaluation:

No injuries were noted.

Agency's Interim Corrective Action: Clients reside in separate rooms. Both clients were placed on Close Observation as a precautionary measure. An internal investigation is being conducted. Corrective action and a follow-up report will be made if deficiencies are noted.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/5/2022



Date of DCCECE's Follow-up: 5/11/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 5/11/22. Camera footage reviewed from 5/6 from 4:54PM-4:56PM. No audio. Clients are seen sitting by each other. Both clients get up and walk around the corner out of camera view. Two minutes later [REDACTED] is seen walking from around corner into camera view, staff behind, and appears to be speaking with staff. Other staff were reportedly speaking with [REDACTED] out of camera view. 3 staff seen in video. Client census for Rock Hill house 18. According to video, after about two minutes one staff member notices clients missing and goes to find them.

Client [REDACTED] 7/15/10 interviewed. Client states that he plays hide and go seek often. Client stated that the longest he has ever hidden was 2 hrs. but he gave himself up. When asked where staff were “they don’t pay attention”.

Client [REDACTED] 3/25/12 interviewed. When asked about hide and go seek client immediately replied, [REDACTED] sucked my privates”. When asked what happened leading up to this “I was asleep in the towel closet”. When asked how long client was asleep “5 minutes”. When asked if client had anything to add “no that’s it”.

No definitive evidence to yield licensing concerns.



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Notice of Incident

Date of Incident: 5/15/2022

Date Reported to DCCECE: 5/16/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Location: Eagle Hall - Millcreek of Arkansas

Brief description of incident: Allegation: [REDACTED] reported that she was asleep in bed when her roommate woke her up by kissing her. She got up and leaned against a pile of clothes. The roommate continued to kiss her. [REDACTED] stated, "Alexa, stop, what are you doing?" Alexa stated, "Just trust me." [REDACTED] stated that Alexa digitally penetrated her vagina. [REDACTED] reported that she went back to sleep and did not immediately report this to staff members. [REDACTED] stated that the events did not occur. She stated that she took her evening medication and went to sleep. When she woke up the next morning, she was questioned by staff members about the alleged incident. Additionally, she reported that a staff member was positioned outside of her open bedroom door throughout the evening and this would not have been possible. [REDACTED]

No return correspondence has been received at this time. Nurse Evaluation:

No injuries were noted.

Agency's Interim Corrective Action: Clients have been separated.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/15/2022

Date of DCCECE's Follow-up: 5/18/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: No evidence to refute nor confirm allegation.



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Notice of Incident

Date of Incident: 5/30/2022

Date Reported to DCCECE: 6/1/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] stated that staff [REDACTED] put him in a chokehold.

Nursing Assessment: P [REDACTED] ia to front and back of both shoulders, red scratches to left side at rib area, redness to center of back on left side and lower left side of back, 2 small bruises to upper left chest, c/o wrist hurting. Tylenol 650 mg given. Staff placed on administrative leave.

Agency's Interim Corrective Action: Staff placed on administrative leave.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/30/2022

Date of DCCECE's Follow-up: 6/8/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: [REDACTED] interviewed whom stated he had an altercation with a peer (outside). The other peer told staff. Staff attempted to get [REDACTED] to go inside which [REDACTED] did not want to do because it was "fun day". [REDACTED] stated he "cussed" and "pushed" staff. He stated at this point staff (Randall Strickland) pushed him to the ground. [REDACTED] was asked to demonstrate how staff pushed him to the ground. [REDACTED] demonstrated that staff had an arm behind his head and an arm around his waist. When asked, [REDACTED] stated that it did not seem that staff was doing this to hurt him. [REDACTED] stated that the hold staff was performing did not hurt him. [REDACTED] indicated that the staff was holding him so he [REDACTED]

would not assault staff (snickering). █ indicated that he does not feel that staff here are threatening nor have staff tried to hurt him. █ reported that he would let staff know if he felt threatened or was hurt by other staff.



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Notice of Incident

Date of Incident: 6/1/2022

Date Reported to DCCECE: 6/3/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Av is [REDACTED] foster child) who resides at Millcreek. Ao is unknown. Av stated that "they slam me down really hard to the ground" during restraints." Av stated that "[REDACTED]" has threatened to "drop" him multiple times, but it is unknown if [REDACTED] has slammed av on the ground. Av stated he was last slammed down about 3 weeks ago. It is unknown if av has current injuries.

Agency's Interim Corrective Action: Staff unknown. No ICA.

Licensing Specialist Assigned: C. DeBoer

Licensing Supervisor Assigned: 6/1/2022

Date of DCCECE's Follow-up: 6/8/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Self-report from facility regarding this incident is as follows: Location: Magnolia Hall - Millcreek of Arkansas

Millcreek of Arkansas received a report from DHS Investigator Carolyn Gamble stating that [REDACTED] was the subject of an investigation of physical abuse. The report indicated that he was thrown. The alleged offender was unknown. Upon interview, [REDACTED] stated that he was not thrown by any staff member and was unaware of any events that could have been related to this

claim.

Facility visited from 9:00AM-11:30AM. Census: 162

[REDACTED] interviewed whom stated that he didn't know why this report was made. [REDACTED] was asked if any staff ever hurt him or threatened to hurt him. [REDACTED] replied no. When asked, [REDACTED] reported he would tell staff if he felt threatened or was hurt by other staff.



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Notice of Incident

Date of Incident: 7/15/2021

Date Reported to DCCECE: 12:00:00 AM

Agency Name: Millcreek of Arkansas PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: On the day of the incident 7-15-21, A/V [REDACTED] initially reported to the nurse that he fell and hurt his arm. The next day, 7-16-21, [REDACTED] was sent to the ER for evaluation of his arm, he reported to hospital staff that he was pushed by a staff member at Millcreek PRTF in the Rock Hill cottage. [REDACTED]'s arm was x-rayed and a [REDACTED]
[REDACTED].

Agency's Interim Corrective Action: The A/O MR has been placed on leave as of 7/16/21 pending investigation.

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 7/15/2021

Date of DCCECE's Follow-up: 7/19/2021 **Type of Follow-up:** Phone Call to facility

Details from Follow-up: On 7/19/21, I made a phone call to Justin with Risk Management at Millcreek. He advised me that the agency has placed the A/O on leave pending investigation of the incident. He told me that the incident took place at the Rock Hill Cottage of Millcreek's PRTF. He said that there is video of the incident and that the footage has been saved. He advised me that [REDACTED], another staff member at Millcreek, was present at the time of the incident but claims she did not see the incident in question. The video of the incident only shows an arm of the A/O and the A/V

falling through the door, as there are no cameras outside and the incident took place as the A/O and the A/V were coming back in to the facility. He also advised that two other children, [REDACTED] and [REDACTED] gave statements saying that the A/O pushed the A/V into the door and down on the ground. IC1 is the A/V [REDACTED], IC2 is the witness [REDACTED], IC3 is the witness [REDACTED] and S1 is the A/O [REDACTED] and S2 is [REDACTED] the other staff member present. Justin Wendell informed me that the staff member has been terminated.



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Notice of Incident

Date of Incident: 6/3/2022

Date Reported to DCCECE: 6/7/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Location: Rock Hill - Millcreek of Arkansas

Upon return from a home pass, [REDACTED] reported to a nurse that he had been grabbed by staff member [REDACTED]. He stated that he was mad about a game and started banging his head on the wall. Staff [REDACTED] grabbed him to assist him to his room. Nursing report indicated a bruised area, yellow/purple in color. Approximately 4cm. Denies pain. No breaks in skin. When interviewed by Risk Management Department, he stated that he was being self-injurious and he felt that [REDACTED]
[REDACTED] was not trying to harm him.

[REDACTED]

Agency's Interim Corrective Action: Staff not to work in proximity of client.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 6/3/2022

[REDACTED]

Date of DCCECE's Follow-up: 6/8/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 6/8/22 from 9:00AM-11:30AM. Census: 160

AS interviewed. [REDACTED] stated, that staff [REDACTED] had “grabbed” him during a “restraint”. When asked, [REDACTED] stated that staff had grabbed him on his hips “it left a bruise, but it’s gone now”. [REDACTED] lifted his shirt to indicate bruise was on his right hip (no longer a visible bruise). When asked what led up to this [REDACTED] stated, “I bang my head on the wall”. When asked why [REDACTED] was banging his head on the wall “I’ve just done that since I was 2”. When asked if there were any witnesses to this [REDACTED] indicated that his roommate left before this happened. When asked if he was playing a video game prior to this incident AS indicated that he was, but then went to his room [REDACTED] was asked if [REDACTED] put him in his room or he went on his own [REDACTED] indicated he didn’t remember. [REDACTED] was asked again what led to a bruise on his hip at which point [REDACTED] replied ‘I don’t know’.

Licensing is not prepared to make a finding at this time. Risk Mgmt., Chris Butler reports that staff [REDACTED] will be in-service retrained in TCI following this incident.

Follow up email with facility reports [REDACTED] statement of redirecting [REDACTED] away from the wall by guiding him by his left hand and left shoulder agrees with statements made by [REDACTED] and [REDACTED] (roommate) when they were initially interviewed by Risk Management.

The nurse who assessed the patient stated that the bruise was on his right flank (side).

The report of the allegation was made after [REDACTED] had an on-campus visit with his mother. She saw the bruise and asked him where he got it. Upon returning [REDACTED] to the nursing station to check him back in, she told [REDACTED] to show the bruise to the nurse and report the story of how he got it.



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Notice of Incident

Date of Incident: 7/17/2021

Date Reported to DCCECE: 7/19/2021

Agency Name: Millcreek of Arkansas PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: IC1 A/V--[REDACTED] year-old [REDACTED] stated that the boys in Magnolia Hall were messing around (horse playing) (talking about girls) before bed. He stated he then tried to go to bed. His roommate—IC2, the A/O, [REDACTED] a [REDACTED]-year-old [REDACTED], woke him up by touching him inappropriately. A/V stated that he tried to tell him no multiple times and that the A/O started pulling his hair. A/V stated that, “He then pulled out his dick and put it in my mouth.” A/V stated that he tried to fight back but failed. He stated that another patient walked in on them. The A/O stated the following, “Me and [REDACTED] were horse playing. I had to fix myself and another patient came in the room. He left the room and told staff we were arguing.” IC3, a peer, [REDACTED] age [REDACTED], walked into the room and his statement is as follows; “I walked into the bedroom and saw a peer standing over [REDACTED] with his penis in [REDACTED]’s mouth.” [REDACTED] was evaluated by the nurse and admitted to giving a peer oral sex. He denied injuries or ejaculation to mouth area. Patient rated pain a zero out of 10.

Agency's Interim Corrective Action: [REDACTED]

[REDACTED]. Interim Corrective Action has been requested.

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 7/17/2021

Date of DCCECE's Follow-up: 7/19/2021 **Type of Follow-up:** Phone Call to Facility

Details from Follow-up: On 7/20/21, I called Justin Wendel, Millcreek Risk Management, and spoke to him regarding the incident. He advised me of the dates of birth and the ages of the involved children. I requested that he provide me with proof that the staff was conducting their 15-minute checks and he said he would send that info to me via email.

I requested an Interim Corrective Action in word document from the facility and he advised he would provide that to me. He also advised that S1, [REDACTED], did not witness the incident and just wrote up what was reported to her by the children.



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Notice of Incident

Date of Incident: 6/12/2022

Date Reported to DCCECE: 6/15/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Location: Pebble Creek - PRTF Millcreek of Arkansas

Allegation: Client [REDACTED] reported that Staff [REDACTED] slapped him in the face.

Risk Investigation:

Staff [REDACTED] denies the allegation.

Nursing Report indicated that no injuries were present to the alleged victim.

1 Staff Member states that he witnessed the incident and did not see [REDACTED] slap [REDACTED].

3 patients confirm that they witnessed Staff [REDACTED] slap [REDACTED] in the face.

3 patients reported that they witnessed the entire incident and Staff [REDACTED] did not slap the patient.

1 patient reported that he himself was the one that slapped [REDACTED] and it was not Staff [REDACTED].

[REDACTED] and another staff member confirmed that the patient did slap NG in the face. Initial report [REDACTED] return correspondence has been received at this time [REDACTED].

Agency's Interim Corrective Action: Staff placed on administrative leave pending investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 6/12/2022

Date of DCCECE's Follow-up: 6/17/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 6/17/22. Witness statement from client [REDACTED] states that another client, [REDACTED] slapped client [REDACTED]. Statement also states that [REDACTED] did not witness staff [REDACTED] hit or slap client [REDACTED]. Witness statement from client TR states he witnessed client [REDACTED] slap [REDACTED]. Witness statement from client [REDACTED] states that he was the person who slapped [REDACTED], not staff [REDACTED]. Witness statement from [REDACTED] states that staff [REDACTED]'s was attempting to calm [REDACTED] down, then slapped him, then threw him on the ground.

Witness statement from [REDACTED] states that staff [REDACTED] slapped [REDACTED] across the face because he threw a basketball over the fence. Witness statement from [REDACTED] (A/V) states that staff [REDACTED] slapped him in his face. Witness statement from staff [REDACTED] states that [REDACTED] was yelling and would not follow rules. States that [REDACTED] began hitting his head against the wall, punching himself in the face and neck and punching the concrete slab. Client [REDACTED] attempted to intervene at which point [REDACTED] and [REDACTED] began to fight. At one point [REDACTED] hit staff and [REDACTED] was directed to move away [REDACTED] was grabbing other client's belongings to rip them up. Staff [REDACTED] grabbed [REDACTED]'s wrist to remove items. Staff [REDACTED] was assisted by staff [REDACTED] in escorting [REDACTED] to the unit. Witness statement from [REDACTED] states that client [REDACTED] was not following the rules, threw a basketball over the fence and began being destructive to other clients belongings. States he and staff [REDACTED] escorted [REDACTED] to unit. Witness statement from [REDACTED] (Weekend Supervisor) states that [REDACTED] was brought to his office by staff [REDACTED]. States that [REDACTED] sat in his office for 45 minutes and at no time mentioned being slapped or that any staff had done anything to him. Witness statement adds that client [REDACTED] stated that [REDACTED] had separated the kids off him and brought him to the office.

Facility visited 6/17/22. Client [REDACTED] interviewed. Client [REDACTED] stated that staff [REDACTED] "slapped" him, pointing to left cheek. When asked, client [REDACTED] stated that staff [REDACTED] had not said anything to him before, during or after slapping him. When asked what happened before slap [REDACTED] stated he was "mad and yelling". When asked what happened after staff [REDACTED] slapped him "I don't remember". [REDACTED] was asked again if staff [REDACTED] said anything to him at all during this incident "he tries playing jokes...I don't play jokes".

No definitive evidence to support nor refute claim. Licensing is not prepared to make a finding at this time.



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Notice of Incident

Date of Incident: 6/14/2022

Date Reported to DCCECE: 6/15/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room visit

Incident Description: Location: Pebble Creek - PRTF Millcreek of Arkansas. Injury: [REDACTED] and a peer were outside during recreation. The peer chased [REDACTED] and pushed him. The push caused [REDACTED] to fall and hurt his ankle. Nursing Report: Left ankle observed with immediate swelling and pain. Unable to put any weight on left ankle. Ice pack applied. Pain was reported at 10 out of 10. He was transported to Dallas County Medical Center ER for assessment and X-ray. X-ray revealed a [REDACTED]. The injury was splinted and follow-up was scheduled for 1-2 days with the Primary Care Physician.

Agency's Interim Corrective Action: Client sent to ER.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 6/14/2022

Date of DCCECE's Follow-up: 6/15/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up:



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Notice of Incident

Date of Incident: 6/25/2022

Date Reported to DCCECE: 6/27/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Location: Pine Ridge - PRTF Cottage - Millcreek of Arkansas. On 6.25.22 at approximately 1156, [REDACTED] eloped from Magnolia Hall. [REDACTED] was able to push the door of the unit open and elope from Magnolia Hall. He jumped a fence and entered a wooded area as he eloped from campus. Staff followed behind but lost line of sight quickly as he entered the wooded area.

Search protocol was initiated but staff members were unable to locate the resident.

On 6.26.2022, Millcreek was contacted by the Fordyce Police Department, informing Millcreek that JY was in the custody of Magnolia Police Department. Millcreek obtained custody of [REDACTED] and he was returned to campus at 1417.

Upon return, [REDACTED] was placed on elopement precautions as a means to prevent future occurrences.

Agency's Interim Corrective Action: JY placed on elopement precautions upon return.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 6/25/2022

Date of DCCECE's Follow-up: 6/27/2022 **Type of Follow-up:** Email.

Details from Follow-up: Facility visited 6/30/22 from 9:00AM-11:00AM. Upon arrival to Magnolia Hall, front door which client eloped from was locked and unable to open from outside

without a key. Once inside, front door was unable to be opened without a key from the inside. The door did have a little give when pushed and/or pulled [REDACTED] interviewed at Magnolia Hall, where client currently resides, and client eloped from. Client claims that previously, the front door was able to be opened by pushing on it, even when locked. Client states that he pushed the front door open and walked about “15 miles” which took him approximately “2 hours”. Client states that he got on a stationary train which shortly began to move. Client states that he jumped from the train while moving. When asked if client was hurt “I landed lucky”. Client then states that “a guy helped me out” (when asked client reported hitch-hiking) to get to Magnolia where he was recognized by Police and ultimately returned to Millcreek. Client was given the opportunity to voice any additional issues or concerns at which point he voiced complaints about staff. Client was informed and confirmed being aware of how to follow protocol for reporting facility complaints. Risk Mgmt. Chris Butler contacted maintenance who stated that replacement door is being ordered for Magnolia Hall.

No deficiencies in minimum licensing standards noted regarding this incident.



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Notice of Incident

Date of Incident: Unknown

Date Reported to DCCECE: 7/10/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: The AV is [REDACTED]. The AO/PRFCs are [REDACTED] (staff member), [REDACTED] (staff member), and [REDACTED] (staff member). All AO/PRFCs are staff member at Millcreek Behavioral Health. [REDACTED] stated that she has been there 7 months, and stated that [REDACTED], and [REDACTED] tried to have other girls in the hospital fight her. [REDACTED] stated that she was kicked in the head by a girl and the staff was aware the fight was happening. She stated that no one broke up the fight until the end. [REDACTED] stated that Natisha pushed her and Natisha came close to fighting her because she has a "big mouth". [REDACTED] stated that [REDACTED] and [REDACTED] told her to kill herself, and the child told them to remove the Lysol from her room because it was health hazard for her, and [REDACTED] replied that she "didn't care". [REDACTED] then drank the Lysol and is now stuttering and has an upset stomach. No one has provided medical treatment to the child. [REDACTED] stated that she was suicidal when she drank the Lysol but she is not having those thoughts anymore. [REDACTED] stated that she does not feel safe.

Agency's Interim Corrective Action: 3 staff members mentioned in complaint placed on administrative leave pending investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: Unknown

Date of DCCECE's Follow-up: 7/11/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Witness statement from Direct Care Staff [REDACTED] (further investigation yields that [REDACTED] is [REDACTED]) states that "pt was upset over staff giving her a directive to go back to assigned area. Pt then refused staff's directive and walked to nightstand that staff was using and sprayed cleaning product in her mouth while staff was tending to another pt". Witness statement from Nurse Paula Stewart indicates that [REDACTED] was assessed after spraying Lysol in her mouth.

[REDACTED] interviewed: When asked about "Lysol" [REDACTED] stated that she had grabbed the Lysol off a counter and sprayed it in her mouth. When asked, [REDACTED] stated the counter was in the "hallway". When asked what issue AM had with staff recently, [REDACTED] gave three scenarios all in which [REDACTED] states that [REDACTED], and [REDACTED], on separate occasions, all approached [REDACTED] with their fists balled up and other staff stopped them. It was noted that [REDACTED] was on suicide precaution (ordered by Dr. Tharp) after spraying Lysol in her mouth. [REDACTED] was asked if she was currently suicidal which she denied with barrier of "family" and "getting out of here". [REDACTED] was given the opportunity to express any additional issues or concerns at which time she made a complaint to Risk Mgmt. Chris Butler regarding another staff member. No definitive evidence of licensing concerns voiced during this complaint.



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Notice of Incident

Date of Incident: 7/10/2022

Date Reported to DCCECE: 7/12/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Location: Millcreek of Arkansas - Kangaroo Hall - PRTF. Allegation: ESM reported that while she was being placed into a physical restraint, she was kicked in the face by staff member [REDACTED] [REDACTED] was immediately removed from the vicinity by another staff member.

Risk Investigation:

Staff member [REDACTED] denies the allegation. 3 staff members confirm the events as reported by the patient. Nurse assessment revealed no injury from the restraint. Prior to the restraint patient face is red and lips with petechia. Given Tylenol 650mg PO. Tolerated well. No acute distress noted. 7.11.2022 - Patient reported pain in nose area. Sent for X-ray at Dallas County Emergency Room. X-ray revealed no fractures or deformities.

Agency's Interim Corrective Action: Staff Gossett immediately removed from facility. Staff Gossett terminated effective 7/12/22.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 7/10/2022

Date of DCCECE's Follow-up: 7/12/2022 **Type of Follow-up:** Email





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Notice of Incident

Date of Incident: 7/22/2021

Date Reported to DCCECE: 7/23/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: on 7/22/21 nurse noted resident [REDACTED] with two black eyes and a bruise on his forehead. [REDACTED] reported that he had been in an altercation with another resident on 7/18/21 and that staff [REDACTED] watched without intervening to help him.

Agency's Interim Corrective Action: Staff was placed on suspension 7/23/2021 pending investigation results.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/22/2021

Date of DCCECE's Follow-up: 7/26/2021 **Type of Follow-up:** In person

Details from Follow-up: 7/23/21- Investigator not yet assigned so Specialist will have to wait to get permission to contact the agency. 7/26/21- [REDACTED]

[REDACTED]
Specialist conducted site visit and reviewed camera footage of the incident. Staff can be seen out of ratio and not intervening in the altercation between the residents. Licensing Complaint is founded.



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Notice of Incident

Date of Incident: 7/28/2022

Date Reported to DCCECE: 7/29/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

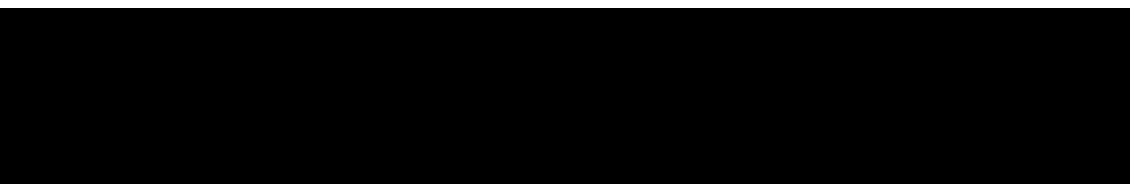
Type of Incident: Emergency room visit

Incident Description: This incident reported to have happened at Millcreek of AR Gym PRTF. [REDACTED] was playing basketball with his peers when his face collided with the back of a peer. Initial nursing assessment: Bleeding to nose stopped with minimal pressure and gauze. Small raised knot to right side of nose. Ice pack applied, Ibuprofen 600mg PO given. 7/29/22 [REDACTED] was transported to Dallas Co. Medical Center for evaluation. X-ray revealed a non-displaced fracture of the distal tip of the nasal bone.

Agency's Interim Corrective Action: Bleeding to nose stopped with minimal pressure and gauze. Small raised knot to right side of nose. Ice pack applied, Ibuprofen 600mg PO given.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 7/28/2022



Date of DCCECE's Follow-up: 8/1/2022 **Type of Follow-up:** Phone call.

Details from Follow-up:



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Notice of Incident

Date of Incident: UNKNOWN

Date Reported to DCCECE: 7/18/2021

Agency Name: Piney Ridge Treatment Center

Agency Number: 203

Type of Facility: SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: A previous resident, [REDACTED], made a report that during his stay in 2018/2019 that an unknown staff pulled him from class and took him to the nurses station. While at the nurses station the unknown female staff fingered his private parts. [REDACTED]. reports this only happened one time.

Agency's Interim Corrective Action: Due to their not being a staff named in the investigation and the alleged abuse happened 2-3 years ago there is not enough information for an interim corrective action.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: UNKNOWN

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: 8/2/2021-Licensing Specialist emailed the investigator to request the finding of the case when they are available. 8/10/21-[REDACTED]

[REDACTED] e
[REDACTED] . 8/19/21-

Licensing Specialist received an email notification from Ronissa Adams stating they have now been made aware of the allegations and the staffs name is [REDACTED], but she is no longer employed at

the facility as of 8/21/2020.

8/31/21-[REDACTED]



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Notice of Incident

Date of Incident: 8/11/2022

Date Reported to DCCECE: 8/11/2022

Agency Name: Millcreek

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Location: Millcreek of Arkansas - Pebble Creek - PRTF. Allegation: [REDACTED] reported that during the initiation of a physical restraint, he was dropped, hitting his head on the ground. He indicated that staff member [REDACTED] dropped him. RN assessment: Full range of motion to all extremities, knot to back of head, skin intact, no vision issues, speech clear.

[REDACTED] denies the allegation and states that the restraint was a necessary means of preventing self-injurious behavior and stopping a further escalation of peers by the patient. At the initiation of the restraint, [REDACTED] was physically aggressive towards staff members, punching [REDACTED] in the stomach. A second staff member confirms the events as reported by [REDACTED]. 6 additional patient witnesses were interviewed. Each reported that [REDACTED] was punching [REDACTED] and struggling against him as the physical restraint was initiated. 3 patients indicated that they saw [REDACTED]'s head hit the ground but [REDACTED] was not attempting to harm Ryan.

[REDACTED]

Reference ID: [REDACTED]

Agency's Interim Corrective Action: Staff member placed on administrative leave, pending the results of the investigation.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 8/11/2022

Date of DCCECE's Follow-up: 8/15/2022 **Type of Follow-up:** Email

Details from Follow-up: Facility visited 8/18/22. Census: 167

Witness statements from [REDACTED] and [REDACTED] reviewed. [REDACTED] interviewed. [REDACTED] stated that herself, [REDACTED] and [REDACTED] initiated hold for [REDACTED]. [REDACTED] stated that at no time did [REDACTED]'s head hit the ground during the restraint. [REDACTED] interviewed. [REDACTED] stated that he was messing with a soap dispenser then flicking light in hallway off and on. [REDACTED] stated that " [REDACTED]" (determined to be [REDACTED]), then escorted him away from the light switch. [REDACTED] stated that he attempted to get [REDACTED] to stop escorting him at which time [REDACTED] "slammed" him and he hit his head on the ground. When asked [REDACTED] reported that two other staff assisted in restraint. [REDACTED] stated that he did not remember their names.

Clients [REDACTED] and [REDACTED] from Pebble Creek interviewed. Clients [REDACTED] and [REDACTED] stated they had seen the incident in question. [REDACTED] and [REDACTED] both indicated that [REDACTED] was hitting " [REDACTED]" and that [REDACTED] put [REDACTED] in a restraint. [REDACTED] and [REDACTED] stated that they did not see [REDACTED]'s head hit the floor. Client [REDACTED] stated that " [REDACTED]" lifted [REDACTED] up in the air and slammed [REDACTED] into the floor headfirst.

No definitive evidence from today's visits nor witness statements warrant a citation regarding this incident at this time.



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Notice of Incident

Date of Incident: 6/6/2021

Date Reported to DCCECE: 6/8/2021

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: Staff member found resident laying on the floor. The nurse staff attempted to wake resident but resident did not respond. The resident was sent to the ER.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: F. Moore

Licensing Supervisor Assigned: 6/6/2021

Date of DCCECE's Follow-up: 6/8/21 and 6/15/21

Type of Follow-up: Phone Call

Details from Follow-up: 6-8-21 Specialist spoke with nursing staff. nursing staff that resident blood sugar level were high due to bacterial infection. On 6-8-21 the resident was in ACH for treatment. 6-15-21 Special talked to nursing staff and the resident is still in the hospital for diabetes and bacterial infection.



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Notice of Incident

Date of Incident: 1/30/2022

Date Reported to DCCECE: 2/2/2022

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

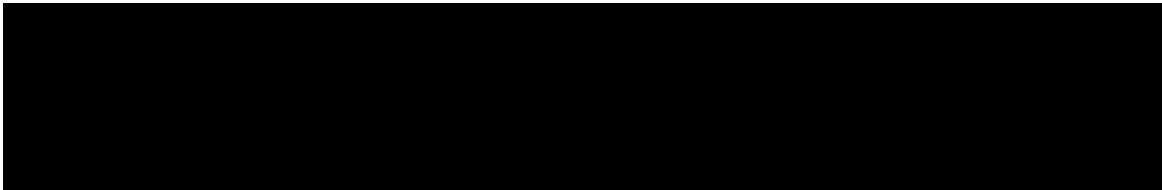
Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] a exhibited oppositional and disruptive behavior for most of the day. After an extended period with this behavior, she entered her room. After she entered her room, she was physically assaulted by a peer who entered her room. The physical confrontation resulted in a bloody nose and two chipped teeth. [REDACTED] alleges that staff member [REDACTED] (A/O) and Supervisor [REDACTED] (A/O) encouraged the peer to physically assault her and did not prevent the peer from entering her room and engage in the assault. Nurse Evaluation: Pain reported to nose and mouth area at 7/10. Two chipped teeth with 2-3 loose teeth. Transferred to ER for assessment. Referred to dentist for dental work. Sent for x-rays on 2/1/2022. No fractures to nose.

Agency's Interim Corrective Action: Staff placed on admin leave / Patients separated or moved units / Incident reported to the hotline / In-service completed / etc. The patients have been separated to prevent future occurrences. Each patient has been moved to another unit. Staff [REDACTED]

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 1/30/2022



Date of DCCECE's Follow-up: 2/2/2022 **Type of Follow-up:** Phone call

Details from Follow-up: Chris Butler called this Licensing Specialist 2/2/22 and stated ongoing investigation was being conducted. Adding that multiple versions of the events of incident had been stated by different staff and clients.



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Notice of Incident

Date of Incident: Jan.-March 2021

Date Reported to DCCECE: 8/10/2021

Agency Name: Little Creek Behavioral Health

Agency Number: 255

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Alleged offender (previous staff), [REDACTED] has been accused of having sexual intercourse with a previous resident ([REDACTED]) during his time at the facility from Jan.-March 2021. It is reported that the facility once reprimanded the employee for giving candy to this resident then conducted their own investigation into the sexual abuse allegations, but never called this report into the Child Abuse Hotline. It is reported that two other employees were aware of this situation and also failed to report it.

Agency's Interim Corrective Action: N/A Staff is no longer employed at the facility as of 3.31.21.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: Jan.-March 2021

Date of DCCECE's Follow-up: 8/16/2021 **Type of Follow-up:** Email

Details from Follow-up: 8/16/21-Licensing Specialist emailed Jlynn Price to confirm that the alleged offender is no longer employed with the facility and her last day of employment. Additionally, I asked for her to confirm if the facility had knowledge of the alleged abuse. 8/17/21-Jlynn Price emailed the Licensing Specialist and confirmed that the facility had knowledge of the accusation, but did not find substantial evidence during their own private investigation. Staff was terminated from employment on 3.31.21 after a no call no show. 8/18/21-Licensing

Specialist discussed the incident in person at the facility with the facility representatives. The Specialist discussed appropriate mandated reporting and how all suspected child abuse/neglect should be reported to the Child Abuse hotline so that they can make the determination if it reaches the level of investigation.



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Notice of Incident

Date of Incident: Unknown

Date Reported to DCCECE: 8/10/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] reported to his therapist that his roommate [REDACTED] has been touching him sexually without his consent over several weeks.

Agency's Interim Corrective Action: [REDACTED]

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: Unknown

[REDACTED]

Date of DCCECE's Follow-up: 8/16/2021 **Type of Follow-up:** Phone call

Details from Follow-up: 8/16/21-Licensing Specialist spoke to the CEO Charlotte Lockhart about the incident, but she did not know the specific details about the incident and asked the Specialist to speak to Antoine Jackson about the incident when he returns to work tomorrow.

8/19/21-Licensing Specialist visited the facility and discussed the incident with the staff. The A/V has now recanted and both resident report no sexual contact took place between them, but they continue to be on peer restriction.



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Notice of Incident

Date of Incident: 6/1/2021

Date Reported to DCCECE: 6/1/2021

Agency Name: Millcreek of Arkansas

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: Licensing received an email of a report from [REDACTED] on Millcreek of Arkansas alleging that her [REDACTED] year old IC 1 [REDACTED] was admitted at Millcreek last year and discharged in April. It was reported that while at Millcreek there was a lack of medical treatment where the child's [REDACTED] levels were not checked by medical staff. She also reported that when her child was discharged her belongings were not returned particularly a coat she purchased for her at Christmas. She feels the facility discharged her child wrongfully because she had not met her goals at the time and that Millcreek did not follow up with the child's probation requirements for her diversion program. It was also reported that the child was also not provided haircuts while at the facility and not provided treatment for severe athlete's foot.

Agency's Interim Corrective Action: Not applicable due to type of complaint

Licensing Specialist Assigned: F. Moore

Licensing Supervisor Assigned: 6/1/2021



Date of DCCECE's Follow-up: 6/7/2021 **Type of Follow-up:** In Person

Details from Follow-up: 6/2/21- Specialist Felicia Moore received email on Licensing complaint against Millcreek of Arkansas. 6/3/21- Specialist Felicia Moore and Supervisor Fatima Stepps contacted [REDACTED] to obtain more information on the complaints. 6/7/2021-Specialist Felicia

Moore and Supervisor Fatima Stepps discussed with agency about implementing an inventory policy and Child's records were also reviewed.



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Notice of Incident

Date of Incident: 6/1/2021

Date Reported to DCCECE: 6/2/2021

Agency Name: Millcreek of Arkansas

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: IS [REDACTED] was said to have pushed IC [REDACTED] onto the bed and slapped her.

Agency's Interim Corrective Action: Staff was placed on leave until investigation is completed.

Licensing Specialist Assigned: F. Moore

Licensing Supervisor Assigned: 6/1/2021

Date of DCCECE's Follow-up: 6/7/2021 **Type of Follow-up:** In Person

Details from Follow-up: 6/7/2021 Specialist Felicia Moore and Supervisor Fatima Stepps reviewed staff [REDACTED] records



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Notice of Incident

Date of Incident: 7/6/2021

Date Reported to DCCECE: 7/8/2021

Agency Name: Millcreek of Arkansas PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Illness

Incident Description: Upon Shift Change, staff went to get IC1—[REDACTED] up for breakfast. She seemed to be weak and could not hold her head up. She stated she felt dizzy and kept leaning as if she was going to fall. The nurse and the supervisor were notified. The nurse evaluated her, and she advised that she received the patient with a wet cough, stomachache, dizziness, and unsteady gait and balance. Patient had a fever of 100.2. The patient was transferred to the ER for further evaluation. The patient tested positive for COVID-19. Ongoing monitoring, isolation, and safety protocols continue to be in place in accordance with the AR Department of Health recommendations and guidelines. These protocols have been developed with the health and safety of all patients and staff in mind with hope of mitigation any additional spread of the virus.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: S.Pitts

Licensing Supervisor Assigned: 7/6/2021

Date of DCCECE's Follow-up: 7/13/2021 **Type of Follow-up:** Email

Details from Follow-up: On 7/13/21 Justin Wendel with Millcreek sent an update advising that [REDACTED] transferred to Arkansas Children's Hospital to receive treatment. She is not eating much and is receiving oxygen. On 7/20/21 I sent an email to Justin Wendel asking the status of the

patient.



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Notice of Incident

Date of Incident: 7/23/2021

Date Reported to DCCECE: 9/1/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Arrest

Incident Description: IC1 became agitated with IS1 and began to push IS1 yelling and cussing at IS1. IC1 stated he would run away so IS1 grabbed IC1 and took IC1 inside the building. IC1 headbutted IS1 so IC1 was put into a restraint hold. IC1 broke free of the restraint and hit IS2 in the face with his head. IC1 was placed back into a restraint hold and a chemical restraint was eventually given to IC1. Police were notified and IC1 was arrested.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 7/23/2021

Date of DCCECE's Follow-up: 9/1/2021 **Type of Follow-up:** Email

Details from Follow-up: IC1 was taken into custody and placed at the JDC for a few days, but then returned to the facility. Licensing Specialist provided education to CEO Craig Gammon on section R110 regarding what incidents should be reported to the Licensing Unit by the next business day including arrests. Facility will be cited for the late report to the Licensing Unit. 9/24/21-Supervisor Austin Clowers met with Craig Gammon at the UMCH Little Rock office to review the camera footage saved regarding this

incident. Review of the incident showed that AO used force against child.



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Notice of Incident

Date of Incident: 8/3/2021

Date Reported to DCCECE: 9/1/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Suicide Attempt

Incident Description: IS1 was notified that IC1 was no longer in bed so IS1 looked for IC1 and located the IC1 in the floor with a pillow case tied around IC1 neck. IS1 attempted to take pillow case off and received assistance from IS2 to remove it.

Agency's Interim Corrective Action: IC1 was taken to the nurses station for assessment.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 8/3/2021



Date of DCCECE's Follow-up: 9/1/2021 **Type of Follow-up:** Email

Details from Follow-up: 9/1/21-Specialist received an email response from CEO Craig Gammon that stated the following about the incident "For the client with the self-harm issues the pillow cases were removed from his room for a time, he was assessed by the nurse and the physician ordered suicide precautions which remained in place from 8/3 through 8/13. This included line of sight observation of the client by staff to prevent additional attempts but allow for normal bedding etc.. He was also placed on a focus system to adjust his behavioral interventions to specifically address this issue. His therapist met with him on 8/4 and addressed the suicidal behavior with him. She also reminded him of the coping skills he had already identified for use including deep breathing

exercises, journaling and listening to music to relieve his feelings of anger and depression. "



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Notice of Incident

Date of Incident: 8/14/2021

Date Reported to DCCECE: 9/1/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Suicide Attempt

Incident Description: IC1 was in his bedroom putting away dirty laundry after a shower. IS1 came down the hall to give IC2 a hygiene box. IS1 saw IC1 on the floor of his room with a pillow case tied around his neck. IC2 was also on the floor attempting to remove the pillow case. IS1 removed the pillow case and called for assistance from the nurse.

Agency's Interim Corrective Action: IC1 was taken to the nurses station for further assessment.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 8/14/2021

Date of DCCECE's Follow-up: 9/1/2021 **Type of Follow-up:** Email

Details from Follow-up: 9/2/2021- Licensing Specialist emailed CEO Craig Gammon to discuss what follow up actions took place after finding the resident with the pillow case tied around his neck. Specialist also asked if the facility has retained any video footage of the incident.

NOTE: Administrator responsible for sending incident reports to the Licensing Unit did not send the incident report to the Licensing Unit and resigned his position on 8/6/21.



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Notice of Incident

Date of Incident: 7/16/2021

Date Reported to DCCECE: 7/19/2021

Agency Name: Millcreek of Arkansas PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

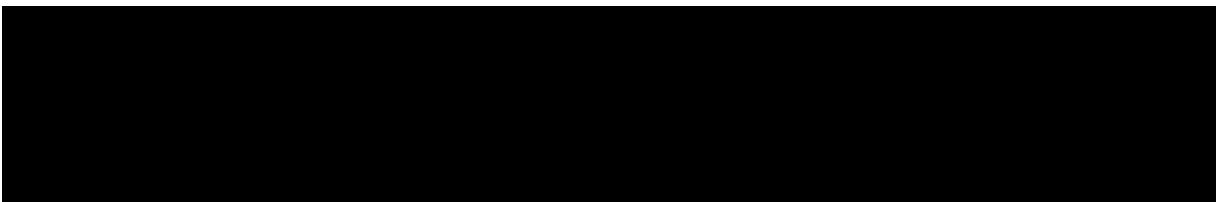
Type of Incident: Injury

Incident Description: On 7/17/21, IC1, [REDACTED] age [REDACTED], stated that he got mad and punched the bedroom door and hurt his hand. He was evaluated by the nurse and she advised that he had a large amount of edema to top and palm of right hand. Patient displays limited ROM to the right hand and fingers. Strong Radial Pulse. Tylenol 650 Mg was given. The patient was transferred to the ER on 7/17/21 at 1000 hours. The radiology report states that the patient has [REDACTED]
[REDACTED].

Agency's Interim Corrective Action:

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 7/16/2021



Date of DCCECE's Follow-up: 7/20/2021 **Type of Follow-up:** Phone Call to Millcreek Risk Management

Details from Follow-up:



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Notice of Incident

Date of Incident: 8/1/2021

Date Reported to DCCECE: 8/2/2021

Agency Name: Millcreek of Arkansas PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: On 8/1/21, IC1, [REDACTED], walked into the day area where a peer was sitting and started fighting him for no apparent reason. Staff separated the patients and notified the nurse and supervisor. The nurse assessed [REDACTED] and advised that he had a small laceration to the left side of his lower lip with blood oozing. He was sent to the ER where the patient received 3 dissolvable sutures. On 8/9/21 [REDACTED] filled out a grievance form that was placed in the patient advocate box. Risk received the documentation on 8/11/21. [REDACTED] stated the following in that report. When I was on Tiger Hall, I got into a physical altercation and staff broke it up. Staff was being too rough and threw me against the wall causing my lip to bust and I had to get three stitches.

Agency's Interim Corrective Action: Staff was put on administrative leave pending outcome of the investigation as of 8/13/21 due to the grievance that was filed following the incident.

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 8/1/2021

Date of DCCECE's Follow-up: 8/3/21, 8/20/21, 8/23/21 **Type of Follow-up:** Email and Phone Call

Details from Follow-up: I emailed Justin Wendel with Millcreek on 8/3/21 asking if there was video available or any written statements. He advised that there was just nurses notes regarding the

observation after the child received stitches and sent the nurse notes to me. He said there was no video since this took place in an area where no cameras could see it. On 8/13/21 Justin with Millcreek sent me an updated incident report regarding this incident. Justin advised me that the staff involved was placed on administrative leave regarding the incident pending the outcome of an internal investigation. On 8/20/21, I emailed Justin and asked the status of the investigation and status of the employee. 8/23/21--I called Justin Wendel with Millcreek and spoke to him, he advised me that the staff is still on leave as of this date. I also emailed the DCFS investigator assigned to this requesting an update on the status of the investigation. DCFS investigator, Carolyn Gamble, responded the same day and advised me the investigation is still pending and suggested I check back in a couple of weeks.



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Notice of Incident

Date of Incident: 8/13/2021

Date Reported to DCCECE: 8/16/2021

Agency Name: Millcreek of Arkansas PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

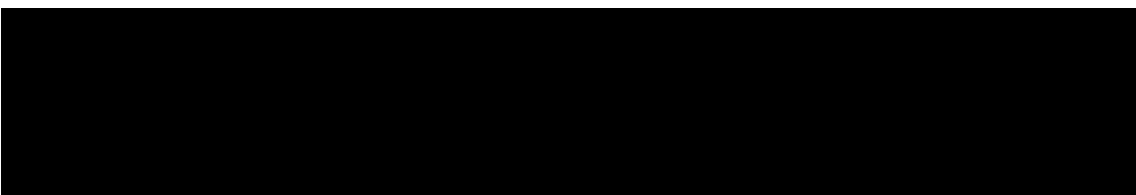
Type of Incident: Incident

Incident Description: Location: Rock Hill---Day Area at the PRTF. Summary IC1, [REDACTED], DOB: [REDACTED] and a peer, IC2 [REDACTED] DOB: [REDACTED] were exchanging words with each other. IC2 picked up a can of disinfectant spray and threw it at IC1, hitting him in the head. Nurse and supervisor were notified. Nurse Assessment: 1" laceration to left upper head. Pain rated ats 5 out of 10. Patient transferred to DCMC ER. Patient returned with 3 staples to the laceration. Staples to be removed in 10 days. Nursing will continue to monitor.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 8/13/2021



Date of DCCECE's Follow-up: 8/20/21, 8/23/21 **Type of Follow-up:** Email and Phone call

Details from Follow-up: On 8/20/21, I emailed Justin Wendel at Millcreek and asked if there was video of the footage and asked for him to save it. He replied to my email that same day and advised he would save the footage. I called him on 8/23/21 and he advised that the footage has been saved.



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Notice of Incident

Date of Incident: 8/19/2021

Date Reported to DCCECE: 9/7/2021

Agency Name: Millcreek of Arkansas PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Location: Penguin Hall (Patient Room): Staff Involved: IS1
BW and IS2 SH.

Involved Child: IC1 [REDACTED] age [REDACTED] DOB: [REDACTED]. Summary: Risk received IC1's statement on 8/23/21: IS1 [REDACTED] into my room to remove contraband. IS2 [REDACTED] came into my room and pushed me onto my bed for no reason. She kept getting in my face, so I pushed her out of my face and she said, "Girl, I'll beat the fuck out of you--you better know who you are fucking with." I told her to get out of my face and she said, "Don't get your ass back up 'cause nobody's playing with you." I told her that I didn't care and to leave me alone. She then kicked me in my head and stabbed me with a pen twice in my left hand. IS1 [REDACTED] then stated, "If you touch me, I'm going to knock your ass flat down. IS1 had thrown my dinner away earlier, so I didn't eat. The next morning she threw my breakfast away. She also told me that all it takes is a drink and a bag of chips for someone to beat my ass. The AV IC1 also stated that IS1 came to her and told her to write another statement about IS2 and the pen/pencil situation to make it sound like it was an accident. Nurse Assessment: Sore noted on left hand 1st digit palm area. Patient reports that staff stabbed her with a pencil. Also has a pencil tip blood blister area on left 1st digit. Patient reports that she had a knot on center of forehead and only complained of it being tender now.

Agency's Interim Corrective Action: The agency provided the ICA on the incident report. They advised that staff was put on leave pending an investigation.

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 8/19/2021

Assigned Investigator: DCFS

Date of DCCECE's Follow-up: 9/7/2021 and 9/20/21 **Type of Follow-up:** Email

Details from Follow-up: I emailed Justin Wendel with Millcreek following receipt of incident report and requested to have video of the incident saved. He responded that no video is available of the incident. As of 9/7/21 I am waiting to find out who the investigator assigned to this is in order to get approval to visit the agency. On 9/20/21, I initially emailed the investigator Carolyn Gamble on 9/7/21 and have not received a reply. I resent the email on 9/20/21 asking the status of the case and for permission to proceed with questioning involved individuals or requesting an interim corrective action. On 9/21/21, DCFS investigator Carolyn Gamble emailed me back and advised me that the finding was unsubstantiated. There is no video of this incident available and no way for Licensing to determine if any violations existed.



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Notice of Incident

Date of Incident: 9/22/2021

Date Reported to DCCECE: 9/23/2021

Agency Name: Millcreek of Arkansas PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: Location: facility Grounds. Summary: Staff gave IC1, [REDACTED] a directive and he got angry at staff. He picked up a loose board from the playground equipment and attempted to hit staff with it. He was placed in a restraint for safety reasons. Nurse Evaluation: Patient complained of 5/10 pain to left ankle. There was no swelling and no discoloration. The patient stated that he could not move it. Limited ROM noted. Tylenol 650 mg given. Order for X-Ray. Sent to DCMC-ER. According to the nurse IC1 originally stated that he twisted his ankle when he fell. Later, IC1 stated that staff rolled over his ankle while placing him in the restraint. IC1 relayed to Risk Manager during an interview that he is not really sure what happened because it all happened so fast and he did not think that the staff member intentionally hurt him. Radiology Report: [REDACTED]. This may represent a non-displaced fracture. Physician consultation; Swollen left foot, tender [REDACTED] [REDACTED]. Patient placed in short leg cast. Cast removal in 4 weeks.

Agency's Interim Corrective Action: Pending

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 9/22/2021

Date of DCCECE's Follow-up: 9/27/2021 and 9/29/21 **Type of Follow-up:** Email

Details from Follow-up: I emailed Millcreek Risk Manager, Justin Wendel, on 9/27/21. I asked the following questions; Could you tell me if the loose board/broken playground equipment has been fixed? Could you also provide me with the names of all the staff involved in the restraint? Is there video of the incident? If there is video could you please have it saved? Justin Wendel replied that the playground equipment is old and is more than likely going to be removed altogether. Staff involved in restraint: IS1 [REDACTED], IS2 [REDACTED], IS3 [REDACTED], and IS4 [REDACTED]. This incident/accident/restraint occurred outside on the facility grounds, so no camera footage is available to review. I then sent an email to Justin asking for a timeline of when the equipment will be removed. He replied and advised; At this time, to my knowledge there are only missing boards. Brady(CEO) contacted Duane(Plant Ops Director) about it being removed ASAP. Duane stated they will try to get it done today, and if not today, tomorrow. Licensing will follow up on this in the next few days to see if the equipment has been removed. I emailed facility staff member Justin Wendel on 9/29/21 asking for an update in reference to the status of the playground equipment.



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Notice of Incident

Date of Incident: 9/29/2021

Date Reported to DCCECE: 9/30/2021

Agency Name: Millcreek PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

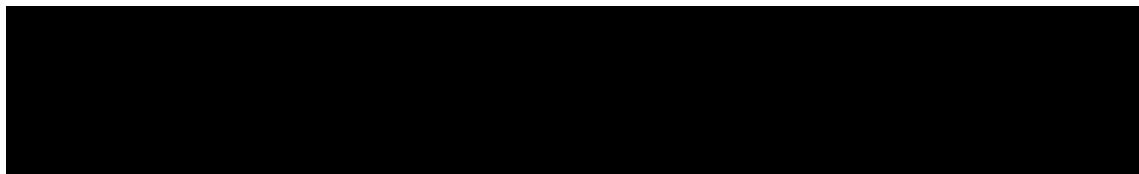
Type of Incident: Suicide Attempt

Incident Description: Incident took place at Eagle Hall in the patients room; [REDACTED] was agitated because she could not watch TV anymore, so she went to her room. The unit left to go to the cafeteria while [REDACTED], remained in her room. [REDACTED] took her clothes off, found a phone charge cord in the hallway and tied it around her neck. She stated she did this because she heard a voice telling her to. Upon noticing that she was not with the group, staff came back to the unit and discovered her condition in the bedroom. A nurse and supervisor were called to assist. Client was placed on suicide prevention precautions.

Agency's Interim Corrective Action: Staff members involved were placed on administrative leave as an investigation is conducted. In-services are being completed campus-wide in relation to head counts, documentation, informational handoffs, staff to patient ratio/supervision, cell phone usage

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 9/29/2021



Date of DCCECE's Follow-up: 10/2/21, 10/14/21 **Type of Follow-up:** Phone calls and email.

Details from Follow-up: I emailed facility staff on 10/14/21 requesting more information and the referral number for the hotline call. Chris Butler, Risk Manager, replied and advised me that staff is on leave, there is no video footage that pertains to the incident, and the child is now currently off of

suicide precautions. On, 10/14/21, I responded and asked if any of the staff have been disciplined. Staff members involved are as follows [REDACTED]. I am awaiting a response from the agency.



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P: 501.320.3971

Notice of Incident

Date of Incident: 9/10/2021

Date Reported to DCCECE: 9/10/2021

Agency Name: Millcreek PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: [REDACTED], IC1, reported to his therapist on 9/10/21 that he jumped into an argument between his peers. During the argument, staff pushed him and so he [REDACTED] pushed him back. [REDACTED] stated that staff grabbed him by the neck and slammed him to the floor which led to a restraint joined by the rest of the staff members. [REDACTED] stated that the staff threatened that he would have him moved to another unit so that other patients would jump him.

Agency's Interim Corrective Action: The staff was put on leave pending investigation.

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 9/10/2021

[REDACTED]

Date of DCCECE's Follow-up: 9/13/21, and 10/14/21 **Type of Follow-up:** Phone call and email

Details from Follow-up: I phoned the facility on 9/13/21 to get the referral number and ask for video to be saved. They said there is footage and it was saved for review. Staff involved was [REDACTED]. On 10/14/21 I emailed the investigator to ask the status of the investigation and for permission to go to the facility to review video. On 10/14/21, I was advised by Risk Management at Millcreek that the staff is still on leave/working in another capacity.



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Notice of Incident

Date of Incident: 9/13/2021

Date Reported to DCCECE: 9/14/2021

Agency Name: Perimeter of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] disclosed to staff that resident [REDACTED] had sexually abused him the night of 9/13/21 while resident [REDACTED] was the "lookout".

Agency's Interim Corrective Action: Resident [REDACTED] was placed in a single room and transitioned to a different group and dayroom. During transition times throughout the day resident [REDACTED] will be in the front of the line. Changes were also made to the seating for dining and classroom.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 9/13/2021

Date of DCCECE's Follow-up: 9/15/2021 **Type of Follow-up:** Email

Details from Follow-up: Resident [REDACTED] is currently on track to successfully complete the program and discharge on 9/17/21. Resident's [REDACTED] therapist is arranging a meeting between his Probation officer and guardian to find alternative placement for him. 9/16/21-

Specialist spoke with assigned CACD investigator and was granted permission to contact the agency regarding the report. Program Coordinator Austin Clowers and Program Manager Sharra Litzsey will follow up in person to review camera footage as the Licensing Specialist is currently on quarantine for COVID exposure. 9/20/21-Sharra Litzsey and Austin Clowers visited the facility in person and reviewed the camera footage, involved residents charts, and the bed check log conducted by the

agency. It was determined that staff were falsifying bed check logs and not providing the level of supervision and care necessary to ensure the safety of the residents.



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Notice of Incident

Date of Incident: 10/20/2021

Date Reported to DCCECE: 10/20/2021

Agency Name: Millcreek PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Injury

Incident Description: Client [REDACTED] became upset when two peers disclosed something that she said to a supervisor. She returned to the unit and began crying. When she entered into the bathroom, she punched the wall with her fist. The nurse and the supervisor were notified. Client was taken to ER and x-ray was done. There was a fracture.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: A.Clowers

Licensing Supervisor Assigned: 10/20/2021

Date of DCCECE's Follow-up: 11/7/2021 **Type of Follow-up:** Site Visit

Details from Follow-up: There was no footage of the incident, so there was nothing to be seen.



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Notice of Incident

Date of Incident: 9/13/2021

Date Reported to DCCECE: 9/14/2021

Agency Name: Youth Home Inc.

Agency Number: 128

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Incident

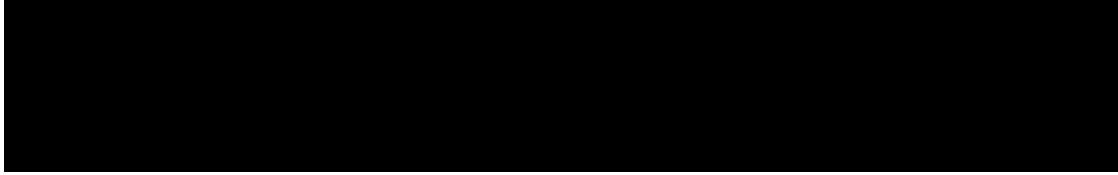
Incident Description: A/O, IC1, [REDACTED] yo [REDACTED] was accused of groping A/V, IC2, [REDACTED] yo [REDACTED] in the genitals, A/V, IC3, 13 yo [REDACTED] in the buttocks and A/V, IC4, [REDACTED] yo [REDACTED] in the buttocks along with his abdomen (lumbar area). [REDACTED] was caught with [REDACTED] on a couch tickling each other. Both were given 4 hours no privileges for this. This is when [REDACTED] talked to staff about what [REDACTED] was doing. [REDACTED] also made a comment that staff should not need to check the cameras. [REDACTED] stated that [REDACTED] groped his buttocks numerous times on 9/12/21 from 1:30 p.m. until 5:00 p.m. He said he pulled up the bottom of his shorts and slid it towards his crotch to reveal his thigh. He also said [REDACTED] tried to grab his crotch but was able to move out of the way. He said that he asked him to stop but he did not. He told staff later that he did not inform staff of this when it was occurring because he is afraid of him and how he will react. He said he was "terrified" of him beating him up. He stated that before [REDACTED] has had issues with boundaries and touching him but not in a sexual way but just having poor boundaries. He said he felt the line was crossed heavily and feels very uncomfortable with him. [REDACTED] stated that [REDACTED] has been groping the arms, legs, buttocks, and genitals. [REDACTED] stated that he groped his genitals. When asked why he and other peers did not report this he said that most are scared of him and that he was a bit scared of him as well. [REDACTED] stated that [REDACTED] was groping his buttocks, trying to kiss him and when [REDACTED] tried to get off the couch that they were sitting on [REDACTED] pulled him back down. [REDACTED] also stated this happened). He said that he left a small mark on his lumbar area (abdomen).

[REDACTED]
accusing [REDACTED] of this on Tuesday, September 14th. The agent staff spoke with is named [REDACTED].
[REDACTED], [REDACTED] 26, and [REDACTED]. This was reported by staff member IST Barrett Harger.

Agency's Interim Corrective Action: On 9/22/21 Youth Home provided an Interim Corrective Action that is as follows; On 9/22/21: Completed Corrective Action disciplinary form for all 3 staff that were working that shift. Had discussion with all 3 staff regarding what was seen on the video

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 9/13/2021



Date of DCCECE's Follow-up: 9/20/2021 and 9/29/21 **Type of Follow-up:** Email

Details from Follow-up: On 9/20/21, I emailed staff at Youth Home to ask if they have video of the incidents. I asked that any video involving these incidents be saved. This was 4 separate incident reports that all had the same narrative. I have also emailed Licensing management to find out who the investigator is. I am waiting to find out who the investigator is so that I can request permission to request an Interim Corrective Action and get permission to go out and view the video. On 9/21/21 I contacted the CACD investigator and requested permission to contact the agency. On 9/21/21, the investigator responded back and granted permission for me to contact Youth Home. I sent Youth Home an email requesting an Interim Corrective Action on 9/21/21. Interim Corrective Action was received on 9/22/21 from the facility and was forwarded on to PRLU management. The ICA was approved. On 9/29/21, I, Steven Pitts, sent an email to the assigned investigator regarding the status of the maltreatment investigation and also sent an email to Youth Home management asking if the training had been completed. On 9/29/21, the investigator replied back that the investigation for all three referral numbers is still pending.



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Notice of Incident

Date of Incident:

Date Reported to DCCECE: 11/3/2021

Agency Name: Millcreek PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Involved Staff is unknown staff member at Mill Creek Behavioral Hospital. Sometime between May 27th to June 15th IC states she woke up with her panties down one night. IC states IS was touching her vagina. IC states she did not tell anyone but then said a female staff was informed. IC stated the female staff told her that she must have been dreaming because they do not allow male staff on the female side.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: Austin Clowers

Licensing Supervisor Assigned:

[REDACTED]

Date of DCCECE's Follow-up: 11/3/2021 **Type of Follow-up:** In Person

Details from Follow-up: 11/3/21 [REDACTED]

[REDACTED] Followed up with risk manager and they were going to review the information and get back to licensing unit since they had not received the information prior to program coordinator talking to them.



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Notice of Incident

Date of Incident: 3/1/2022

Date Reported to DCCECE: 3/1/2022

Agency Name: Neurorestorative Timber Ridge

Agency Number: 102

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Client [REDACTED] was being provided a safety escort due to being physically aggressive towards peers outside. While being assisted to maintain safety of himself and others, he looked at staff [REDACTED] and spit in staff member's face. [REDACTED] hit [REDACTED] with an open hand in his face. Client remains at Timber Ridge. Staff was terminated immediately.

Agency's Interim Corrective Action: Staff was immediately terminated.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 3/1/2022

Date of DCCECE's Follow-up: 3/1/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Facility visited 3/7/22 to address incident. No video available. Neurorestorative Timber Ridge does not have video cameras. Ms. Bennett, Quality Assurance Officer at Timber Ridge showed and provided a copy of termination papers on [REDACTED]. Ms. Bennett also had signed sheets of recent retraining, "Self-Regulation", that she had facilitated for most of the staff, still lacking some night shift. Client was assessed by the nurse the day of and day after the incident with no issues. The neuropsychologist also met with the client the day of and the day after incident and noted client to be ok.



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Notice of Incident

Date of Incident: Unknown

Date Reported to DCCECE: 5/27/2022

Agency Name: Neurorestorative Timber Ridge

Agency Number: 102

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: AV is [REDACTED] yo foster child, [REDACTED]. Out of home offenders are several staff members at Timber Ridge, one being [REDACTED] unknown. [REDACTED] stated that while he was inpatient in Timber Ridge, between 2018-2019, Will and the other staff members would take him and other residents and pull their arms behind their backs, lift them off the ground and hold them while they screamed in pain. He stated AOs would grab him by the neck and push his head forward and down to his crotch and hold him until he was grasping for air, he stated they were choking him. He mentioned having to shower with the curtains open and the staff members making fun of his and other's private parts. A staff member had broken a couple of [REDACTED]'s fingers, he stated he bent them backwards until they snapped. He said his fingers were purple for several weeks and received no medical treatment. [REDACTED] disclosed that he was placed in a corner, his hair was grabbed, and his head was yanked around, he mentioned it hurting, but did not mention if he had any hair pulled out. [REDACTED] stated if he didn't use his manners he would get hurt, but he did not specify if it was by the above actions or other things. [REDACTED] has [REDACTED] and is [REDACTED]

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: Unknown

Date of DCCECE's Follow-up: 6/6/2022, 6/7/2022
voice mail with Ms. Amundson. 6/7/2022.

Type of Follow-up: Phone call. Left

Details from Follow-up: Phone call. Left voice mail with Ms. Amundson. 6/7/2022.

regarding this incident as it pertains to licensing. Staff in report unknown. Report dates back 3-4 years.



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Notice of Incident

Date of Incident: 9/21/2021

Date Reported to DCCECE: 9/21/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] reported to the nurse that while transitioning this morning he was tired so he laid down in the floor of the hallway. The resident then stated that staff [REDACTED] came over to him and kicked him in the stomach/chest area.

Agency's Interim Corrective Action: Staff [REDACTED] was placed on administrative leave as of 9/21/21 pending investigation results.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/21/2021

Date of DCCECE's Follow-up: 9/22/2021 **Type of Follow-up:** In person

Details from Follow-up: 9/21/2021-Licensing Specialist received the incident report along with the staff members signed corrective action form.

9/22/2021-[REDACTED]

[REDACTED] 10/4/21-Specialist

[REDACTED] visited the facility in person and discussed the incident. There is no cameras where the incident took place, no witnesses, and the resident has no injuries. Resident claims this event took place while staff denies it.



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Notice of Incident

Date of Incident: 9/3/2021

Date Reported to DCCECE: 9/7/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] became upset and refused to follow instructions from staff when he was threatening to harm a peer. The resident was transitioned into the hallway to calm down when he began punching the door.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation of his hand.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/3/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 5/31/2022

Date Reported to DCCECE: 5/31/2022

Agency Name: Neurorestorative Timber Ridge

Agency Number: 102

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Facility report: Timber Ridge had client [REDACTED] elope this afternoon. Staff ran after him but couldn't catch him. A search was immediately started and authorities were noted. EMS came to facility and checked client [REDACTED] out with a determination that client did not need to go to the ER. Facility reports client [REDACTED] has been doing fine since.

Agency's Interim Corrective Action: Client transported to ER upon return.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/31/2022

Date of DCCECE's Follow-up: 6/2/2022 **Type of Follow-up:** Email

Details from Follow-up: Client was checked out by EMS with determination that client did not need to go to the ER. Per email 6/2/22, client remains at facility and is doing fine.



Notice of Incident

Date of Incident: 1/21/2021

Date Reported to DCCECE: 2/23/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: Residential

Facility License Type: Regular

Type of Incident: Restraints

Incident Description: The following is an email received from the CEO of Perimeter-Che Jordan regarding an incident that happened on 1/21/2021. The mother of [REDACTED] called and reported her son alleged to her that “the staff body slammed him to the ground” during phone call time on 2.5.2021. At the time of the complaint, from mother, she expressed that she wanted an MRI completed on her son. The mother on 2.8.2021, consulted with the physician as the intervention of the restraint, on 1.21.2021, did not have symptoms or injuries after assessment by the RN or subsequent daily nursing assessments from 1.22.2021 through 2.7.2021; therefore; the physician wanted to discuss the request with the mother as this would be non-emergent MRI. [REDACTED]

[REDACTED] Interviewed and received statements from witness employee [REDACTED], reviewed the nursing documentation from the restraint on 1.21.2021, interviewed and received a statement from the employee involved [REDACTED], and resident [REDACTED]. Reviewed intervention documentation and we notified the physician and guardian of the imminent danger to self and others and the subsequent restraint intervention. The physical assessment, by the RN, of the patient after the restraint on 1.21.2021 did not indicate any injuries or issues. The guardian was notified of the restraint on 1.21.21. After interviewing it appears the staff member [REDACTED] may not have provided an adequate amount of space for the patient to calm down (e.g., not providing time and space for the patient to get their self-back to baseline due to the appearance of the patient not de-escalating). During an interview, the resident [REDACTED] expressed that he was “about to fight another resident” “but my staff calm me down” (i.e., from being verbally aggressive with a staff member). During an interview with the staff member [REDACTED] expressed that they came into the situation to provide support due to noticing the [REDACTED] patient being verbally and physically aggressive with the staff member [REDACTED]. The staff [REDACTED] member also expressed “he came out the quiet room, I followed him down the hall and I ask the Youth Worker [REDACTED] to call for staff help he then [REDACTED] came at me at the door saying he will knock me out. [REDACTED] stepped back and then [REDACTED] came at me and then he was contained until staff support came, he then got up and went with the nurse. At that time, [REDACTED] apologized for being aggressive toward staff when he was upset about something happen in the classroom.”

Agency's Interim Corrective Action: The staff member [REDACTED] will be suspended until the investigation is completed. If a training issue is identified, before returning to the unit with patients, he will have re-training on proper verbal de-escalation and Trauma Based Relational Intervention-

Licensing Specialist Assigned: L. White
Licensing Supervisor Assigned: 1/21/2021

[REDACTED]

Date of DCCECE's Follow-up: 2/24/2021 and 2/26/2021 **Type of Follow-up:** Email

Details from Follow-up: On 2/24/2021, Specialist received the statements from resident [REDACTED], staff members [REDACTED] and [REDACTED], restraint certification for staff [REDACTED] that expires on 4/13/21 and the nurse's notes.

On 3/3/2021, Specialist and Supervisor Litzsey spoke with resident [REDACTED] regarding the restraint. [REDACTED] stated he was trying to fight another resident, but a lady staff calmed him down. [REDACTED] stated that staff [REDACTED] came from nowhere and told him to go to class or in the quiet room. [REDACTED] stated staff [REDACTED] kept touching him and he does not like for people to touch him. [REDACTED] stated the last time that staff [REDACTED] touched him, he moved [REDACTED]'s hand and [REDACTED] took him down and slammed him to the floor. [REDACTED] stated he has never gotten to the point of needing to be restrained. [REDACTED] stated the nurse even said that the restraint was wrong. [REDACTED] stated he got an MRI and X-ray because when [REDACTED] slammed him it was on his shoulder that was already hurt.

On 3/16/21, Specialist spoke with staff [REDACTED] at Perimeter Forrest City regarding the restraint of resident [REDACTED]. Watson stated there was a lot going on a couple of days before that the boys were planning on jumping another resident. [REDACTED] stated the boys were acting like they were cool with the other resident when [REDACTED] went into Ms. Bennett class. [REDACTED] stated [REDACTED] did not give staff [REDACTED] any reason to take him down. Watson stated [REDACTED] never resists or anything. [REDACTED] stated [REDACTED] did tell [REDACTED] to go the quiet room and [REDACTED] resisted to go. [REDACTED] stated [REDACTED] kept touching [REDACTED] and [REDACTED]. does not like for people to touch him but [REDACTED] did not try to come at [REDACTED]. [REDACTED] stated the take down was unnecessary.

On 3/16/21, Specialist spoke with Antione Jackson, Clinical Director and Interim CEO. Jackson stated staff [REDACTED] was terminated.



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Notice of Incident

Date of Incident: 5/8/2021

Date Reported to DCCECE: 5/11/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: Residential

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: IC came to nurses station crying and stating that staff [REDACTED] YCW grabbed him by the neck and threw him in his room Saturday 5/8/2021 at around 9:41 p.m. IC complained of right elbow and right hip pain. Redness noted to right elbow and hip.

Agency's Interim Corrective Action: Suspected Staff YCW [REDACTED] was suspended pending investigation 5/11/2021.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/8/2021

[REDACTED]

Date of DCCECE's Follow-up: 5/12/2021 **Type of Follow-up:** Email

Details from Follow-up: 5/12/2021-Licensing Specialist emailed Mr. Jackson to confirm that the incident occurred on 5/8/21 as the report was not sent to Licensing until 5/11/21. Additionally, the Licensing Specialist asked for Mr. Jackson to confirm if this incident was reported to the Child Abuse Hotline.

5/18/21- Licensing Specialist spoke with Mr. Jackson on the phone to discuss the incident and gain further information. The staff member, [REDACTED], has now been terminated from the facility as the incident was caught on camera and confirmed to be true.

5/19/21- Licensing Specialist went to the facility and reviewed the camera footage of the incident and confirmed that the staff member was in violation of R905.4g.

Complaint was founded as true. Agency will provide training to all child caring staff on appropriate behavior management and provide licensing with a sign in sheet by 6/19/21.

6/24/2021-[REDACTED]
[REDACTED]



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 9/23/2021

Date Reported to DCCECE: 9/24/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Incident

Incident Description: Resident [REDACTED] was in the restroom when staff heard banging on the walls. Resident was informed staff would be entering if he did not respond to staff. Resident did not respond so staff entered to find the resident punching and kicking the wall. The resident then put his sweatshirt around his neck in attempt to self-harm. Sweatshirt was removed and the resident was placed in a restraint hold.

Agency's Interim Corrective Action: Resident was taken to the nurses station for further assessment. No injuries were reported.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/23/2021

Date of DCCECE's Follow-up: 9/24/2021 **Type of Follow-up:** Email

Details from Follow-up: 9/24/21-Specialist emailed the agency asking for clarification on the incident report as it states "no new injuries were observed". The wording leads readers to believe that the resident currently has injuries from an unreported incident. Facility states that the resident did not have any previous injuries.



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Notice of Incident

Date of Incident: 7/16/2021

Date Reported to DCCECE: 7/20/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

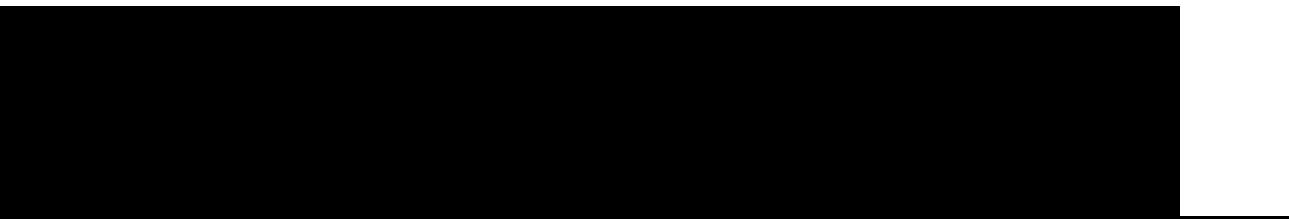
Type of Incident: Emergency Room Visit

Incident Description: Resident █ complained to the nurse that he punched a wall on 7/16/21 and was experiencing pain in his right hand. .

Agency's Interim Corrective Action: Resident was sent to the ER for Xray of his hand.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/16/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 9/29/2021

Date Reported to DCCECE: 9/29/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

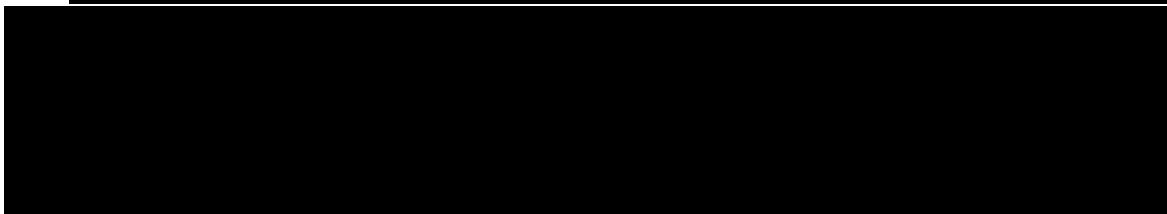
Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was outside playing basketball with a peer when he called the peer a name. The peer punched the resident in the face two times.

Agency's Interim Corrective Action: Resident was taken to the emergency room for follow up due to a laceration above his left eye and a scratch/bruising under the left eye.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/29/2021



Date of DCCECE's Follow-up: 9/30/2021 **Type of Follow-up:** Email

Details from Follow-up: 9/30/21-Licensing Specialist emailed the facility to determine what the ratio was at the time of the incident, if the two residents are now peer restricted, and if the aggressor was placed on assault precautions. [REDACTED] responded that the ratio was 1:6 at the time of the incident and the residents were peer restricted and put on assault precautions.



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 7/18/2021

Date Reported to DCCECE: 7/20/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident █ reported to the nurse that he was experiencing pain in his right hand because he punched the wall in his room the morning of 7/18/21. Nurse noted discoloration to right hand.

Agency's Interim Corrective Action: Resident was taken to the ER for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/18/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
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P: 501.320.3971

Notice of Incident

Date of Incident: 7/18/2021

Date Reported to DCCECE: 7/20/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

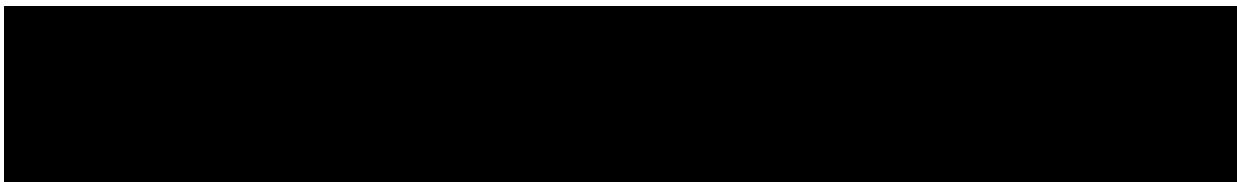
Type of Incident: Emergency Room Visit

Incident Description: Resident █ reported to the nurse that he was having pain in his right hand after punching a window in the 300 hall on 7/18/21. Nurse noted swelling and discoloration of the hand.

Agency's Interim Corrective Action: Resident was taken to the Emergency Room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/18/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 7/21/2021

Date Reported to DCCECE: 7/23/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: While doing assessments, the on duty nurse noted resident [REDACTED] O2 SAT was at 92% and he had a temperature of 99.8. Resident complained of pain when he breathes.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/21/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: Resident will take all medications and antibiotics as prescribed by the Emergency Room Doctor.



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Notice of Incident

Date of Incident: 7/28/2021

Date Reported to DCCECE: 7/28/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Complaint

Incident Description: Licensing Specialist received an email from a concerned mother who alleged that the facility was not giving her updates, information about her son placed at the facility, and is not allowing her to speak with him.

Agency's Interim Corrective Action: Licensing Specialist spoke with the facility regarding the residents legal status. The Licensing Specialist spoke to the residents DHS guardian and reviewed the residents court documents regarding the resident guardianship status along with the mothers co

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/28/2021

Date of DCCECE's Follow-up: 7.28.2021 **Type of Follow-up:** Phone Call

Details from Follow-up: 7/28/21- Licensing Specialist contact the facility to discuss the concern of the mothers. The facility reports that the resident in the guardianship of the [REDACTED] DCFS and they had revoked the mother consent for contact. The Specialist called the DCFS [REDACTED] Guardian, [REDACTED] and discussed the situation. [REDACTED] reported that the consent had been revoked per court order as the mother did not follow items outlined in the court order. The court order was provided to the Licensing Specialist. 7/29/21-Licensing Specialist emailed the residents mother and explained to her that the Licensing Specialist had investigated the complaint and the facility cannot

legally give her information about her son due to the legal guardian removing her consent to contact him.



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Notice of Incident

Date of Incident: 7/29/2021

Date Reported to DCCECE: 7/29/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Complaint

Incident Description: Licensing Specialist spoke to the legal guardian of a resident currently in care at the facility. The guardian discussed concerns about not being made aware of incidents, altercations, injuries, ER visits, or a recent positive COVID screening by the facility.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/29/2021



Date of DCCECE's Follow-up: 7.29.21 **Type of Follow-up:** Email

Details from Follow-up: 7/29/21-Licensing Specialist emailed the facility requesting the agencies policy on when and why to contact resident's legal guardians. Specialist also requested a copy of the resident's ICPC agreement with the state of Texas.

8/19/21-Specialist returned from vacation and visited the facility with plans to review the residents chart to check for communications with the guardian. However, OLTC was at the facility checking records so the resident's record was unavailable. 8/31/21-

Licensing Specialist returned to the facility and reviewed the residents record. There are documented reports of the resident's therapist attempting to contact or contacting the guardian, but no details on what the contact was made to discuss. Previous staff responsible for communicating with the

guardian has seen been terminated from employment so no emails can be recovered to show any communication that may or may not have taken place. Staff Antoine Jackson provided the specialist with print outs of email updates regarding the resident from more recent weeks that he had sent. 8/31/21-Licensing Specialist spoke to the guardian on the phone who confirms that in recent weeks communication has been much better and he no longer has any concerns.



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Notice of Incident

Date of Incident: 7/28/2021

Date Reported to DCCECE: 7/29/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: Nurse on duty found that a discontinued narcotic medication (Ritalin) belonging to a resident had been tampered with. The medication was removed from the blister packs, replaced with a second medication, and resealed using tape.

Agency's Interim Corrective Action: Facility is conducting drug screenings on all 9 staff that had access to the medication storage area.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/28/2021

Date of DCCECE's Follow-up: 7/30/2021 **Type of Follow-up:** Email

Details from Follow-up: 7/30/21- Licensing Specialist emailed requesting the date the medication was discontinued in effort to determine if the facility was following their own protocols regarding disposing discontinued medications in a timely manner. 7/30/21-The Licensing Specialist and Supervisor emailed DPSQA to inquire of any regulations that they enforce regarding the notification of guardians of serious occurrences.
8/2/21-Licensing Specialist emailed the facility to determine if they had established who had taken the medications. Facility reports that all staff who had access to the medications were drug tested

and came back negative for all substances. It is undetermined who took the medication.



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Notice of Incident

Date of Incident: 8.5.21

Date Reported to DCCECE: 12:00:00 AM

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

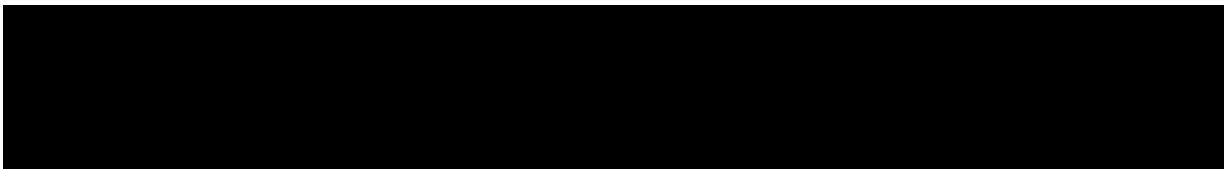
Type of Incident: Elopement

Incident Description: Two residents forcibly kicked up a door at the facility and took off on foot. Residents were found by the local police department and returned unharmed approximately ten minutes after the elopement.

Agency's Interim Corrective Action: Facility notified local authorities for assistance.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 8.5.21



Date of DCCECE's Follow-up: 8.6.21

Type of Follow-up: Email

Details from Follow-up: 8/6/21- Licensing Specialist emailed Antoine Jackson to ask what the ratio was at the time of the incident, if there is camera footage of the incident, and if the residents guardians have been notified. Mr. Jackson reported that the ratio was 1:6 at the time of the incident, there is no camera footage available, and the attempts have been made/document to contact the two resident's out of state guardians in South Dakota.



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Notice of Incident

Date of Incident: 8/8/2021

Date Reported to DCCECE: 8/9/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

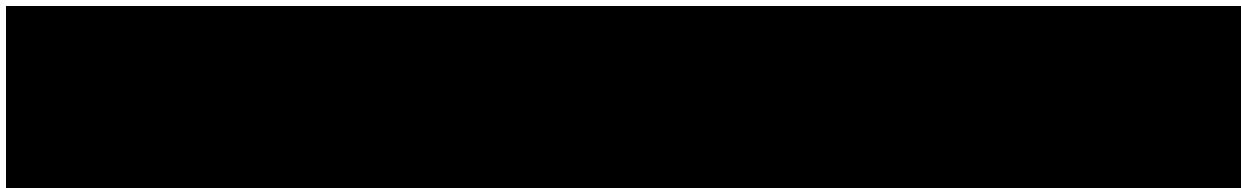
Type of Incident: Incident

Incident Description: Local Law Enforcement was called to the facility when a staff member was outside supervising recreation on the courtyard. Two separate altercations took place between residents and staff was concerned about the possibility for further escalation so they called the police.

Agency's Interim Corrective Action: Police arrived on scene and spoke to the residents/staff involved in the altercation between residents.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 8/8/2021



Date of DCCECE's Follow-up: 8/16/2021 **Type of Follow-up:** Phone Call

Details from Follow-up: 8/16/21-Licensing Specialist called Charlotte Lockhart, CEO, of the agency. Charlotte was unable to answer specific information regarding the incident due to the Administrator handling the situation. The Administrator, Antoine Jackson, is currently out of the office today and will return tomorrow 8/17/21 to answer the questions from the Licensing Specialist.

8/19/21-Licensing Specialist visited the facility and discussed the incident with Antoine Jackson. Mr. Jackson reports that staff was in ratio at the time of the altercation, but there is no video footage of the incident due to the location of the incident.

Mr. Jackson went on to explain that the staff who called the police is new to the agency and when two separate altercations erupted she was concerned and called the police instead of following proper procedure. The new staff has since been re-educated on how to properly handle an ESI.



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Notice of Incident

Date of Incident: 8/10/2021

Date Reported to DCCECE: 8/10/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Residents [REDACTED] and [REDACTED] eloped from the facility by busting open the magnetic lock on the door of the 100 Hall at 7:13am.

Agency's Interim Corrective Action: Staff called the local police department for assistance

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 8/10/2021

Date of DCCECE's Follow-up: 8/16/2021 **Type of Follow-up:** Phone call

Details from Follow-up: 8/16/21-Licensing Specialist called the CEO, Charlotte Lockhart, and discussed the incident. Charlotte reports that the residents at the facility have discovered that if you kick open the door on the units (secured with one magnetic lock) they will pop open allowing residents to elope. Charlotte has put in an order, that was approved, to add an additional magnetic lock to each of the unit doors. The new locks should be installed within the next two weeks. In the meantime, staff will stand in front of the doors during transition times to ensure residents do not run at the doors. Follow up by the Licensing Specialist was delayed due to the Specialist being out of the office from 8/9/21-8/13/21.



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Notice of Incident

Date of Incident: 8/10/2021

Date Reported to DCCECE: 8/10/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

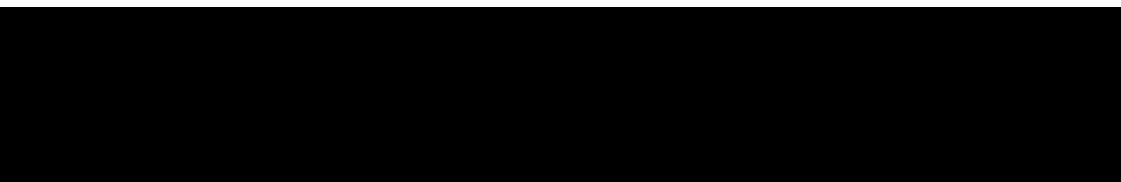
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped again after he pushed by staff that was exiting a door. The resident crawled under a fence then squeezed through a gate. Resident stood across the road from the facility and yelled at staff.

Agency's Interim Corrective Action: Local police department was called for further assistance.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 8/10/2021



Date of DCCECE's Follow-up: 8/16/2021 **Type of Follow-up:** Phone Call

Details from Follow-up: 8/16/21-Licensing Specialist called the CEO, Charlotte Lockhart, and discussed this incident. Charlotte reports that the resident did not end up going to acute care and instead his DCFS came and removed him from the program. Licensing Specialist was delayed in responding to this incident due to being out of the office from 8/9/21-8/13/21.



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Notice of Incident

Date of Incident: 8/31/2021

Date Reported to DCCECE: 9/7/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: IC reported to his aunt on a phone call that on 8/31/21 he was slammed to the ground by IS during a restraint hold. While in the restraint hold the IS allegedly grabbed the IC's penis and squeezed.

Agency's Interim Corrective Action: Staff was placed on office duties only with no access to work with any residents directly or unsupervised on 9/9/2021

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 8/31/2021

Date of DCCECE's Follow-up: 9/10/2021 **Type of Follow-up:** In person

Details from Follow-up: Licensing Specialist reviewed the restraint justification packet, nursing notes, read witness statements, and discussed the interviews conducted by Jessica Razor with Jessica Razor. There is no video footage of the incident and it was determined that the restraint hold was justified as the resident was actively attacking staff.



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Notice of Incident

Date of Incident: 9/10/2021

Date Reported to DCCECE: 9/13/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: AWOL

Incident Description: IC went AWOL from the facility from 2:27pm to 2:35pm on 9-10-21 and went AWOL again on 9-10-21 3:25pm to 3:30pm. The first incident the IC burst through the lobby door of the administration building and went out of the front door of the lobby. The second incident the IC burst through the doors by the dining hall and the front door to the residential building lobby.

Agency's Interim Corrective Action: IC was placed on AWOL precautions.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/10/2021

Date of DCCECE's Follow-up: 9/13/2021 **Type of Follow-up:** Phone call

Details from Follow-up: 9/13/21-Licensing Specialist received a phone call from Antoine Jackson reporting the incident. Mr. Jackson reported that the facility is actively working with a company in effort to install stronger magnetic locks on the doors at the facility to ensure better security.



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Notice of Incident

Date of Incident: 8/26/2021

Date Reported to DCCECE: 10/12/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was taken to the emergency room after getting scratched in both eyes while playing basketball with a peer.

Agency's Interim Corrective Action: Resident was taken to the Emergency Room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 8/26/2021

Date of DCCECE's Follow-up: 10/12/2021

Type of Follow-up: Email

Details from Follow-up: 10/12/21-Licensing Specialist emailed caseworker Tiffany Harris to confirm the date of the incident as it was received today 10/12/21 and shows to have occurred on 8/26/21. Tiffany Harris confirmed that this is the correct date. Licensing Specialist has previously spoken to the CEO Craig Gammon and discussed incidents that were to have been found after the departure of the previous administrator. Craig Gammon was given information on what incidents should be sent to the Licensing Specialist within 24 hours moving forward with the new administrator.



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Notice of Incident

Date of Incident: 9/2/2021

Date Reported to DCCECE: 9/3/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

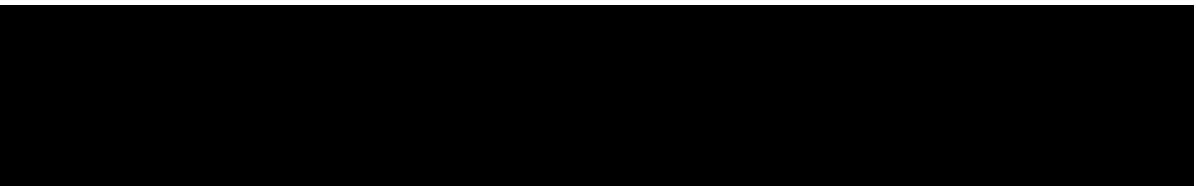
Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was involved in an accident with another peer on 9/1/2021 in which another resident was moving a chair and accidentally hit [REDACTED] in the nose. The resident was assessed by the nurse at the time of the incident in which a cut was noted on the bridge of his nose.

Agency's Interim Corrective Action: Resident was assessed by the nurse on 9/1/2021 and the wound was cleaned. Resident then began complaining of pain again on 9/2/21 in which it was decided to take him to the ER for further evaluation of his nose.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/2/2021



Date of DCCECE's Follow-up: 9/3/2021 **Type of Follow-up:** Email

Details from Follow-up:



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Notice of Incident

Date of Incident: 9/17/2021

Date Reported to DCCECE: 9/20/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident █ complained of ear pain and popping sounds. Nurse assessed and observed the ear to be pink inside. It was determined that the resident had shoved tissue in his ears and the nurse were unable to retrieve it so the decision was made to take him to the ER for removal of the tissue.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further assessment.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/17/2021

Date of DCCECE's Follow-up: 9/20/2021 **Type of Follow-up:** In person

Details from Follow-up: Program Manager Sharra Litzsey and Program Coordinator Austin Clowers visited the facility in person on 9/20/21 and discussed this incident with the facility as the Licensing Specialist was unavailable.



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Notice of Incident

Date of Incident: 9/19/2021

Date Reported to DCCECE: 9/20/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement, ER Visit, Acute Care

Incident Description: Resident [REDACTED] eloped from the facility by kicking open the door on the 300 hall unit at 6:30pm on 9/19/21. Resident [REDACTED] did not return to the facility until about 9:30am on 9/20/21. Resident complained of pain in several areas and the facility nurse noted several external wounds on the resident. The resident was taken to the ER for further evaluation. The resident then discharged from the ER to an acute care facility for further treatment.

Agency's Interim Corrective Action: Agency contacted the police department at 6:39 on 9/19/21 after the resident had eloped. Upon return of the resident on 9/20/21 the resident was immediately assessed and taken to the Emergency Room for further evaluation of his injuries. The resident then

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/19/2021

Date of DCCECE's Follow-up: 9/20/2021 **Type of Follow-up:** In person

Details from Follow-up: Program Manager Sharra Litzsey and Program Coordinator Austin Clowers followed up with the agency about this incident on 9/20/21 when they visited the agency in person.



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Notice of Incident

Date of Incident: 9/22/2021

Date Reported to DCCECE: 9/22/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Complaint

Incident Description: During an investigation conducted by CACD investigator Jodie Davis, resident [REDACTED] reported that there are riots at the facility, the magnetic doors and hinges are busted on the doors so resident come onto his hall and elope. The resident reported that the police are called 3-4 times a week and recently a resident eloped for a week and a half before returning to the facility.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/22/2021

Date of DCCECE's Follow-up: 9/23/2021 **Type of Follow-up:** Email

Details from Follow-up: 9/23/21-Licensing Specialist emailed the facility asking for a copy of the agency's incident tracking log that includes all calls to the police department, elopements, and disruptions to daily operations. Additionally, the specialist requested an update to the repairs/replacement status of the magnetic door locks. The log received was incomplete and not well organized. The facility just hired a new Quality Care Coordinator who is trying to restructure the facilities reporting logs. 10/4/2021-Further review of the information at the facility shows that no resident has been missing for over a week. The police are not being called to the facility

multiple times per week. Additionally, the doors are damaged and the facility is attempting to get them reinforced due to the high number of elopements they are having at the agency.



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Notice of Incident

Date of Incident: 9/28/2021

Date Reported to DCCECE: 9/29/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] became upset with staff Antoine Jackson during a therapy session and ran out the door by Mr. Jackson's office. Resident left the facility property and would not quit going in and out of the road. Police were called for assistance.

Agency's Interim Corrective Action: Resident was safely escorted back inside the building prior to the arrival of the police department.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/28/2021

Date of DCCECE's Follow-up: 9/30/2021 **Type of Follow-up:** Email

Details from Follow-up: 9/30/21-Specialist emailed CEO Charlotte Lockhart to determine if the facility has an expected date of repair for the magnetic doors throughout the facility. Charlotte Lockhart responded that the doors are expected to be reinforced by October 5, 2021.



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Notice of Incident

Date of Incident: 9/10/2021

Date Reported to DCCECE: 9/15/2021

Agency Name: Millcreek PRTF

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Incident took place at Zebra Hall; [REDACTED], IC1, stated that [REDACTED] squeezed her in between 2 chairs. She stated that she cried out that she couldn't breathe. She stated that [REDACTED] told her to go to her room and that [REDACTED] came to her room and choked here.

Nurses Assessment: Left inner foot with slight bruise noted. Complained of tenderness 2/10 pain. Small swelling noted.

Agency's Interim Corrective Action: [REDACTED]

Staff will be placed on leave pending investigation. Staff remains on leave as of 10/14/21.

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 9/10/2021

Date of DCCECE's Follow-up: 9/18/21 and 10/14/21 **Type of Follow-up:** Phone call and email

Details from Follow-up: I phoned the facility to get the referral number on 9/18/21 and more details and asked if there is footage of the incident. There is no footage of the incident. I was advised the staff will remain on leave until the investigation is complete. As of 10/14/21, I emailed the risk manager and he advised me that there is no footage of the incident and they are waiting for CACD to finish their investigation. I emailed CACD investigator Jennifer Harper and she gave me

permission for licensing to contact the facility and go out to the facility. She also advised that her investigation is pending.



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Notice of Incident

Date of Incident: 9/26/2021

Date Reported to DCCECE: 9/27/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

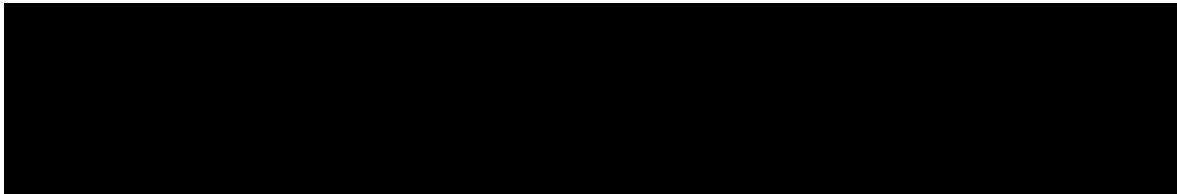
Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was in an altercation with a peer when he fell to the ground and injured his knee.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation of his knee.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/26/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 10/18/2021

Date Reported to DCCECE: 10/18/2021

Agency Name: Youth Home Inc.

Agency Number: 128

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Sexual Incident

Incident Description: It was reported by client [REDACTED] DOB: [REDACTED] that her peer has been being sexually inappropriate in general and with her over the past few weeks. [REDACTED] stated that the peer has asked her to play strip poker. Also [REDACTED] stated that the peer kissed her. Furthermore, she stated once in the middle of the night the peer climbed on top of her in her bed and proceeded to gyrate on her. She stated that on both occasions she hit or pushed her off of her and this left a bruise and or mark which is why the peer asked staff for an ice pack. [REDACTED] stated that she stays awake most nights because she is scared to go to sleep as they are roommates and as this typically happens overnight on the weekend. [REDACTED].

Agency's Interim Corrective Action: Clients are both assigned to separate dorms, classroom, and group sessions. Staff have been informed to keep clients separated during outside time, meal services, and other activities.

Licensing Specialist Assigned: S. Pitts

Licensing Supervisor Assigned: 10/18/2021

Date of DCCECE's Follow-up: 10/18/2021

Type of Follow-up: Email

Details from Follow-up: Sharra Singleton Litzsey has contacted CACD and asked for permission to contact the agency. [REDACTED]. Clients were moved to different rooms. Staff on each shift were aware that the clients involved should not be near each other.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 9/29/2021

Date Reported to DCCECE: 9/30/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] became agitated and refusing to follow directions by staff when he punched the concrete wall located outside the classroom door.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluations.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/29/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 10/17/2021

Date Reported to DCCECE: 10/18/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] was refusing to exit his bedroom when two staff were prompting him to leave. Staff [REDACTED] entered the residents bedroom and forcibly shoved the resident from the room causing him to fall and sustain an abrasion to his forearm.

Agency's Interim Corrective Action: Staff [REDACTED] was terminated from employment on 10/20/21. Staff [REDACTED] was placed on suspension pending the results of the investigation as of 10/22/21.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/17/2021

Date of DCCECE's Follow-up: 10/21/2021

Type of Follow-up: Email

Details from Follow-up: 10/21/21-Licensing Specialist emailed Program Consultant Thurel George and discussed the incident as one report stated that the resident "slipped and fell" and another reported that the resident was shoved. [REDACTED] reported that the resident was shoved and there is video footage available at the facility to review. 10/22/21-Licensing Specialist visited the facility to discuss the incident and review all applicable documentation/video footage. In the video it is clear the resident was forcibly pushed causing him to fling forward onto the ground in the hallway. The video shows staff [REDACTED] pushing the resident. Additionally, the second staff [REDACTED] can also be seen putting his hand on the residents, but it is unclear if he was also pushing

or trying to grab the resident. Statement reports indicate staff [REDACTED] was attempting a restraint hold when staff [REDACTED] shoved him causing him to lose his grip. Since it is unclear and the report was accepted for investigation on both staff the specialist informed the agency that they must also place staff [REDACTED] on an interim corrective action pending the results of the investigation. Staff [REDACTED] was suspended 10/22/21 pending the results of the investigation.

11/8/21-Licensing

Specialist spoke with the investigator who reported that the report was not taken for staff [REDACTED] and instead was screened out. Her investigation will solely be for staff [REDACTED]. The Specialist contacted the agency and informed them that staff [REDACTED] no longer needs to be under an ICA as he does not have an active investigation. However, the Specialist asked for the staff to be retrained on appropriate restraint holds and mandated reporting. The agency states these trainings were given to the staff on 10/22/21.



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Notice of Incident

Date of Incident: 9/29/2021

Date Reported to DCCECE: 9/30/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

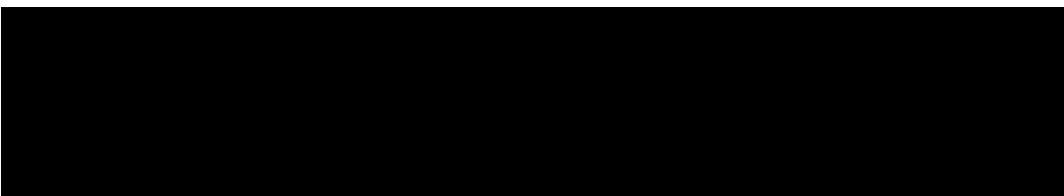
Type of Incident: Emergency Room visit

Incident Description: Resident [REDACTED] was outside running and accidentally fell scrapping his knee.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluations.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/29/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
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Notice of Incident

Date of Incident: 10/1/2021

Date Reported to DCCECE: 10/1/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] accused staff [REDACTED] of shoving him into his classroom causing a scratch under his left underarm.

Agency's Interim Corrective Action: Staff was placed on administrative leave as of 10/4/2021.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/1/2021

Date of DCCECE's Follow-up: 10/4/2021 **Type of Follow-up:** In Person

Details from Follow-up: 10/4/21- Specialist met with the management team at the agency and discussed the incident. The staff reported that the original report was screened out so they had conducted their own review of the camera footage and determined that the incident did not occur and allowed staff to continue working. The agency received a fax prior to the arrival of the Specialist that stated that the maltreatment report had been "overridden". The agency was unsure what this meant and emailed the Specialist while the Specialist was traveling to them so it had not yet been received. The agency then placed the staff on leave pending investigation results and showed the camera footage to the Specialist. The accused staff can be seen in the video footage in full view never pushing the resident or harming him physically.



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 10/3/2021

Date Reported to DCCECE: 10/5/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident █ reported that he had put his arm in a fire ant hill to see if they could sting him. Residents arm became red and swollen.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation and given Benadryl on site.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/3/2021

Date of DCCECE's Follow-up: 10/8/2021 **Type of Follow-up:** Email

Details from Follow-up: 10/8/21-Licensing Specialist emailed the facility to confirm that the fire ant hill that the resident put his arm into has now been destroyed. PaSonna Hope reports that she walked the courtyard the following day and could not locate any ant hill on the premises. Staff believe that the recent heavy rains may have washed away any ant hills.



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Notice of Incident

Date of Incident: 10/4/2021

Date Reported to DCCECE: 10/5/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident █ reported to nurse that he has pain in his abdomen due to the inability to urinate for the past 30 hours.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/4/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 10/3/2021

Date Reported to DCCECE: 10/5/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident █ was outside playing basketball when he lost balance and landed on his arm and elbow. Resident reported an inability to move his arm so he was taken to the Emergency Room.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/3/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 10/2/2021

Date Reported to DCCECE: 10/5/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was injured during an altercation with a peer in which the resident received three punches to the face.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/2/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 10/8/2021

Date Reported to DCCECE: 10/12/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

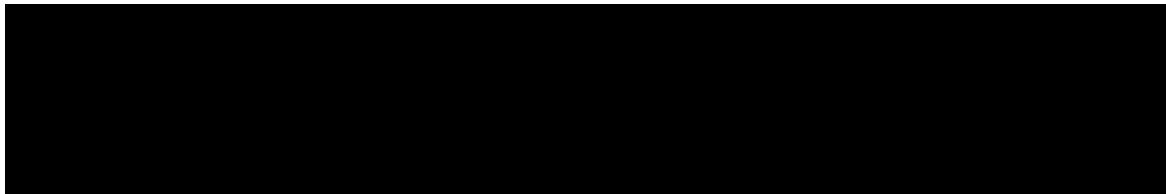
Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] reported that he fell and slipped in the shower hitting his head.

Agency's Interim Corrective Action: Resident was taken to the Emergency Room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/8/2021



Date of DCCECE's Follow-up: 10/12/2021

Type of Follow-up: Email

Details from Follow-up: 10/12/21-Licensing Specialist emailed PaSonnia Hope to ask for the findings of the exam completed at the Emergency Room on 10/8/2021. Specialist received findings which showed a "[REDACTED]"



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Notice of Incident

Date of Incident: 10/10/2021

Date Reported to DCCECE: 10/12/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] kicked open the back door on the 400 hall, went outside, jumped a fence and left the facility grounds.

Agency's Interim Corrective Action: Local law enforcement and guardian were notified.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/10/2021

Date of DCCECE's Follow-up: 10/12/2021

Type of Follow-up: Email

Details from Follow-up: 10/12/21-Licensing Specialist emailed PaSonna Hope to determine the child/staff ratio at the time of the elopement and if the doors have been reinforced as discussed during the Specialist's last visit to the site. Email confirmation from PaSonna shows that child/staff ratio was in compliance at the time of the event and the door that was kicked open was not yet reinforced. The door is scheduled to be reinforced with an additional magnetic lock.



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Notice of Incident

Date of Incident: 10/10/2021

Date Reported to DCCECE: 10/12/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] reported to the nurse on duty that staff [REDACTED] hit him in the back of the head.

Agency's Interim Corrective Action: Staff [REDACTED] was placed on administrative leave on 10/11/2021 pending the results of the investigation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/10/2021



Date of DCCECE's Follow-up: 10/12/2021

Type of Follow-up: Email

Details from Follow-up: 10/12/21- Licensing Specialist emailed the assigned investigator to gain permission to contact the agency regarding the report. Licensing Specialist emailed PaSonnia Hope to confirm if video footage was able to capture the alleged allegation. PaSonnia states that video footage did capture the incident and it showed that the staff did not hit the resident.



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Notice of Incident

Date of Incident: 10/13/2021

Date Reported to DCCECE: 10/14/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was injured after he ran into another resident while playing basketball and injured his nose.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation of his nose.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/13/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 9/21/2021

Date Reported to DCCECE: 9/22/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

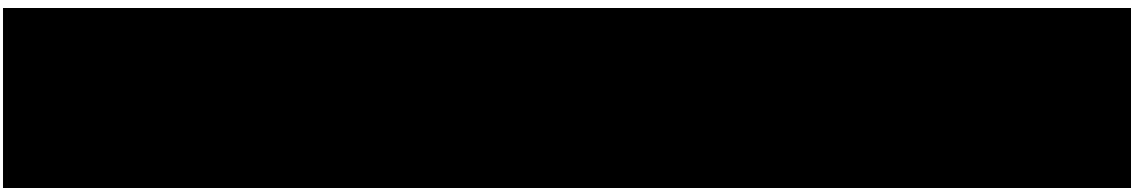
Type of Incident: X-ray

Incident Description: Resident [REDACTED] was in an altercation with another resident. Resident sustained an injury to his hand during the altercation so an x-ray was ordered for his hand.

Agency's Interim Corrective Action: Resident was taken for an x-ray of his hand.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 9/21/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 7/30/2021

Date Reported to DCCECE: 10/28/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

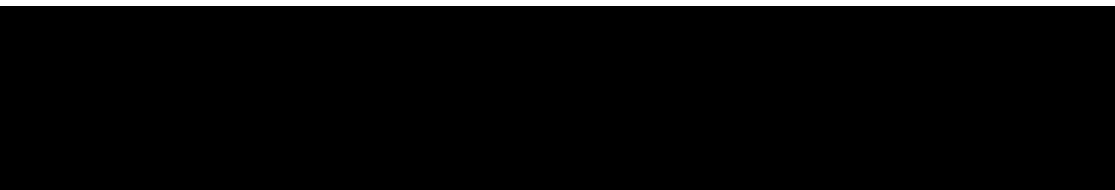
Type of Incident: Xray

Incident Description: Resident [REDACTED] punched a wall after being upset by a game of basketball. Resident was sent for an x-ray.

Agency's Interim Corrective Action: Resident was taken for an x-ray of his hand.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 7/30/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: 10/29/2021-Licensing Specialist reviewed the incident report and seen it is from July 2021. The previous management was not reporting the incidents to the Licensing Unit which has since changed so the facility has been going through old reports to send any missed incident reports to the Licensing Specialist. The agency has already been cited for late reporting and staff educated on what should be reported to the Licensing Unit moving forward.



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 10/17/2021

Date Reported to DCCECE: 10/18/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

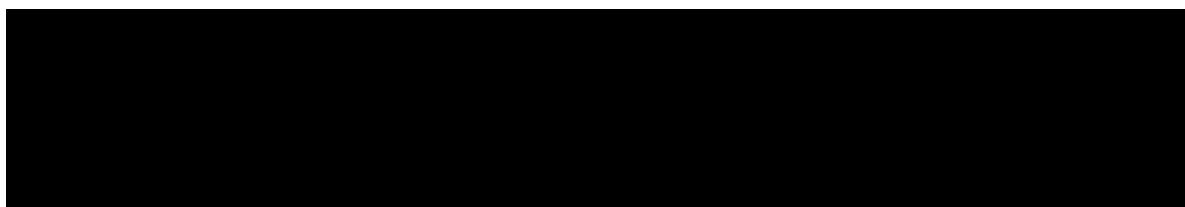
Type of Incident: Elopement

Incident Description: Resident's [REDACTED] and [REDACTED] eloped from the facility at 20:55 after they busted through the door leading to the cafeteria then kicked through the door leading to the front entry of the building.

Agency's Interim Corrective Action: Facility reported the elopement to the police and notified the resident's guardians.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/17/2021



Date of DCCECE's Follow-up: 10/21/2021

Type of Follow-up: Email

Details from Follow-up: Additional information- After eloping from the agency, the three residents were involved in the theft of a vehicle, a high speed pursuit by local police, a car crash, then a foot pursuit. Resident's [REDACTED] and [REDACTED] were not injured. Resident [REDACTED] was taken to the emergency room for injuries sustained during the course of these events. He was discharged from the emergency room with a sprain to his left ankle. Resident [REDACTED] noted to have right shoulder scratches, scratches to torso, multiple right side scratches, left ear scratch, bottom lip busted, two teeth chipped, and right ankle sprain. Resident [REDACTED] was then discharged to the care of his mother

after filing an AMA (Against Medical Advice) at 3:15am on 10/18/21.



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Notice of Incident

Date of Incident: 10/20/2021

Date Reported to DCCECE: 10/22/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

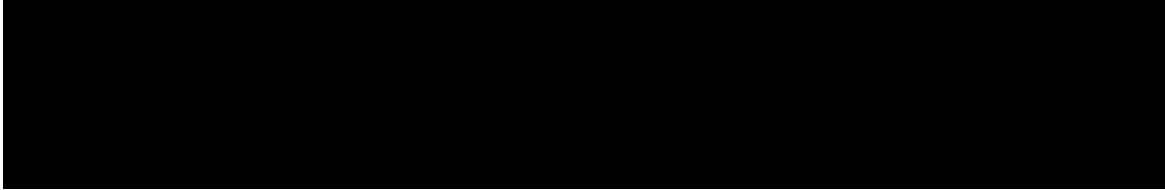
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped from the facility after he pushed past staff going out the front door by lobby.

Agency's Interim Corrective Action: Facility notified the local police department and the resident's guardian.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/20/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: Facility is still awaiting replacement parts for the magnetic doors of the facility as they are on back order due to the COVID-19 pandemic. UPDATE: Door has now been upgraded with a second magnetic lock.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
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Notice of Incident

Date of Incident: 10/26/2021

Date Reported to DCCECE: 10/27/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

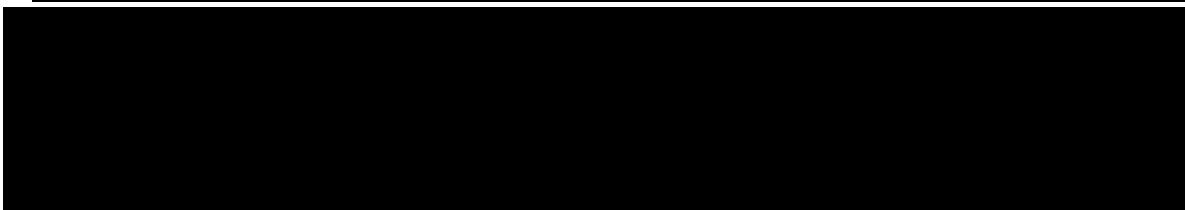
Type of Incident: Elopement

Incident Description: Resident [REDACTED] kicked open the door which leads to the front lobby and ran out of the door eloping from the facility.

Agency's Interim Corrective Action: Staff continues to stand in front of the doors needing reinforcements during transition times of residents.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/26/2021



Date of DCCECE's Follow-up: 10/28/2021

Type of Follow-up: In person

Details from Follow-up: 10/28/21-Licensing Specialist visited the facility and viewed the door. Repairs should be completed to the door on 11/1/2021.



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Notice of Incident

Date of Incident: 10/26/2021

Date Reported to DCCECE: 10/27/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: X ray

Incident Description: Resident [REDACTED] was in an altercation with another resident and injured his hand punching the resident.

Agency's Interim Corrective Action: Resident's hand was x rayed

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/26/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
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Notice of Incident

Date of Incident: 10/25/2021

Date Reported to DCCECE: 10/27/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Nurse on duty responded to resident [REDACTED] screaming/crying in the day room. The nurse brought the resident to the nurse's station to process/de-escalate. Resident communicated that staff [REDACTED] threw him into a chair in the day room.

Agency's Interim Corrective Action: Staff [REDACTED] was placed on immediate suspension pending the results of the investigation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/25/2021

Date of DCCECE's Follow-up: 10/28/2021

Type of Follow-up: In person

Details from Follow-up: 10/28/21-Licensing Specialist visited the facility and discussed the incident. The staff attempted to pull up the video footage for review, but due to an error in the system they were unable to view it. [REDACTED] previous day and concluded that the alleged staff did not shove the resident in a chair nor harm the resident. Nursing notes also show no injury to the resident



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Notice of Incident

Date of Incident: 10/23/2021

Date Reported to DCCECE: 10/27/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

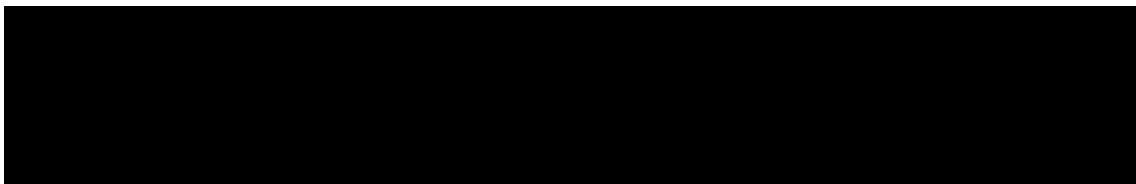
Type of Incident: Elopement

Incident Description: Resident [REDACTED] ran through the 400 hall door and eloped from the property.

Agency's Interim Corrective Action: Facility notified the local police department and the guardian.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/23/2021



Date of DCCECE's Follow-up: 10/28/2021

Type of Follow-up: In person

Details from Follow-up: 10/28/21-Licensing Specialist met with staff in person at the facility to discuss the elopement. The door on the 400 hall has still not yet been reinforced due to a delay in shipping of the new part. The part is scheduled to be delivered on 10/29/21 and installed on 11/1/2021.



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Notice of Incident

Date of Incident: 10/23/2021

Date Reported to DCCECE: 10/27/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] kicked open the 400 hall door and eloped from the property.

Agency's Interim Corrective Action: Facility notified the local police department and the guardian.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/23/2021

Date of DCCECE's Follow-up: 10/28/2021

Type of Follow-up: In person

Details from Follow-up: 10/28/21-Licensing Specialist met with staff in person at the facility to discuss the elopement. The door on the 400 hall has still not yet been reinforced due to a delay in shipping of the new part. The part is scheduled to be delivered on 10/29/21 and installed on 11/1/21.



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 10/22/2021

Date Reported to DCCECE: 10/27/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped through the door of the 400 hall.

Agency's Interim Corrective Action: Facility notified the local police department and the guardian.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/22/2021



Date of DCCECE's Follow-up: 10/28/2021

Type of Follow-up: In person

Details from Follow-up: 10/28/21-Licensing Specialist met with staff in person at the facility to discuss the elopement. The door on the 400 hall has still not yet been reinforced due to a delay in shipping of the new part. The part is scheduled to be delivered on 10/29/21 and installed on 11/1/21.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
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Notice of Incident

Date of Incident: 10/22/2021

Date Reported to DCCECE: 10/27/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

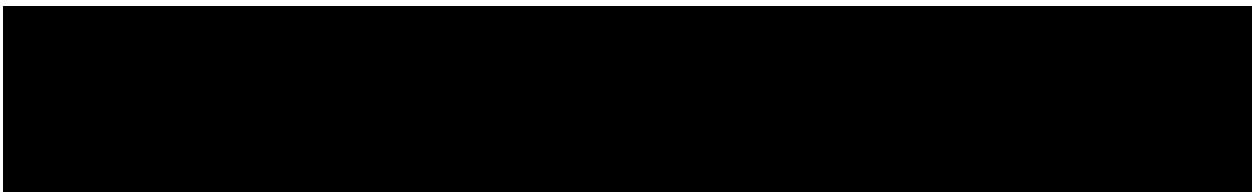
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped through the 400 hall door.

Agency's Interim Corrective Action: Facility notified the local police department and the guardian.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/22/2021



Date of DCCECE's Follow-up: 10/28/2021

Type of Follow-up: In person

Details from Follow-up: 10/28/21-Licensing Specialist met with staff in person at the facility to discuss the elopement. The door on the 400 hall has still not yet been reinforced due to a delay in shipping of the new part. The part is scheduled to be delivered on 10/29/21 and installed on 11/1/21.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 10/29/2021

Date Reported to DCCECE: 10/29/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

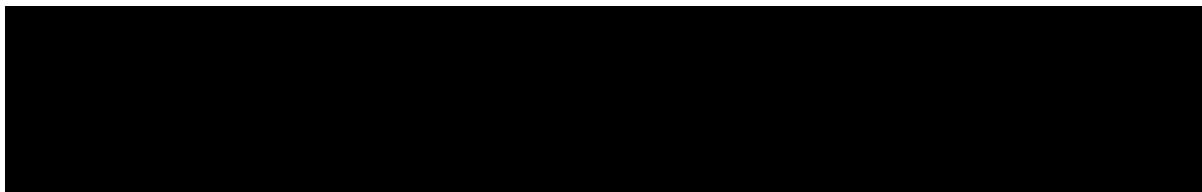
Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was involved in a car accident with a staff member during transport.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluations.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 10/29/2021



Date of DCCECE's Follow-up: 11/1/2021 **Type of Follow-up:** Email

Details from Follow-up: 11/1/21-Licensing Specialist emailed PaSonna Hope to gather more information about the accident including the emergency room evaluations, statements as to the cause of the accident, staff's current position at the agency and the reasoning for transporting the client at the time of the accident. PaSonna responded that both resident and staff sustained no major injuries and were rear ended by other driver. PaSonna provided the Specialist with a copy of the vehicle insurance, staff's current position at the agency, reason for transport, and a copy of the staff's driver license. No licensing concerns were noted.



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Notice of Incident

Date of Incident: 11/1/2021

Date Reported to DCCECE: 11/2/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: Resident [REDACTED] was attempting to elope from an unlocked door at the facility when staff intervened. Resident was redirected to the unit at which point he escalated and began threatening staff with screws. Screws were taken from the resident and he went to his bedroom. The resident was able to get a pencil from a peer and proceeded to self-harm with it until staff were able to obtain the pencil. The resident proceeded to make a rope of socks and attempted to tie them to the light fixture and his neck. Staff intervened and took the socks away.

Agency's Interim Corrective Action: Resident was assessed by the nurse using the Columbia Suicide Rating Scale and determined not to need acute placement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/1/2021

Date of DCCECE's Follow-up: 11/2/2021 **Type of Follow-up:** Email

Details from Follow-up: 11.3.21-Licensing Specialist discussed the incident with Jermain Archield. Jermain is unaware of how the resident was able to access screws on the unit, but will have staff look at the unit and attempt to have the resident disclose how he was able to find screws.



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Notice of Incident

Date of Incident: 11/2/2021

Date Reported to DCCECE: 11/2/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Complaint

Incident Description: Complaint received states that resident [REDACTED] was admitted to the SRU program at the facility when he had no history of sexually deviant behaviors.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/2/2021

Date of DCCECE's Follow-up: 11.5.21

Type of Follow-up: In person

Details from Follow-up: 11/5/2021-Licensing Specialist visited the facility and reviewed the resident's chart. The chart noted that the resident had a pattern of sexually deviant behaviors prior to placement at the facility so he was placed on the SRU hall at intake.

11/8/2021-Licensing Specialist spoke to the reporter and discussed their concerns about the residents placement on the SRU hall.



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Notice of Incident

Date of Incident: 11/2/2021

Date Reported to DCCECE: 11/3/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped under a gate while transitioning to his classroom before staff could intervene. When under the gate the resident pushed through an exterior gate that was not locked due to maintenance/housekeeping taking items to the dumpster.

Agency's Interim Corrective Action: Staff were able to speak to the resident who was about 1000ft off of facility property and convince him to return to the facility. The resident complied.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/2/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 11/2/2021

Date Reported to DCCECE: 11/3/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped out of the 100 hall door as a staff member was trying to exit out of it.

Agency's Interim Corrective Action: Resident was followed by staff who convinced the resident to return to the facility willingly.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/2/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 11/5/2021

Date Reported to DCCECE: 11/8/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

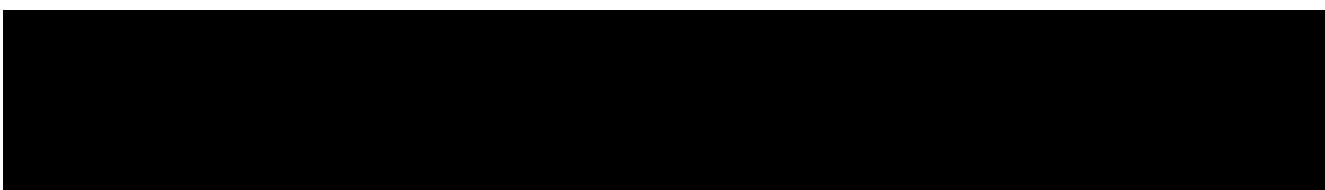
Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was playing with another resident when he fell hitting his head and back on the floor. Resident complained of not being able to move or feel his limbs.

Agency's Interim Corrective Action: An ambulance was called to the facility and the resident was transported to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/5/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
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Notice of Incident

Date of Incident: 11/5/2021

Date Reported to DCCECE: 11/8/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

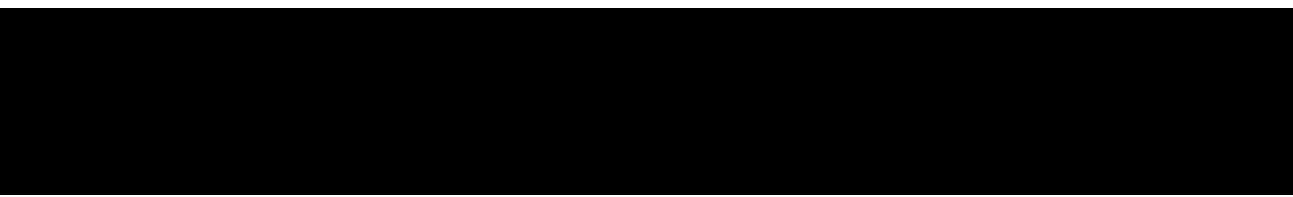
Type of Incident: ER visit

Incident Description: Resident [REDACTED] became upset while in the quiet room so he exited it and punched a window at nurses station 2. The window busted and cut the resident's hand.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluations.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 11/5/2021



Date of DCCECE's Follow-up: 11/9/2021 **Type of Follow-up:** Email

Details from Follow-up: 11/9/21-Licensing Specialist emailed PaSonna Hope to determine the plans for the agency to replace this window with a glass alternative. PaSonna emailed back stating that there is a plan to fix the window, but the type of glass that will be used has not been decided. 11/12/21- Specialist spoke with PaSonna Hope who clarified the original material in the window was Lexan NOT glass. The material is supposed to be a psychiatric safe glass alternative, but was still able to break and injure the resident.



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Notice of Incident

Date of Incident: 11/6/2021

Date Reported to DCCECE: 11/8/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER. Visit

Incident Description: Resident [REDACTED] was in an altercation with several peers when he sustained injuries to his face. He refused to allow nurses to assess him so he was taken to the emergency room for further evaluations.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/6/2021



Date of DCCECE's Follow-up: 11/9/2021 **Type of Follow-up:** Email

Details from Follow-up: Licensing Specialist emailed PaSonna Hope to find out what the ratio was at the time of the incident, how many residents were involved in this altercation, and if camera footage has been reviewed. PaSonna emailed back stating that the staff/child ratio was 3:14 and five residents were involved in the altercation. Camera footage was reviewed by management and it was determined that staff did respond quickly and appropriately.



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Notice of Incident

Date of Incident: 11/8/2021

Date Reported to DCCECE: 11/9/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER visit

Incident Description: Resident [REDACTED] complained of right ankle pain stating he twisted it while playing basketball outside.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/8/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 11/7/2021

Date Reported to DCCECE: 11/11/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Other

Incident Description: Resident [REDACTED] was left alone on the SRU unit asleep for 34 minutes as he was mistakenly left by staff during a transition.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/7/2021

Date of DCCECE's Follow-up: 11/10/2021

Type of Follow-up: In person

Details from Follow-up:



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Notice of Incident

Date of Incident: 11/13/2021

Date Reported to DCCECE: 11/15/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

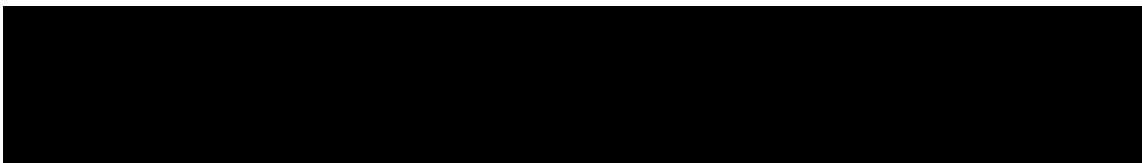
Type of Incident: Elopement

Incident Description: During recreation time resident █ climbed a fence and got on top of the facility roof. The resident came off the roof and eloped from the facility.

Agency's Interim Corrective Action: Police department and guardian were notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/13/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 11/1/2021

Date Reported to DCCECE: 11/2/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was assaulted by two peers while he was laying in his bed. The two peers punched resident [REDACTED] multiple times in the face. Staff removed the two aggressive residents and while transporting resident [REDACTED] to the nurses station one of the aggressive residents again punched [REDACTED] in the face.

Agency's Interim Corrective Action: Resident [REDACTED] was taken to the emergency room for further evaluation of his injuries.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/1/2021

Date of DCCECE's Follow-up: 11/3/2021 **Type of Follow-up:** In person

Details from Follow-up: 11/3/21-Licensing Specialist visited the facility to review the camera footage of the incident. The unit hallway shows staff to resident ratio is 1:6 as the residents and staff appear to be doing paperwork on the hallway floor. Resident [REDACTED] can be seen getting up to go into his room when a few moments later his roommate follows him into the room. Another few moments pass when a second resident gets up and goes into the bedroom and you can see staff stand up to go into the room as well. Staff enters the room and then returns with all the residents. Additional staff arrive on scene within a minute to assist. The DON is also on scene to assess within

3 minutes. As the staff transport resident [REDACTED] back to the nurses station an aggressive resident can be seen breaking free and punching [REDACTED] one last time before he exits the hall.



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Notice of Incident

Date of Incident: 11/10/2021

Date Reported to DCCECE: 11/13/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] complained of pain in his knuckle after an altercation with another peer.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/10/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 11/10/2021

Date Reported to DCCECE: 11/13/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

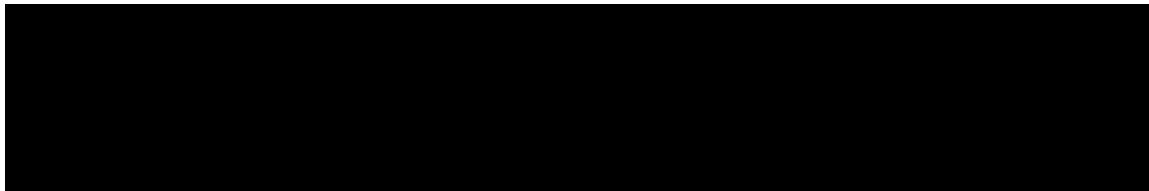
Type of Incident: Emergency Room Visit

Incident Description: Resident █ complained of a fever and not feeling well.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/10/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 11/10/2021

Date Reported to DCCECE: 11/13/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident █ complained of pain in the back of the head after having an altercation with another resident.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/10/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 11/10/2021

Date Reported to DCCECE: 11/13/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

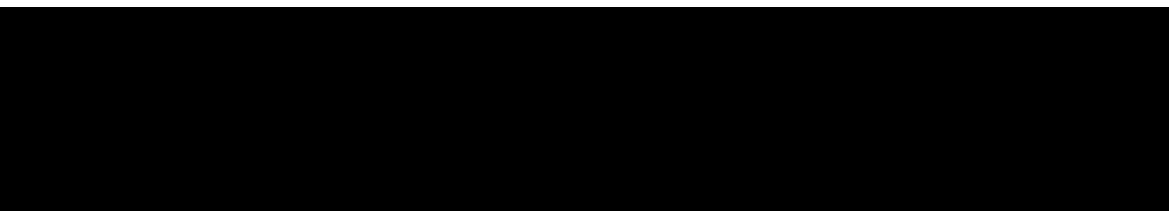
Type of Incident: Emergency Room visit

Incident Description: Resident [REDACTED] complained of not feeling well, productive cough, and fever.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/10/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 11/14/2021

Date Reported to DCCECE: 11/15/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped from the facility through an unlocked gate during recreation time outside.

Agency's Interim Corrective Action: Police department was notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/14/2021

Date of DCCECE's Follow-up: 11/19/2021

Type of Follow-up: Email

Details from Follow-up: 11.19.21-Licensing Specialist reviewed the incident and discussed with the agency in an email that due to the failure of staff to secure the gate and reported failure to appropriately supervise the resident the agency will receive a citation for standard R907.2.



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Notice of Incident

Date of Incident: 11/13/2021

Date Reported to DCCECE: 11/15/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

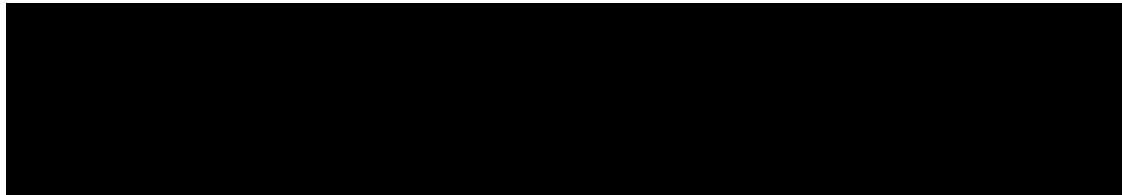
Type of Incident: Elopement

Incident Description: Resident █ climbed a fence during an outdoor activity time and gained access to the roof. Once on the roof he eloped from the facility property on the other side of the building.

Agency's Interim Corrective Action: Police were notified and guardian was called.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/13/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 11/14/2021

Date Reported to DCCECE: 11/15/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident █ walked through an unlocked gate during recreation time outside the facility and eloped from the property

Agency's Interim Corrective Action: Police and residents guardian were notified.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/14/2021

Date of DCCECE's Follow-up: 11/18/2021

Type of Follow-up: In person

Details from Follow-up:



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Notice of Incident

Date of Incident: 11/14/2021

Date Reported to DCCECE: 11/15/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident █ walked through an unlocked gate during recreation time outside the facility and eloped from the property

Agency's Interim Corrective Action: Police and residents guardian were notified.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 11/14/2021

Date of DCCECE's Follow-up: 11/18/2021

Type of Follow-up: In person

Details from Follow-up:



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
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Notice of Incident

Date of Incident: 11/16/2021

Date Reported to DCCECE: 11/17/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was transported to the ER after being injured in an altercation with several other residents.

Agency's Interim Corrective Action: Resident was transported to the ER for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/16/2021

Date of DCCECE's Follow-up: 11/18/2021

Type of Follow-up: In person

Details from Follow-up: 11/18/21-Licensing Specialist reviewed camera footage of the large scale altercation that took place on this day. The event involves multiple residents and staff. The Specialist will request that Program Manager Sharra Litzsey review the camera footage for further investigation.

11/23/2021-Sharra Litzsey reviewed the camera footage with the Licensing Specialist at the agency. Due to the scale of the altercation it was determined that staff had done everything within their ability to provide care to residents.



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Notice of Incident

Date of Incident: 11/16/2021

Date Reported to DCCECE: 11/17/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was transported to the ER after he was attacked by multiple other residents at the agency.

Agency's Interim Corrective Action: Resident was transported to the ER for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/16/2021



Date of DCCECE's Follow-up: 11.18.21 **Type of Follow-up:** In person

Details from Follow-up: 11/18/21-Licensing Specialist reviewed camera footage of the large scale altercation that took place on this day. The event involves multiple residents and staff. The Specialist will request that Program Manager Sharra Litzsey review the camera footage for further investigation.

11/23/2021-Sharra Litzsey

reviewed the camera footage with the Licensing Specialist at the agency. Due to the scale of the altercation it was determined that staff had done everything within their ability to provide care to residents.



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 11/16/2021

Date Reported to DCCECE: 11/17/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was transported to the ER after he reported that he passed out and loss consciousness during a large scale altercation that took place at the facility.

Agency's Interim Corrective Action: Resident was taken to the ER for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/16/2021

Date of DCCECE's Follow-up: 11/18/2021

Type of Follow-up: In person

Details from Follow-up: 11/18/21-Licensing Specialist reviewed camera footage of the large scale altercation that took place on this day. The event involves multiple residents and staff. The Specialist will request that Program Manager Sharra Litzsey review the camera footage for further investigation.

11/23/2021-Sharra Litzsey

reviewed the camera footage with the Licensing Specialist at the agency. Due to the scale of the altercation it was determined that staff had done everything within their ability to provide care to residents.



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 11/17/2021

Date Reported to DCCECE: 11/18/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

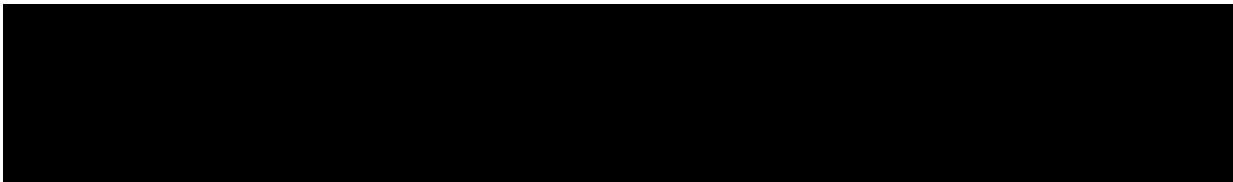
Type of Incident: ER visit

Incident Description: Resident [REDACTED] was transported to the ER after he reported right ankle pain resulting from a fall he had outside while playing.

Agency's Interim Corrective Action: Resident was taken to the ER.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/17/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: unknown

Date Reported to DCCECE: 10/12/2021

Agency Name: Piney Ridge Treatment Center

Agency Number: 203

Type of Facility: SRU

Facility License Type: Regular

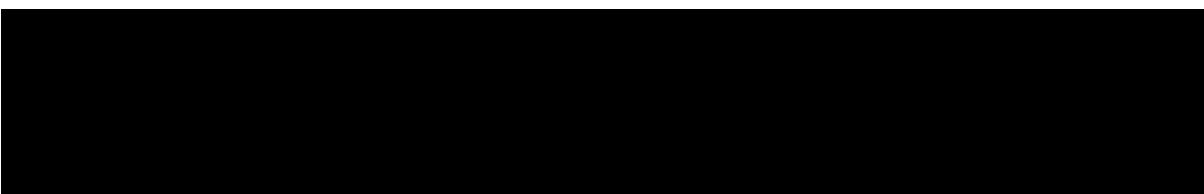
Type of Incident: Maltreatment

Incident Description: A former resident reported sexual abuse by an unknown peer between 2018-2019 while at the facility. No further information can be provided.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: unknown



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: No follow up needed. The A/V is no longer in the care of the facility so the Licensing Specialist cannot interview him. The A/O is an unknown peer and the time frame of the alleged abuse is sometime in 2018 or 2019 making video review impossible.



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 11/12/2021

Date Reported to DCCECE: 11/13/2021

Agency Name: Millcreek

Agency Number: 233

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Maltreatment

Incident Description: Client [REDACTED] stated that he was sleeping and woke up to another client [REDACTED] penetrating his penis in AV behind. AV asked AO what he was doing and AO stated noting and went back to bed. Client AV was taken to Children's for assessment.

Agency's Interim Corrective Action: Clients have been placed in separate halls and no interaction between clients happens. All recreation, meals, and activity time is separate.

Licensing Specialist Assigned: A. Clowers

Licensing Supervisor Assigned: 11/12/2021

Date of DCCECE's Follow-up: 11/15/2021

Type of Follow-up: Call/Email

Details from Follow-up: Email sent to Investigator Harper regarding findings of incident.



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Notice of Incident

Date of Incident: 11/17/2021

Date Reported to DCCECE: 11/18/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was transported to the ER after he punched a brick wall and hurt his hand.

Agency's Interim Corrective Action: Resident was taken to the ER for further evaluation

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/17/2021

Date of DCCECE's Follow-up: 11/22/2021

Type of Follow-up: Email

Details from Follow-up: 11/22/21-Licensing Specialist requested the x-ray result from Antoine Jackson. Xray result was received and showed to be negative.



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Notice of Incident

Date of Incident: 11/18/2021

Date Reported to DCCECE: 11/19/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

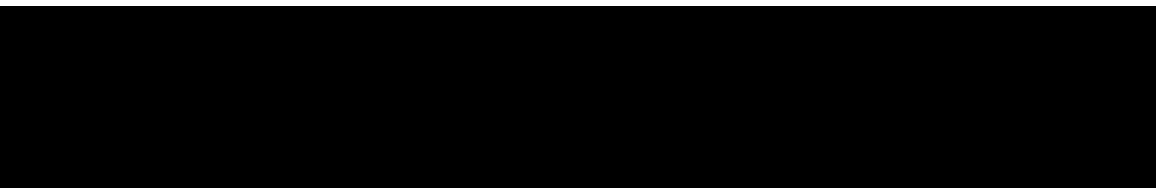
Type of Incident: ER. visit

Incident Description: Resident [REDACTED] was transported to the ER after he reported that his head was pushed to the floor by another resident during the course of an altercation.

Agency's Interim Corrective Action: Resident was taken to the ER for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/18/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 11/18/2021

Date Reported to DCCECE: 11/19/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER visit

Incident Description: Resident [REDACTED] was transported to the ER after he was in an altercation with several peers. The resident complained of right elbow pain.

Agency's Interim Corrective Action: Resident was taken to the ER for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/18/2021

Date of DCCECE's Follow-up: 11/22/2021

Type of Follow-up: Email

Details from Follow-up: 11/22/21-Licensing Specialist emailed Antoine Jackson to get the x-ray result and to determine the extent of this altercation due to the incident report saying it involved "several peers". Response reported that it was not a large scale altercation and involved a total of 5 residents.



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Notice of Incident

Date of Incident: 11/22/2021

Date Reported to DCCECE: 11/23/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was transported to the ER after he sustained an injury during an altercation with another resident.

Agency's Interim Corrective Action: Resident was taken to the ER for further assessment.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/22/2021

Date of DCCECE's Follow-up: 11/24/2021

Type of Follow-up: Email

Details from Follow-up: 11/24/21 [REDACTED]



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Notice of Incident

Date of Incident: 12/1/2021

Date Reported to DCCECE: 12/2/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

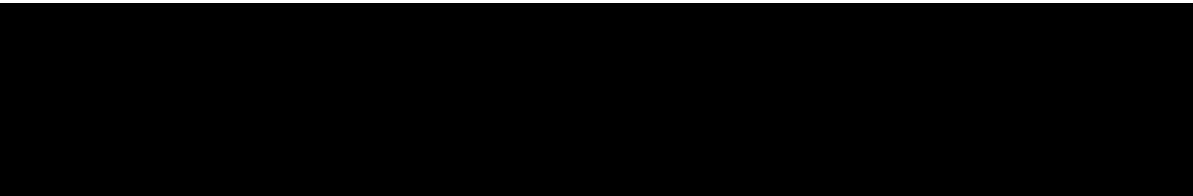
Type of Incident: ER visit

Incident Description: Resident [REDACTED] was attacking staff when he was placed in a restraint hold by staff. Two other residents then attacked resident [REDACTED] while he was in the restraint hold.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluations.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 12/1/2021



Date of DCCECE's Follow-up: 12/9/2021 **Type of Follow-up:** In person

Details from Follow-up: 12/9/2021-Licensing Specialist viewed the camera footage of the incident and discussed it with staff PaSonja Hope. No licensing concerns were noted, but Specialist did encourage PaSonja to remind staff that they should respond immediately to an escalated child by removing any bystanders from the area.



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Notice of Incident

Date of Incident: 12/4/2021

Date Reported to DCCECE: 12/6/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

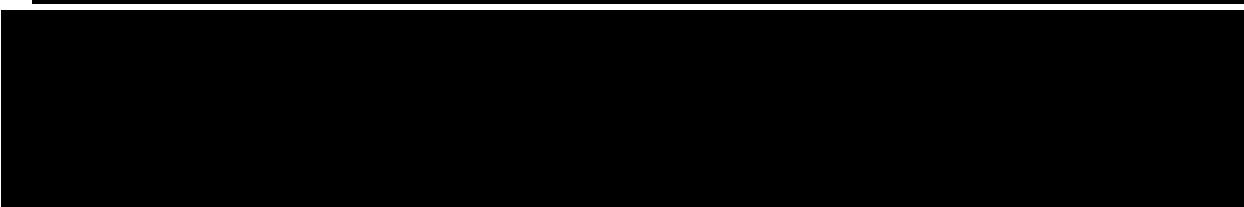
Type of Incident: ER Visit

Incident Description: Resident [REDACTED] complained of pain to his left hand after he hit a wall in the quiet room.

Agency's Interim Corrective Action: Resident was taken to the ER for further evaluations.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 12/4/2021



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 12/9/2021

Date Reported to DCCECE: 12/13/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

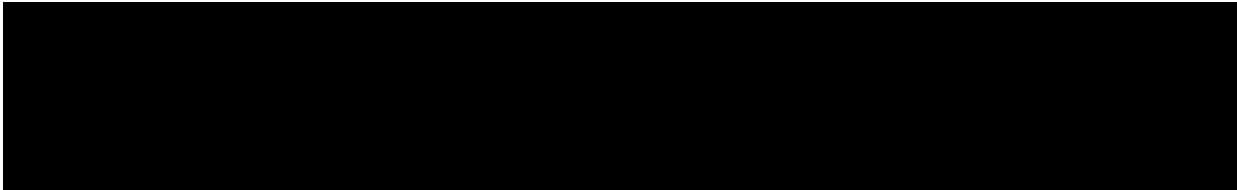
Type of Incident: ER Visit

Incident Description: Resident █ presented to nursing staff quiet, drowsy, and slow to respond. The resident reported he thinks he passed out.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluations.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 12/9/2021



Date of DCCECE's Follow-up: N/a

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 12/11/2021

Date Reported to DCCECE: 12/13/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] complained of pain in his testicle area.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluations.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 12/11/2021

Date of DCCECE's Follow-up: 12/15/2021

Type of Follow-up: Email

Details from Follow-up: 12/15/2021-Licensing Specialist emailed PaSonnia Hope for an update to the resident's condition. PaSonnia reported that the resident is doing fine now and has expressed no pain or discomfort since the incident.



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Notice of Incident

Date of Incident: 12/16/2021

Date Reported to DCCECE: 12/17/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

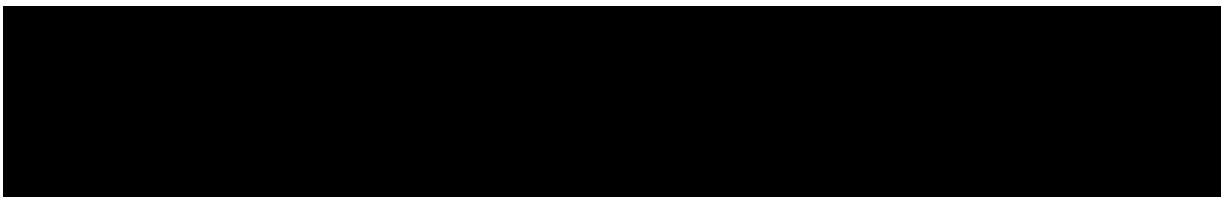
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped after he climbed a fence to gain access to the roof and jumped off the front entrance to the building.

Agency's Interim Corrective Action: Staff pursued the resident on foot and the local police department was called.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 12/16/2021



Date of DCCECE's Follow-up: 12/16/2021

Type of Follow-up: In person

Details from Follow-up: 12/16/2021-Licensing Specialist was at the agency doing a walkthrough when the elopement occurred. The Specialist witnessed the elopement and listened to the resident's reason why he eloped. The resident was angry because he had not followed instructions and a staff member had taken his Pokémon cards away as punishment.



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Notice of Incident

Date of Incident: 11/16/2021

Date Reported to DCCECE: 11/16/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Staff witnesses reported to management that staff [REDACTED] used excessive force on resident [REDACTED] as resident [REDACTED] was reportedly acting out aggressively.

Agency's Interim Corrective Action: Staff was suspended pending the results of the investigation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/16/2021

Date of DCCECE's Follow-up: 11/17/2021

Type of Follow-up: Email

Details from Follow-up: 11/17/21 [REDACTED]

[REDACTED] The Specialist will

view the camera footage of the incident on 11/19/21 at the facility.

11/19/21-Licensing Specialist visited the facility discussed the incident, reviewed camera footage, obtained nursing notes, and witness statements previously written on the incident.



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Notice of Incident

Date of Incident: 11/4/2021

Date Reported to DCCECE: 12/23/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: [REDACTED] resident [REDACTED] accused staff [REDACTED] of choking him during a restraint hold on 11/5/2021.

Agency's Interim Corrective Action: Staff was suspended until the investigation is completed.
Staff suspended on 12/23/2021

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/4/2021

Date of DCCECE's Follow-up: 12/27/2021

Type of Follow-up: Email

Details from Follow-up: 12/27/2021-[REDACTED]

further information about the report. The specialist then emailed PaSonna Hope for further clarification and the interim corrective action for the alleged offender.

1/19/2022- Licensing Specialist reviewed the restraint packet, but was unable to review any video footage due to the length of time before it was reported. Restraint packet shows the resident stating "staff was choking me", but review of the camera by staff reportedly showed no choking so it was not reported to the Arkansas Child Abuse Hotline. [REDACTED]

received notification from the investigator that the case has been closed as unsubstantiated. Facility reports that the staff is no longer employed with them so she will not be returning to work.



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Notice of Incident

Date of Incident: 11/14/2021

Date Reported to DCCECE: 11/15/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Report that staff [REDACTED] pushed resident [REDACTED] head into the ground during a restraint hold causing injury.

Agency's Interim Corrective Action: Staff [REDACTED] was placed on immediate suspension pending the results of the investigation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/14/2021

Date of DCCECE's Follow-up: 11/18/2021

Type of Follow-up: In person

Details from Follow-up: 11.18.21-Licensing Specialist met with the investigator, reviewed camera footage, assisted with interviews of staff, and reviewed all documentation of the restraint hold.



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Notice of Incident

Date of Incident: 1/2/2022

Date Reported to DCCECE: 1/4/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Suicide attempt

Incident Description: Resident [REDACTED] was attempting to self-harm with a piece of plastic and created superficial scratches to inner arms. The resident began to threaten the nurse and staff with a broken pencil. Resident was placed in a physical restraint calmed and released. The resident then went to his room and broke his peer's bed making another weapon. Staff intervened and resident began to fight his peer which lead to several residents hitting and kicking resident [REDACTED]. Resident was taken to the ER for injuries.

Agency's Interim Corrective Action: Resident was transported to the emergency room for further evaluations of the injuries he sustained when he was attacked by his peers.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 1/2/2022

[REDACTED]

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 1/4/2022

Date Reported to DCCECE: 1/5/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Injury

Incident Description: Resident [REDACTED] cut himself purposely on an ac unit as he ran his hand across a metal plate that he had lifted off of it.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluations of his injury

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 1/4/2022

Date of DCCECE's Follow-up: 1/5/2022 **Type of Follow-up:** Email

Details from Follow-up: 1/5/2022-Licensing Specialist emailed PaSonja Hope to discuss the dislodged a/c cover. PaSonja Hope reports that the cover has been replaced.



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Notice of Incident

Date of Incident: 1/4/2021

Date Reported to DCCECE: 1/5/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

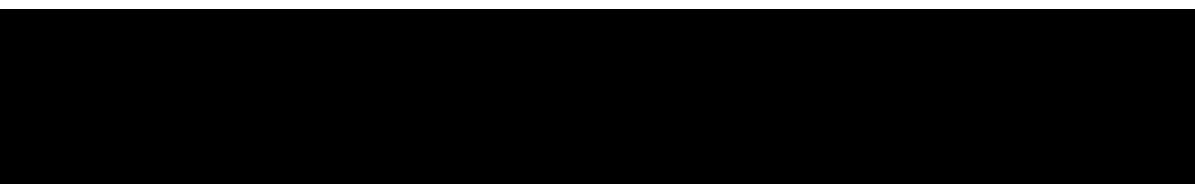
Type of Incident: Other

Incident Description: Resident █ was brought to the nursing station after reporting that he had ingested a bottle of hand sanitizer. Resident was acting out of control, slurred speech, yelling, and cursing toward staff.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 1/4/2021



Date of DCCECE's Follow-up: 1/7/2022 **Type of Follow-up:** Email

Details from Follow-up: 1/7/2022-Licensing Specialist emailed PaSonna Hope to determine if the agency has been able to determine how the resident was able to access a bottle of hand sanitizer. Staff determined that the hand sanitizer was obtained in the gym from the bathroom which was being used for resident's positive for COVID 19.



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Notice of Incident

Date of Incident: 1/4/2022

Date Reported to DCCECE: 1/5/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Other

Incident Description: Resident █ was brought to the nursing station after reporting that he had ingested a bottle of hand sanitizer. Resident was acting out of control, slurred speech, yelling, and cursing toward staff.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 1/4/2022

Date of DCCECE's Follow-up: 1/7/2022 **Type of Follow-up:** Email

Details from Follow-up: 1/7/2022-Licensing Specialist emailed PaSonna Hope to determine if the agency has been able to determine how the resident was able to access a bottle of hand sanitizer. PaSonna Hope states that the resident retrieved the hand sanitizer from the gym after they were using it to quarantine positive COVID residents. The building was checked for additional bottles and staff were reminded to ensure all hand sanitizer is kept in the nursing station at all times.



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Notice of Incident

Date of Incident: 1/18/2022

Date Reported to DCCECE: 1/19/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident █ had complained of loss of feeling in his legs so he was taken to the emergency room and diagnosed with leg cramps. The issue continued so staff took the resident to a different emergency room for a second opinion.

Agency's Interim Corrective Action: Resident was seen at the LeBonheur Children's Hospital and assessed.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 1/18/2022

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: Resident was diagnosed with partial seizures after abnormal results were found in his blood samples. Additional testing is ongoing as the resident has two close family members with a genetic condition that can cause loss of movement in the legs. The resident was medically discharged from the facility and admitted to the hospital. The guardian met at the hospital to assume custody.



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Notice of Incident

Date of Incident: 1/19/2022

Date Reported to DCCECE: 1/21/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Report was made that staff [REDACTED] pushed resident [REDACTED] twice while in the school classroom.

Agency's Interim Corrective Action: Staff was immediately suspended pending the results of the investigation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 1/19/2022

Date of DCCECE's Follow-up: 1/21/2022 **Type of Follow-up:** Email

Details from Follow-up: 1/26/2022-Licensing Specialist reviewed the camera footage and was able to see staff placing her hand on the residents shoulder and push him away to gain personal space as he was trying to get past her to leave the classroom. Staff did not injure the resident and he did not stumble or fall from the push. The staff was counseled the following day by management on how to appropriately gain personal space when a resident is this close.



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Notice of Incident

Date of Incident: 1/29/2022

Date Reported to DCCECE: 1/31/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

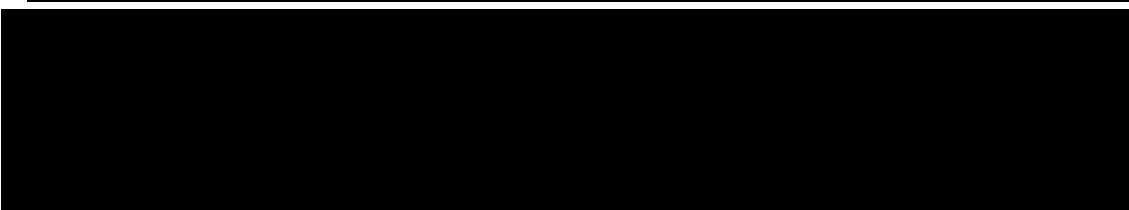
Type of Incident: ER Visit

Incident Description: Resident █ became upset after a verbal altercation with a peer █ then punched a plexiglass window in the day room breaking it and sustaining minor cuts on his hand.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation of the pain and swelling in his hand.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 1/29/2022



Date of DCCECE's Follow-up: 2/7/2022 **Type of Follow-up:** Email

Details from Follow-up: 2/7/2022-Licensing Specialist emailed the facility to request the results of the resident's x-rays.
2/9/2022-X-ray results were received and note no dislocations or fractures.



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Notice of Incident

Date of Incident: 1/25/2022

Date Reported to DCCECE: 1/31/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] complained of hand pain after horseplaying with peers

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 1/25/2022

Date of DCCECE's Follow-up: 2/7/2022 **Type of Follow-up:** Email

Details from Follow-up: 2/7/2022-Licensing Specialist emailed a 521 to the facility requesting signatures. The 521 is to provide technical assistance for the late reporting of this incident. Incident occurred on 1/25/2022 and Specialist received it 1/31/2022.



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Notice of Incident

Date of Incident: 1/27/2022

Date Reported to DCCECE: 1/31/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] complained of elbow pain after being in an altercation with another peer.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 1/27/2022



Date of DCCECE's Follow-up: 2/7/2022 **Type of Follow-up:** Email

Details from Follow-up: 2/7/2022-Licensing Specialist emailed a 521 to the facility requesting signatures. The 521 is to provide technical assistance for the late reporting of this incident. Incident occurred on 1/27/2022 and Specialist received it 1/31/2022.



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Notice of Incident

Date of Incident: 2/8/2022

Date Reported to DCCECE: 2/9/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

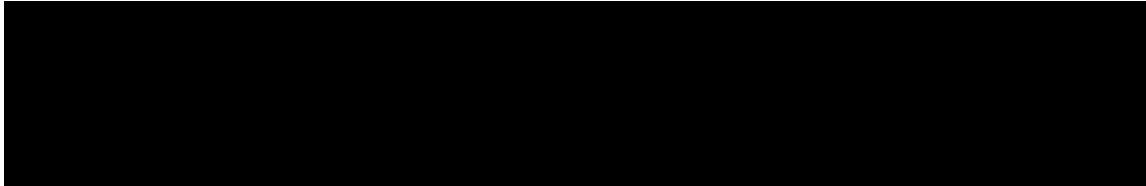
Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was taken to the emergency room after an altercation with another peer.

Agency's Interim Corrective Action: Resident was taken to the emergency room for an examination of his hand.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 2/8/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 2/8/2022

Date Reported to DCCECE: 2/9/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Injury

Incident Description: Resident [REDACTED] hurt his wrist while playing outside.

Agency's Interim Corrective Action: Resident was taken to the emergency for an x-ray of his wrist.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 2/8/2022

Date of DCCECE's Follow-up: 2/9/2022 **Type of Follow-up:** Email

Details from Follow-up: 2/9/2022- Licensing Specialist emailed the agency to determine the results of the x-ray.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
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Notice of Incident

Date of Incident: 2/9/2022

Date Reported to DCCECE: 2/10/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

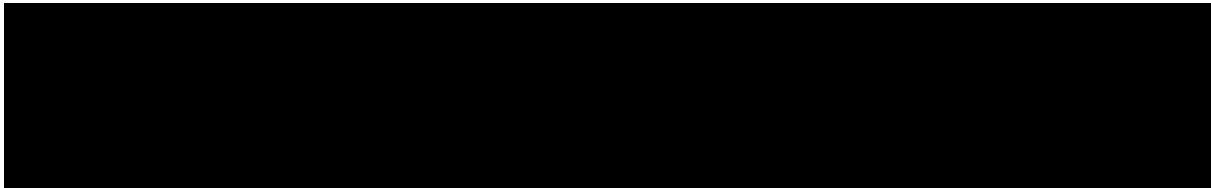
Type of Incident: ER Visit

Incident Description: Resident █ was transported to the emergency room after complaining of pain resulting from an altercation with a peer.

Agency's Interim Corrective Action: Resident was taken to the emergency room and received a CAT Scan.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 2/9/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 2/11/2022

Date Reported to DCCECE: 2/14/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped from the facility after climbing the gate next to the facility and gaining access to the roof. He climbed down the front of the building and eloped on foot.

Agency's Interim Corrective Action: Local police department was immediately notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 2/11/2022

Date of DCCECE's Follow-up: 2/18/2022 **Type of Follow-up:** In person

Details from Follow-up: 2/18/2022-During a licensing visit to the agency the elopement was discussed due to previous elopements occurring at the facility in which residents used this same gate to gain access to the roof. Staff reported that they will look into removing the gate and adding an additional fence further out from the building to prevent residents from gaining access to the roof.



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Notice of Incident

Date of Incident: 11/19/2021

Date Reported to DCCECE: 11/20/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: ER visit

Incident Description: Resident [REDACTED] was transported to the ER after he punched a dresser multiple times and a window once. The resident complained of pain in his right hand.

Agency's Interim Corrective Action: Resident was transported to the ER for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/19/2021

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 2/28/2022

Date Reported to DCCECE: 3/1/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

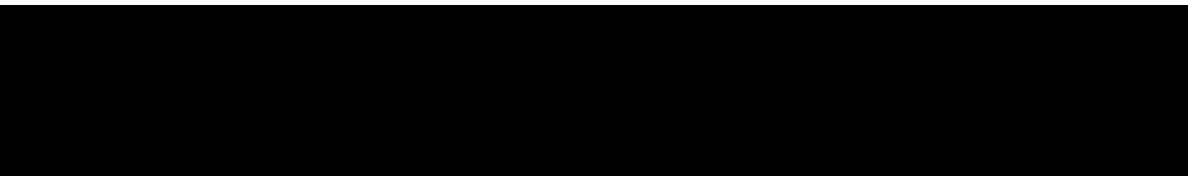
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped from the facility after the magnetic doors failed due to complications from the ice storm.

Agency's Interim Corrective Action: Police were notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 2/28/2022



Date of DCCECE's Follow-up: 3/3/2022 **Type of Follow-up:** In person

Details from Follow-up: 3/3/22-Licensing Specialist visited the facility and discussed the incident with PaSonnia Hope. Licensing Specialist reviewed the camera footage of the incident for any licensing concerns. Residents were seen out of ratio at the time of the elopement.



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Notice of Incident

Date of Incident: 2/28/2022

Date Reported to DCCECE: 3/1/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Injury

Incident Description: Resident [REDACTED] was involved in an altercation with a peer. The resident threw a tape dispenser at another resident and was placed in a restraint hold. While in the restraint hold several other residents began hitting and kicking the resident.

Agency's Interim Corrective Action: Resident was taken to the local emergency room for further evaluation of his injuries.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 2/28/2022

Date of DCCECE's Follow-up: 3/3/2022 **Type of Follow-up:** In person

Details from Follow-up: 3/3/22-Licensing Specialist visited the facility and discussed the incident with PaSonnia Hope. Licensing Specialist reviewed the camera footage of the incident for any licensing concerns.



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Notice of Incident

Date of Incident: 2/28/2022

Date Reported to DCCECE: 3/1/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident █ eloped from the facility after the magnetic doors failed due to complications from the ice storm. The resident was able to sneak out of his hall into the restroom while staff were involved in another situation then fled from the bathroom out the front door.

Agency's Interim Corrective Action: Police were notified, but the resident was located and returned to the facility by staff approximately one hour later.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 2/28/2022

Date of DCCECE's Follow-up: 3/3/2022 **Type of Follow-up:** In person

Details from Follow-up: 3/3/22-Licensing Specialist visited the facility and discussed the incident with PaSonnia Hope. Licensing Specialist reviewed the camera footage of the incident for any licensing concerns.



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Notice of Incident

Date of Incident: 3/2/2022

Date Reported to DCCECE: 3/3/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

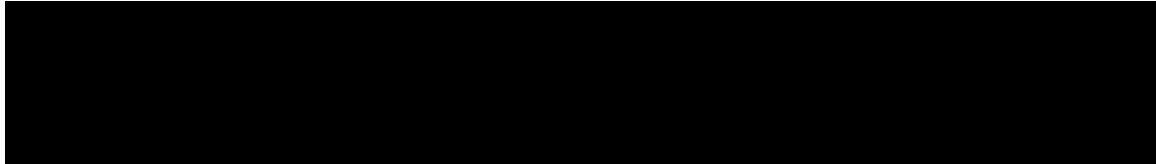
Type of Incident: Emergency Room Visit

Incident Description: Resident █ was taken to the emergency room after another resident slammed his head into the floor causing it to bleed.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/2/2022



Date of DCCECE's Follow-up: 3/4/2022 **Type of Follow-up:** Email

Details from Follow-up: 3/4/2022-Licensing Specialist requested that the report be broken into two incident reports as it had more information about other events. Specialist also asked for video footage to be retained for review during the next visit to the facility.

3/10/22-Licensing Specialist reviewed the camera footage and noted that staff did not appropriately intervene or attempt to prevent the resident from attacking resident █. Facility was cited for R1007.2. Staff involved will be retrained on how to retrain and redirect residents during an altercation.



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Notice of Incident

Date of Incident: 3/4/2022

Date Reported to DCCECE: 3/7/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number:

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident █ went to the emergency room after having pain and vomiting. The resident had an outpatient surgery earlier in the day, so he was taken out of precaution.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/4/2022

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 3/5/2022

Date Reported to DCCECE: 3/7/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

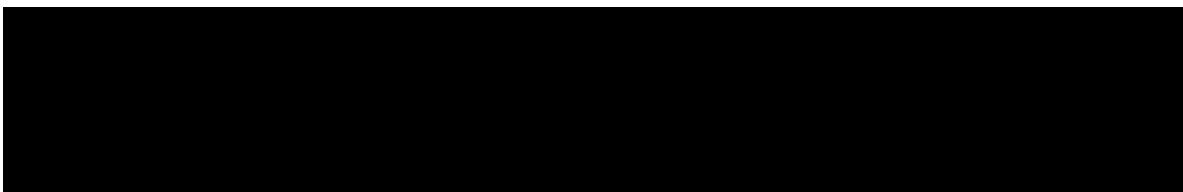
Type of Incident: Disturbance

Incident Description: Multiple residents on the 100-hall attempted to bust down the door and elope from the facility. Due to the number of resident's attempting to elope, the police were notified and arrived on scene to assist staff in preventing them from eloping.

Agency's Interim Corrective Action: Police were notified.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/5/2022



Date of DCCECE's Follow-up: 3/10/2022 **Type of Follow-up:** In person

Details from Follow-up: 3/10/2022-Licensing Specialist visited the facility to review the footage from the incident. No licensing concerns noted.



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Notice of Incident

Date of Incident: 3/9/2022

Date Reported to DCCECE: 3/10/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

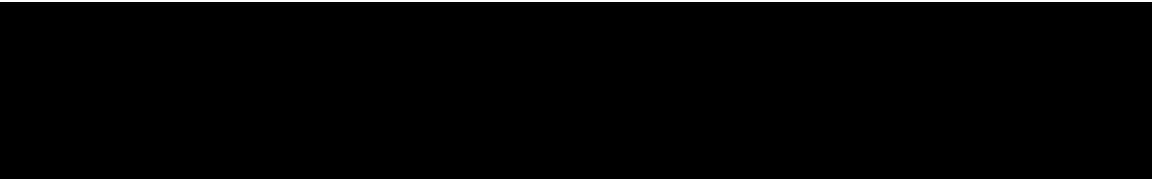
Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was taken to the emergency room after he reported muscle pain and neck stiffness. Muscle rigidity was noted by the nurse at the facility.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/9/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 3/9/2022

Date Reported to DCCECE: 3/10/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] reported pain in his fifth digit of his left hand due to hitting a wall.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/9/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: 3/15/2022-Licensing Specialist emailed PaSonNa Hope to inquire about the pending x-ray results.



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Notice of Incident

Date of Incident: 11/21/2021

Date Reported to DCCECE: 11/23/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Maltreatment

Incident Description: Resident [REDACTED] was refusing to follow prompts by staff [REDACTED] as he was attempting to escort him back to his room. Resident [REDACTED] then reportedly fell backwards onto staff [REDACTED] and was caught under the arms by the staff. Staff then picked the resident up under the arms and transported him down the hallway.

Agency's Interim Corrective Action: Staff will be placed on suspension pending the results of the maltreatment investigation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 11/21/2021

Date of DCCECE's Follow-up: 11/24/2021

Type of Follow-up: Phone call/email

Details from Follow-up: 11.24.21-Licensing Specialist emailed Craig Gammon to get an updated ICA due to the maltreatment report being accepted. The current ICA addressed retraining for the staff, but did not mention the staff having no direct or unsupervised contact with children [REDACTED]. [REDACTED] Licensing Specialist called [REDACTED] with the agency as Craig Gammon is off work for the holiday. [REDACTED] confirmed that the facility will update the ICA and [REDACTED]. [REDACTED] Licensing Specialist emailed the assigned investigator [REDACTED]

for contact information.

12/6/21-Licensing Specialist spoke to the secondary investigator who interviewed the A/V and gained additional contact information for the primary investigator. Primary investigator did not answer so a second email was sent to the primary investigator for a return call. Licensing Specialist visited the facility, discussed the incident, reviewed camera footage, received nursing notes, and written incident reports. Licensing was notified that staff [REDACTED] resigned from their position.



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Notice of Incident

Date of Incident: 3/9/2022

Date Reported to DCCECE: 3/10/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

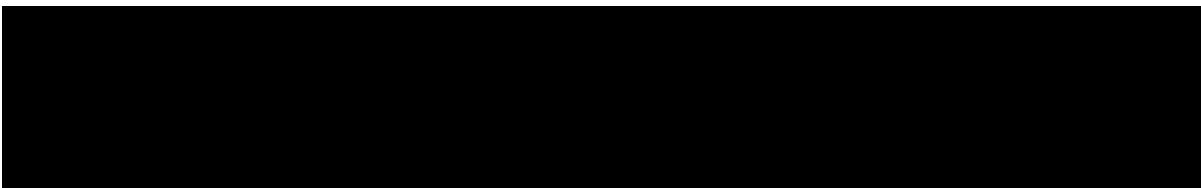
Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] had a seizure on the unit.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/9/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 3/17/2022

Date Reported to DCCECE: 3/18/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] was involved in a confrontation with a peer. The resident punched the peer and began to report pain and swelling in that right hand. Resident received orders from the APRN to have an Xray performed.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/17/2022



Date of DCCECE's Follow-up: 3/21/2022 **Type of Follow-up:** Email

Details from Follow-up: 3/21/22-Licensing Specialist emailed the facility to request information about the results of the resident's x-rays. Licensing Specialist received a copy of the x-ray results which showed no acute findings.



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Notice of Incident

Date of Incident: 3/16/2022

Date Reported to DCCECE: 3/18/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident █ complained of coughing, shortness of breath, wheezing, and a headache. Resident's COVID and flu test came back negative. APRN requested the resident be taken to the ER for a chest x-ray.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/16/2022

Date of DCCECE's Follow-up: 3/21/2022 **Type of Follow-up:** Email

Details from Follow-up: 3/21/22-Licensing Specialist emailed the facility to request information about the results of the resident's x-rays. Facility sent a copy of the results to the Licensing Specialist.



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Notice of Incident

Date of Incident: 3/16/2022

Date Reported to DCCECE: 3/18/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] complained of pain in his 5th finger on the right hand. The resident reports he thinks he injured it the night before while playing with another resident.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/16/2022

Date of DCCECE's Follow-up: 3/21/2022 **Type of Follow-up:** Email

Details from Follow-up: 3/21/22-Licensing Specialist emailed the facility to request information about the results of the resident's x-rays. Licensing Specialist received a copy of the x-ray results which showed no acute findings.



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Notice of Incident

Date of Incident: 3/18/2022

Date Reported to DCCECE: 3/21/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident █ complained of right hand pain after stating that he punched a wall the day before. Mild swelling was noted.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/18/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 3/20/2022

Date Reported to DCCECE: 3/21/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

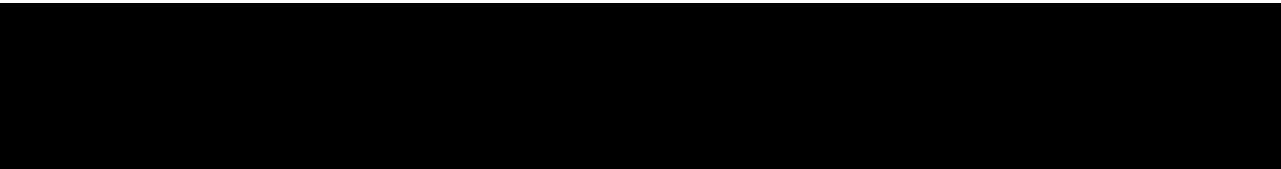
Type of Incident: Emergency Room Visit

Incident Description: Resident █ complained of headache and received Tylenol. Resident complained of a sore throat and his temperature was elevated.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/20/2022



Date of DCCECE's Follow-up: 3/23/2022 **Type of Follow-up:** Email

Details from Follow-up: 3/23/2022-Licensing Specialist emailed PaSonna Hope for a follow up on the resident's strep test as the incident report states he has a pending strep test. PaSonna reported that the strep test was NEGATIVE.



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Notice of Incident

Date of Incident: 3/20/2022

Date Reported to DCCECE: 3/21/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

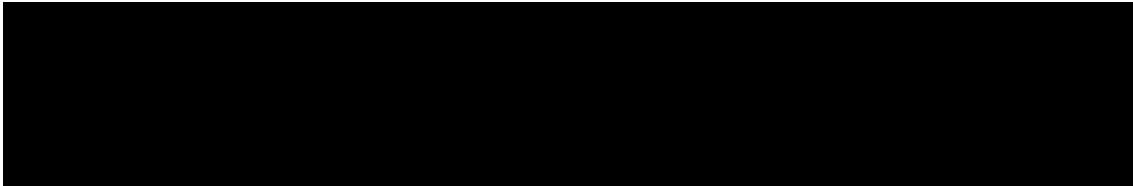
Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] complained of sore throat. Throat appeared red and swollen at examination. Resident's temperature was seen at 103.6.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/20/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 3/23/2022

Date Reported to DCCECE: 3/24/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

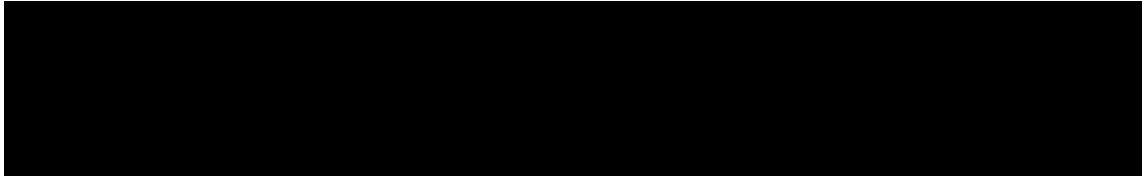
Type of Incident: ER Visit

Incident Description: Resident █ stated that he was having pain in his right foot/toe area due to an elopement attempt from a previous day in which he tried to jump a fence, but failed.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/23/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 3/23/2022

Date Reported to DCCECE: 3/24/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

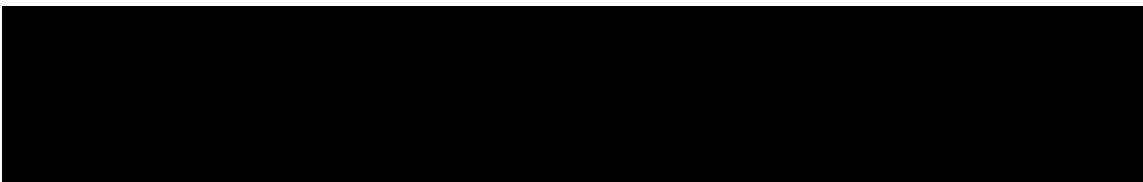
Type of Incident: ER Visit

Incident Description: Resident █ complained of pain in the 3rd finger of his left hand.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/23/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 3/28/2022

Date Reported to DCCECE: 3/29/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

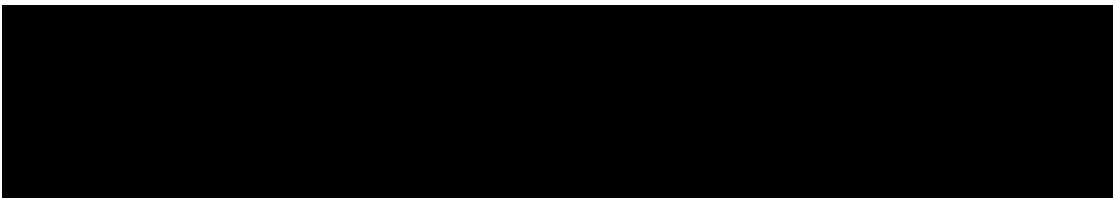
Type of Incident: Elopement

Incident Description: Resident █ found a badge on the ground of a staff member. The staff member had been intervening on a fight between other residents when their badge fell off without them realizing. The resident picked it up and was able to use it to elope from the building.

Agency's Interim Corrective Action: Local law enforcement was notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/28/2022



Date of DCCECE's Follow-up: 3/30/2022 **Type of Follow-up:** Email

Details from Follow-up: 3/30/22-Licensing Specialist emailed the agency requesting additional information regarding any retraining done with the staff whose badge was used in the elopement. 3/31/2022-Licensing Specialist reviewed camera footage of the incident and noted no Licensing concerns. Staff was retrained and given a lanyard to wear his badge around his neck instead of clipped to his pants.



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Notice of Incident

Date of Incident: 3/28/2022

Date Reported to DCCECE: 3/29/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] was informed by another resident that they had retrieved a badge from a staff that had fallen to the ground and they used it to elope from the facility.

Agency's Interim Corrective Action: Local law enforcement was notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/28/2022

Date of DCCECE's Follow-up: 3/30/2022 **Type of Follow-up:** Email

Details from Follow-up: 3/30/22-Licensing Specialist emailed the agency requesting additional information regarding any retraining done with the staff whose badge was used in the elopement. 3/31/2022-Licensing Specialist reviewed camera footage of the incident and noted no Licensing concerns. Staff was retrained and given a lanyard to wear his badge around his neck instead of clipped to his pants.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
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Notice of Incident

Date of Incident: 3/31/2022

Date Reported to DCCECE: 4/1/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] became aggressive with staff and walked away towards the administration building. Staff followed the resident, but the resident was able to use extreme force to open the door and kick open the administration door to elope from the facility.

Agency's Interim Corrective Action: Staff followed the resident off campus and continued to process with him.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/31/2022

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 3/31/2022

Date Reported to DCCECE: 4/1/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: During a walkthrough of the facility, PaSonna Hope and the Licensing Specialist overhead staff [REDACTED] use profanity two times towards resident [REDACTED]

Agency's Interim Corrective Action: Staff [REDACTED] was suspended from 4/1/22-4/5/22.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 3/31/2022

Date of DCCECE's Follow-up: 3/31/2022 **Type of Follow-up:** In person

Details from Follow-up: 3/31/22-Licensing Specialist requested the facility address the unprofessional conduct by the staff immediately. The facility followed up with the ICA for the staff and will follow up with the Licensing Specialist after the staff has completed re-training.

4/7/2022- Staff [REDACTED] completed the SAMA retraining course with PaSonna Hope.



Division of Child Care & Early Childhood Education
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P: 501.320.3971

Notice of Incident

Date of Incident: 4/4/2022

Date Reported to DCCECE: 4/5/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

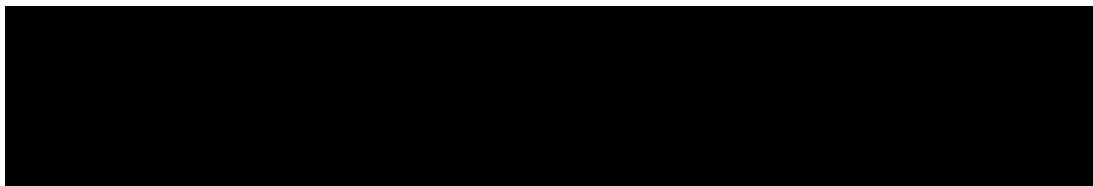
Type of Incident: Emergency Room Visit

Incident Description: Resident █ reported pain after he reportedly fell while he was home and hit his right eye.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/4/2022



Date of DCCECE's Follow-up: 4/6/2022 **Type of Follow-up:** Email

Details from Follow-up: 4/6/22-Licensing Specialist emailed PaSonnia Hope to get the results of the x-rays that were in a pending status at the time of the report. Licensing Specialist received x-ray results (no findings)



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Notice of Incident

Date of Incident: 4/4/2022

Date Reported to DCCECE: 4/5/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was taken to the emergency room after reporting severe sciatic pain in his right leg.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/4/2022

Date of DCCECE's Follow-up: 4/6/2022 **Type of Follow-up:** Email

Details from Follow-up: 4/6/22-Licensing Specialist emailed PaSonja Hope to get the results of the x-rays that were in a pending status at the time of the report. Licensing Specialist received x-ray results (no findings)



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Notice of Incident

Date of Incident: 4/4/2022

Date Reported to DCCECE: 4/5/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was taken to the emergency room after reporting of congestion and cough. APRN requested a chest x-ray.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/4/2022



Date of DCCECE's Follow-up: 4/6/2022 **Type of Follow-up:** Email

Details from Follow-up: 4/6/22-Licensing Specialist emailed PaSonnia Hope to get the results of the x-rays that were in a pending status at the time of the report. No concerns were noted on the visit.



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Notice of Incident

Date of Incident: 4/4/2022

Date Reported to DCCECE: 4/5/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

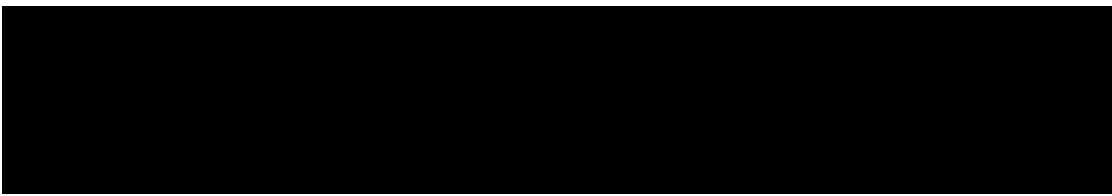
Type of Incident: Emergency Room Visit

Incident Description: Resident T.S. was taken to the emergency room after he complained of fifth digit pain. The resident states he punched a wall a few days ago.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/4/2022



Date of DCCECE's Follow-up: 4/6/2022 **Type of Follow-up:** Email

Details from Follow-up: 4/6/22-Licensing Specialist emailed PaSonnia Hope to get the results of the x-rays that were in a pending status at the time of the report. Licensing Specialist received x-ray results (no findings)



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Notice of Incident

Date of Incident: 4/4/2022

Date Reported to DCCECE: 4/5/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was taken to the emergency after he had repeatedly hit his head on the wall and hit himself in the head.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/4/2022



Date of DCCECE's Follow-up: 4/6/2022 **Type of Follow-up:** Email

Details from Follow-up: 4/6/22-Licensing Specialist emailed PaSonnia Hope to get the results of the x-rays that were in a pending status at the time of the report. Licensing Specialist received x-ray results (no findings)



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 12/13/2021

Date Reported to DCCECE: 12/13/2021

Agency Name: Dacus RTC

Agency Number: 108

Type of Facility: PRTF

Facility License Type: Regular

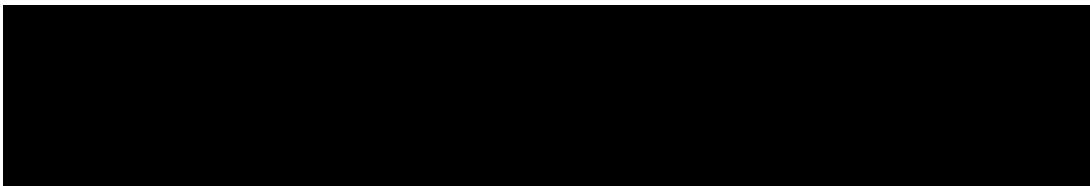
Type of Incident: Arrest

Incident Description: Resident [REDACTED] became aggressive towards staff. Staff responded by using disengagement techniques, but the resident continued assaultive behavior. Police were called and the resident was arrested.

Agency's Interim Corrective Action: Facility staff called the local police department due to the continued assaultive behavior by the resident.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 12/13/2021



Date of DCCECE's Follow-up: 12/15/2021

Type of Follow-up: Email

Details from Follow-up: 12/15/2021-Licensing Specialist emailed Thurel George to ensure that the agency has reviewed and staffed this incident. Specialist asked if there are plans for the resident to return to the facility or if he is discharged permanently from the program. Staff confirmed that a review was conducted and no issues were found. The resident has been discharged from the facility.



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Notice of Incident

Date of Incident: 4/3/2022

Date Reported to DCCECE: 4/4/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

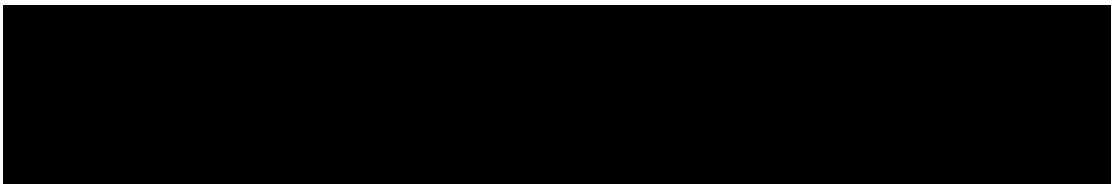
Type of Incident: Emergency Room Visit

Incident Description: Resident █ was taken to the emergency room after he complained of pain in his right index finger around his knuckle due to punching a wall.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/3/2022



Date of DCCECE's Follow-up: 4/6/2022 **Type of Follow-up:** Email

Details from Follow-up: 4/6/22-Licensing Specialist emailed PaSonna Hope to get the results of the x-rays that were in a pending status at the time of the report.



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Notice of Incident

Date of Incident: 4/3/2022

Date Reported to DCCECE: 4/4/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

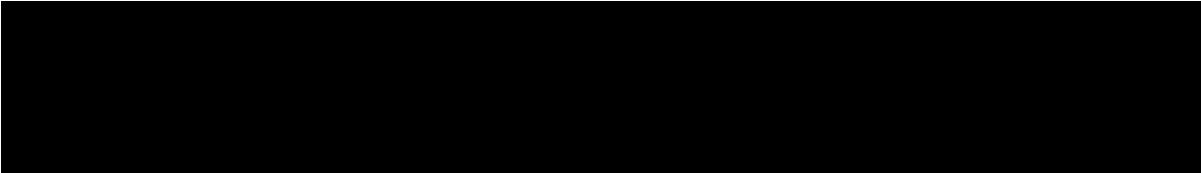
Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was taken to the emergency room after he injured his left ankle while playing basketball in the gym.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/3/2022



Date of DCCECE's Follow-up: 4/6/2022 **Type of Follow-up:** Email

Details from Follow-up: 4/6/22-Licensing Specialist emailed PaSonja Hope to get the results of the x-rays that were in a pending status at the time of the report. Licensing Specialist received x-ray results (no findings)



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Notice of Incident

Date of Incident: 4/5/2022

Date Reported to DCCECE: 4/6/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

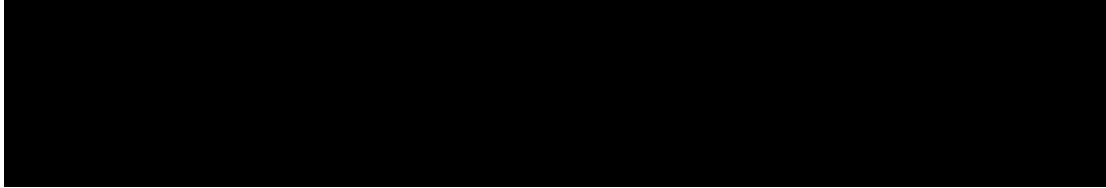
Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was taken to the emergency room after complaining of pain in his left hand middle finger.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/5/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 4/7/2022

Date Reported to DCCECE: 4/8/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] reported that he was pulled from his bed by staff [REDACTED] and [REDACTED] dragged down the hall and to the nurses station.

Agency's Interim Corrective Action: A camera review was conducted of the incident.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/7/2022

Date of DCCECE's Follow-up: 4/8/2022 **Type of Follow-up:** Phone call

Details from Follow-up: 4/8/22-Licensing Specialist spoke to PaSonna Hope regarding the incident. PaSonna Hope stated that the incident was reviewed, and they will be terminating the employee. 4/12/22-Licensing Specialist reviewed the camera footage of the incident which showed staff [REDACTED] and [REDACTED] dragging the resident from the room after he hid from staff. The resident was not a harm to himself or others at the time of the "restraint". Additional staff witnessed this unprofessional conduct and did not report it to management. Staff witnesses were then retrained by management on mandated reporting and received written disciplinary action.



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Notice of Incident

Date of Incident: 4/8/2022

Date Reported to DCCECE: 4/11/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

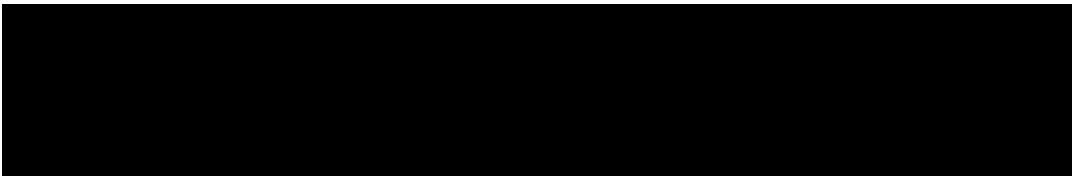
Type of Incident: Emergency Room Visit

Incident Description: Resident █ reported to APRN that he injured his back 2 weeks ago when he fell off the stairs of his bed.

Agency's Interim Corrective Action: Resident was taken to emergency room for further evaluation.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 4/8/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 4/11/2022

Date Reported to DCCECE: 4/12/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

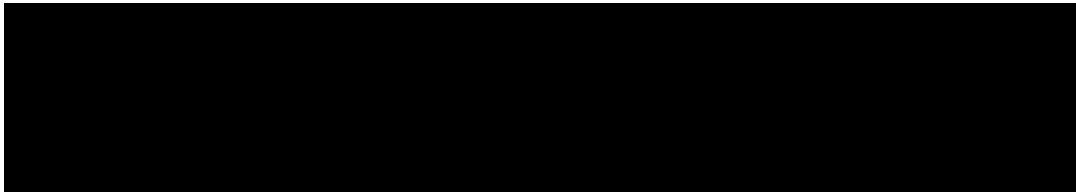
Type of Incident: Emergency Room Visit

Incident Description: Resident █ was transported to an acute facility due to extreme behaviors that could cause harm to himself and others.

Agency's Interim Corrective Action: Resident was picked up by ambulance and transported to the acute facility for further treatment.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 4/11/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 4/12/2022

Date Reported to DCCECE: 4/13/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room

Incident Description: Resident [REDACTED] was transported to hospital after he passed out in the classroom.

Agency's Interim Corrective Action: Resident was taken to the hospital for evaluation.

Licensing Specialist Assigned: C.Vardell

Licensing Supervisor Assigned: 4/12/2022

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 4/13/2022

Date Reported to DCCECE: 4/14/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

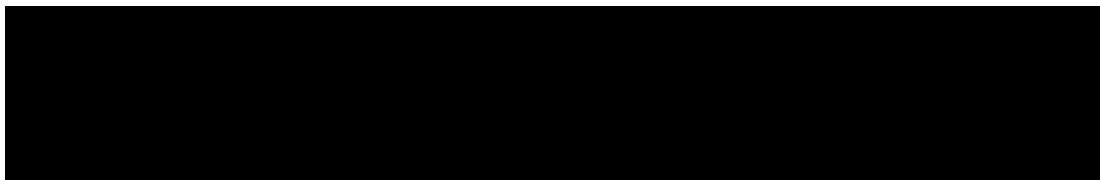
Type of Incident: Emergency Room

Incident Description: Resident █ was taken to the emergency room for an x-ray after he complained of pain in his right arm.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/13/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 4/13/2022

Date Reported to DCCECE: 4/14/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

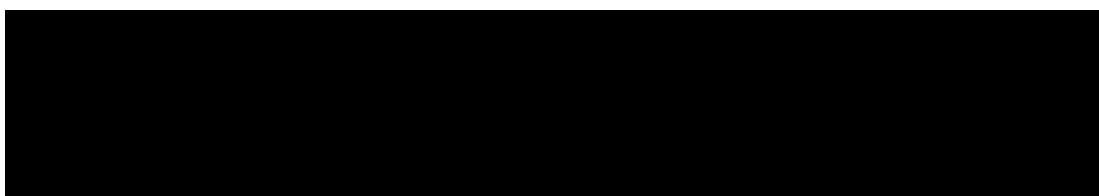
Type of Incident: Emergency Room

Incident Description: Resident [REDACTED] was taken to the emergency room for an x-ray after he complained of pain in his right hand. Resident was observed punching walls and doors which resulted in pain and swelling.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/13/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 4/17/2022

Date Reported to DCCECE: 4/18/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

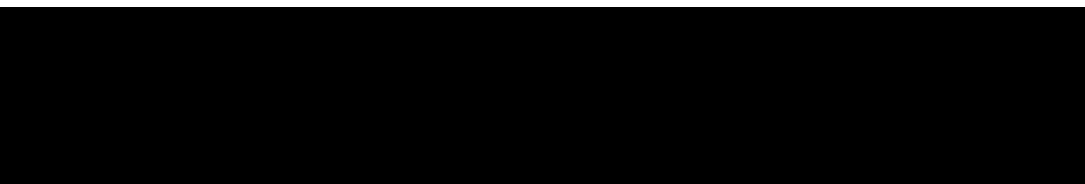
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped from the facility.

Agency's Interim Corrective Action: Staff notified nursing that the resident eloped and a call was placed to the Forrest City Police department to notify them of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/17/2022



Date of DCCECE's Follow-up: 4/19/2022 **Type of Follow-up:** Phone call

Details from Follow-up: 4/19/2022-PaSonna Hope reported to the Licensing Specialist that a camera review will be conducted today to determine how the resident's eloped. Resident eloped using a key fob from a staff that they had obtained by an unknown way.

4/26/2022-Licensing Specialist reviewed the camera footage with specialist Eleanor White. Staff can be seen on the unit 2:9 on the 300 hall. There is an incident that takes place off the unit in which both staff leave the unit as the 9 residents remained unattended. Four of these residents then use what appears to be a staff key card to elope. A female staff enters the unit and sits with the remaining 5 residents as she is unaware of the elopement. The original male staff re-enters the room 10 minutes later and continues to monitor the 5 residents unaware that 4 residents have eloped. Staff was unaware of the elopement for 42 minutes until the local fire department called to report 1

resident at their fire station.



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Notice of Incident

Date of Incident: 4/17/2022

Date Reported to DCCECE: 4/18/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped from the facility.

Agency's Interim Corrective Action: Staff notified nursing that the resident eloped and a call was placed to the Forrest City Police department to notify them of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/17/2022

Date of DCCECE's Follow-up: 4/19/2022 **Type of Follow-up:** Phone call

Details from Follow-up: 4/19/2022-PaSonna Hope reported to the Licensing Specialist that a camera review will be conducted today to determine how the resident's eloped. Resident eloped using a key fob from a staff that they had obtained by an unknown way.



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Notice of Incident

Date of Incident: 4/17/2022

Date Reported to DCCECE: 4/18/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

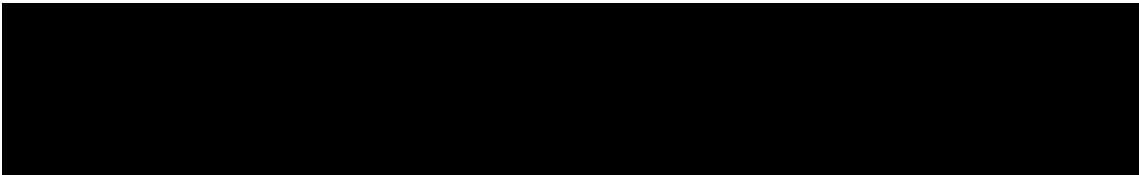
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped from the facility.

Agency's Interim Corrective Action: Staff notified nursing that the resident eloped and a call was placed to the Forrest City Police department to notify them of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/17/2022



Date of DCCECE's Follow-up: 4/19/2022 **Type of Follow-up:** Phone call

Details from Follow-up: 4/19/2022-PaSonna Hope reported to the Licensing Specialist that a camera review will be conducted today to determine how the resident's eloped. Resident eloped using a key fob from a staff that they had obtained by an unknown way.



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Notice of Incident

Date of Incident: 4/17/2022

Date Reported to DCCECE: 4/18/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

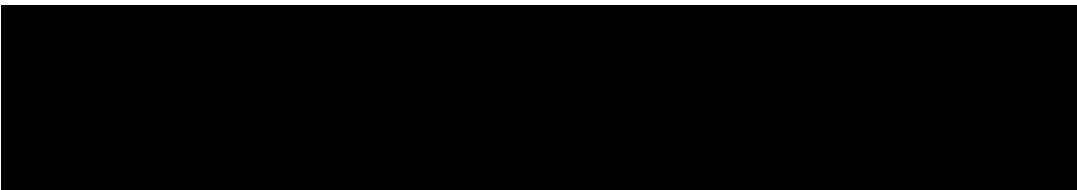
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped from the facility.

Agency's Interim Corrective Action: Staff notified nursing that the resident eloped and a call was placed to the Forrest City Police department to notify them of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/17/2022



Date of DCCECE's Follow-up: 4/19/2022 **Type of Follow-up:** Phone call

Details from Follow-up: 4/19/2022-PaSonna Hope reported to the Licensing Specialist that a camera review will be conducted today to determine how the resident's eloped. Resident eloped using a key fob from a staff that they had obtained by an unknown way.



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Notice of Incident

Date of Incident: 4/20/2022

Date Reported to DCCECE: 4/21/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident █ was taken to the emergency room for an x-ray of his right thumb due to pain resulting from a basketball injury approximately two weeks ago.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/20/2022

Date of DCCECE's Follow-up: 4/22/2022 **Type of Follow-up:** Email

Details from Follow-up: 4/22/22-Licensing Specialist requested results of the x-ray of the resident's thumb.



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Notice of Incident

Date of Incident: 5/3/2022

Date Reported to DCCECE: 5/4/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] eloped off of his unit with a peer at 6am after staff [REDACTED] had fallen asleep allowing for the resident's to take his key fob.

Agency's Interim Corrective Action: Staff [REDACTED] was placed on immediate suspension.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/3/2022

Date of DCCECE's Follow-up: 5/5/2022 **Type of Follow-up:** Email

Details from Follow-up: 5/5/22-Licensing Specialist contacted the agency to determine the outcome of camera review and the amount of time that passed from when the resident's eloped to when staff became aware of the elopement. 5/10/22-Licensing reviewed the camera footage of the incident and discussed it with the management team at the facility.



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Notice of Incident

Date of Incident: 5/3/2022

Date Reported to DCCECE: 5/4/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] eloped off of his unit with a peer at 6am after staff [REDACTED] had fallen asleep allowing for the resident's to take his key fob.

Agency's Interim Corrective Action: Staff [REDACTED] was placed on immediate suspension.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/3/2022

Date of DCCECE's Follow-up: 5/5/2022 **Type of Follow-up:** Email

Details from Follow-up: 5/5/22-Licensing Specialist contacted the agency to determine the outcome of camera review and the amount of time that passed from when the resident's eloped to when staff became aware of the elopement. 5/10/22-Licensing reviewed the camera footage of the incident and discussed it with the management team at the facility.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 5/3/2022

Date Reported to DCCECE: 5/4/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

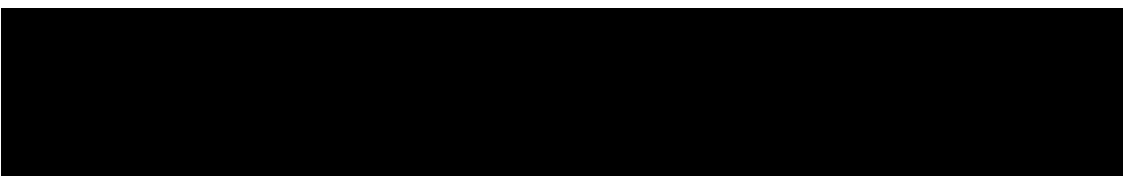
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped from the facility at around 8:20am after he was in an altercation with a peer. The resident kicked open doors while running through the facility and eventually left the premises. Staff stayed with the resident and kept him in sight at all times.

Agency's Interim Corrective Action: Staff pursued the resident and kept him in line of sight to process with him.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/3/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 5/6/2022

Date Reported to DCCECE: 5/9/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Report received stating that resident [REDACTED] has been mixing and selling prescription drugs in the facility and it is not known how the child got ahold of the drugs. The drugs the resident is mixing are not from his prescription.

Agency's Interim Corrective Action: The facility conducted a search of the resident's room and personal property for any prescription medications.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/6/2022

Date of DCCECE's Follow-up: 5/9/2022 **Type of Follow-up:** Email

Details from Follow-up: 5/9/22-Licensing Specialist spoke to the investigator to discuss the report. [REDACTED]

[REDACTED] he Licensing Specialist emailed the facility to request that the resident's room and belongings are immediately searched for any medications. The investigator reported that the resident did admit to "cheeking" his medications to distribute to other residents, but reported that staff were unaware he was "cheeking" them.



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Notice of Incident

Date of Incident: 5/5/2022

Date Reported to DCCECE: 5/6/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] injured his ankle while playing basketball outside.

Agency's Interim Corrective Action: Resident was taken to the emergency room via ambulance for further evaluation of his injury.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/5/2022

Date of DCCECE's Follow-up: 5/9/2022 **Type of Follow-up:** Email

Details from Follow-up: 5/9/2022-Emailed the facility to request the results of the x-ray the resident's obtained on 5/5/2022. Results showed no fracture or dislocation.



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Notice of Incident

Date of Incident: 5/9/2022

Date Reported to DCCECE: 5/10/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

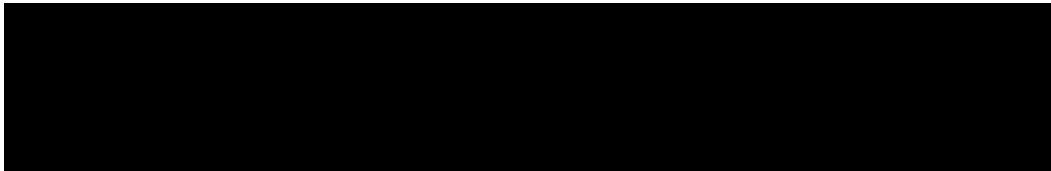
Type of Incident: Elopement

Incident Description: Resident [REDACTED] approached staff on the unit and took her badge/key fob from her hand forcibly. The resident returned to his room with peers and later exited the hall using the fob and eloped from the facility.

Agency's Interim Corrective Action: Staff notified the police department of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/9/2022



Date of DCCECE's Follow-up: 5/10/2022 **Type of Follow-up:** In person

Details from Follow-up: 5/10/22-Program Coordinator reviewed the camera footage of the incident and found that staff was out of ratio at the time of the elopement because one staff had left her assigned area. Additionally, staff on the unit did not take proper actions when her key fob was taken by the residents nor did she provide the level of supervision necessary to ensure the safety of these residents. UPDATE: The residents were found in Jackson, TN and are currently being held in detention there. The residents will not be allowed to return to the facility.



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Notice of Incident

Date of Incident: 5/9/2022

Date Reported to DCCECE: 5/10/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

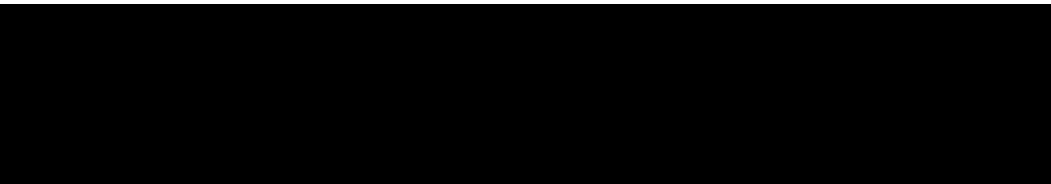
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped with two other peers from his unit using a key fob they forcibly took from staff. The resident ran outside and to the exterior door of another unit and was able to get a fourth resident who eloped with the group of boys off the property.

Agency's Interim Corrective Action: The police were notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/9/2022



Date of DCCECE's Follow-up: 5/10/2022 **Type of Follow-up:** In Person

Details from Follow-up: 5/10/22-Program Coordinator reviewed the camera footage of the incident and found that staff was out of ratio at the time of the elopement because one staff had left her assigned area. Additionally, staff on the unit did not take proper actions when her key fob was taken by the residents nor did she provide the level of supervision necessary to ensure the safety of these residents. UPDATE: The residents were found in Jackson, TN and are currently being held in detention there. The residents will not be allowed to return to the facility.



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Notice of Incident

Date of Incident: 5/9/2022

Date Reported to DCCECE: 5/10/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped with two other peers from his unit using a key fob they forcibly took from staff. The resident ran outside and to the exterior door of another unit and was able to get a fourth resident who eloped with the group of boys off the property.

Agency's Interim Corrective Action: The police were notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/9/2022

Date of DCCECE's Follow-up: 5/10/2022 **Type of Follow-up:** In Person

Details from Follow-up: 5/10/22-Program Coordinator reviewed the camera footage of the incident and found that staff was out of ratio at the time of the elopement because one staff had left her assigned area. Additionally, staff on the unit did not take proper actions when her key fob was taken by the residents nor did she provide the level of supervision necessary to ensure the safety of these residents. UPDATE: The residents were found in Jackson, TN and are currently being held in detention there. The residents will not be allowed to return to the facility.



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Notice of Incident

Date of Incident: 5/9/2022

Date Reported to DCCECE: 5/10/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident █ was on his unit when three other residents opened the exterior door to his unit to get him. The resident left with the three peers and staff pursued as they eloped from the property.

Agency's Interim Corrective Action: The police were notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/9/2022

Date of DCCECE's Follow-up: 5/10/2022 **Type of Follow-up:** In Person

Details from Follow-up: 5/10/22-Program Coordinator reviewed the camera footage of the incident and found that staff was out of ratio at the time of the elopement because one staff had left her assigned area. Additionally, staff on the unit did not take proper actions when her key fob was taken by the residents nor did she provide the level of supervision necessary to ensure the safety of these residents. UPDATE: The residents were found in Jackson, TN and are currently being held in detention there. The residents will not be allowed to return to the facility.



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Notice of Incident

Date of Incident: 5/9/2022

Date Reported to DCCECE: 5/10/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was in an altercation with another peer in which he sustained an injury to his forehead.

Agency's Interim Corrective Action: The resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/9/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 5/11/2022

Date Reported to DCCECE: 5/12/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Elopement

Incident Description: Resident [REDACTED] took a staff members badge, but staff was able to get the badge back immediately. The resident then climbed a fence, jumped on an air conditioning unit, and climbed onto the roof of the facility. The resident then jumped from the front of the building and eloped from the property.

Agency's Interim Corrective Action: Staff attempted to pursue the resident, but were unsuccessful. The police department was then notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/11/2022

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 5/11/2022

Date Reported to DCCECE: 5/12/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

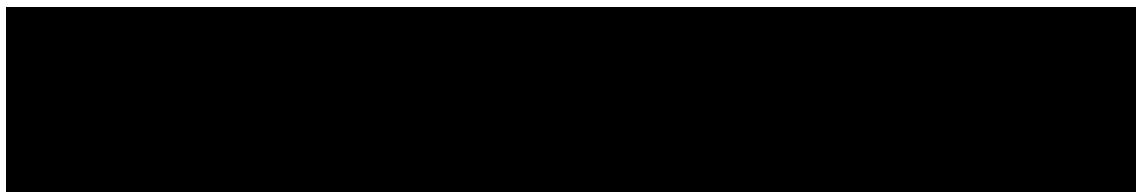
Type of Incident: Elopement

Incident Description: Resident [REDACTED] eloped from the facility with a peer after he climbed a fence, jumped on top of an air conditioning unit, and got on top of the roof. The resident then jumped off the front of the building and eloped from the property.

Agency's Interim Corrective Action: Staff attempted to pursue the resident, but were unsuccessful. The police department was then notified of the elopement.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/11/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: UNKNOWN

Date Reported to DCCECE: 1/5/2022

Agency Name: Piney Ridge Treatment Center

Agency Number: 203

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Maltreatment

Incident Description: Resident [REDACTED] reported he has woke up to his roommate [REDACTED] touching his genitals over the clothing multiple times in the past month.

Agency's Interim Corrective Action: The residents were assigned different rooms and both residents were placed on non-interactions with each other.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: UNKNOWN

[REDACTED]

Date of DCCECE's Follow-up: 1/7/2022 **Type of Follow-up:** Email

Details from Follow-up: 1/5/2022 [REDACTED]

1/7/2022-Licensing

Specialist emailed the facility to find out the previous bedroom arrangement and if a safety plan was initiated for the A/O. Ronissa Adams confirmed that the staff are aware monitoring his bedroom and there were a total of four residents assigned to the bedroom where the alleged incident occurred.



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Notice of Incident

Date of Incident: 5/11/2022

Date Reported to DCCECE: 5/12/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

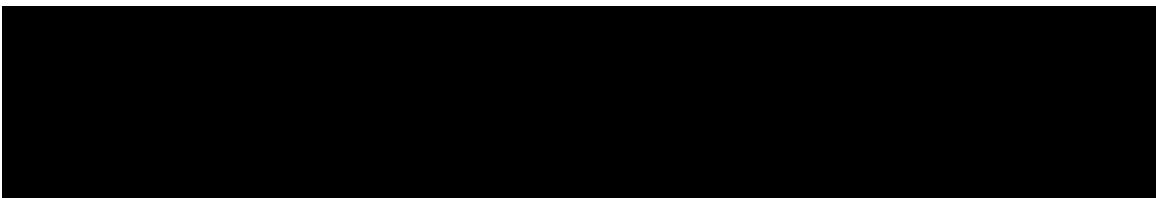
Type of Incident: Emergency Room Visit

Incident Description: Resident █ reported pain in his right hand to the APRN

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/11/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 5/11/2022

Date Reported to DCCECE: 5/12/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

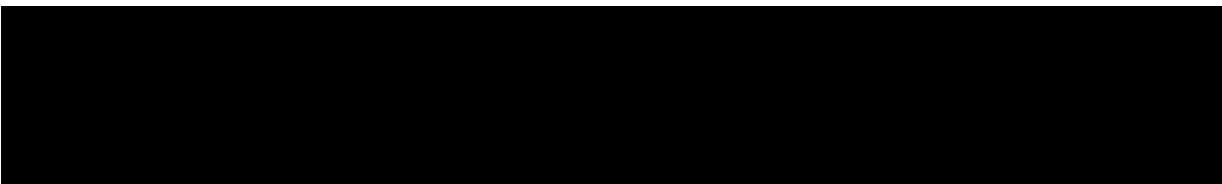
Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] complained of pain in his left hand that was from an injury prior to being placed at Perimeter.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/11/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 5/11/2022

Date Reported to DCCECE: 5/12/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

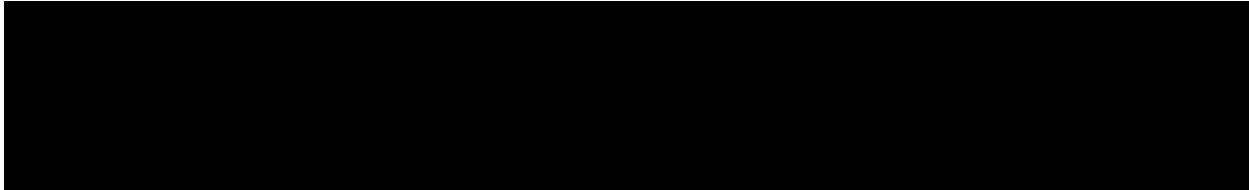
Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] complained of left hand pain after he punched “something” two days ago.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/11/2022



Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up:



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Notice of Incident

Date of Incident: 5/15/2022

Date Reported to DCCECE: 5/19/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room visit

Incident Description: Resident [REDACTED] threw a rock through the window of the school building and attempted to climb through it. The resident sustained a 4 inch laceration to the back of his left lower leg.

Agency's Interim Corrective Action: Staff applied a pressure bandage and transported to the emergency room for assessment.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/15/2022

Date of DCCECE's Follow-up: 5/14/22. 5/23/2022
Type of Follow-up: Email. Facility visit.

Details from Follow-up: Video reviewed from 5/19/22 from 12:07PM-12:08PM. Video is seen from inside the classroom looking out the window that was broken. Client [REDACTED] is seen throwing a rock/brick through the glass then kicking the glass. It appeared that when client [REDACTED] withdrew his leg from the window he was injured. Staff is seen outside assisting client as he appeared to be limping at this point. Staff ratio inside the classroom 4:12. Two staff are seen outside with client. Staff reports that client was taken to the Emergency Room following incident.

Window observed to be boarded up with no signs of broken glass inside or outside the facility. Pictures taken. Staff report that "All About Glass" has given an estimated time of repair, 3-4 weeks.

Staff ratio within licensing limits. Staff appear to be doing everything they can to ensure the safety and well-being of the client.



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Notice of Incident

Date of Incident: 5/15/2022

Date Reported to DCCECE: 5/19/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room visit

Incident Description: Resident [REDACTED] was in an altercation with peers and brought to the nurse's station for assessment. The resident sustained a gash to his bottom center lip, gash to the bridge of his nose and there was visible swelling in both areas.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further treatment.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/15/2022

Date of DCCECE's Follow-up: 5/19/2022. 5/23/22 visit.

Type of Follow-up: Email. Facility

Details from Follow-up: 5/19/2022-Program Coordinator emailed the facility to request that video footage from this altercation be saved for further review during next week's visit to the facility. 5/23/22 Video reviewed from 5/15/22 from 12:35PM-12:38PM. Incident took place in the gym. 12 clients observed playing basketball. 2 staff observed present. 2 clients began to swing punches towards one another. Resident [REDACTED] was hit and fell to the ground. Staff observed immediately breaking up the fight and assisting [REDACTED]. Staff report [REDACTED] was assessed and treated by facility nurse.

Staff client ratio within licensing limits. Staff seen ensuring the safety and well-being of the client.



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Notice of Incident

Date of Incident: 5/26/2022

Date Reported to DCCECE: 5/27/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was in an altercation with another peer and began to complain of pain to his right thumb.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/26/2022

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called: No **Was it accepted?** N/A **Outcome:** N/A

Assigned Investigator: N/A

Date of DCCECE's Follow-up: 5/31/2022 **Type of Follow-up:** Email

Details from Follow-up: 5/31/2022-Program Coordinator emailed the facility to determine if video footage had been reviewed, if staff were in ratio and responded appropriately, and if there is a safety plan in place for the two residents to limit interaction.

6/1/2022- Program Coordinator reviewed the camera footage of the incident and noted no licensing concerns.



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Notice of Incident

Date of Incident: 5/27/2022

Date Reported to DCCECE: 5/31/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] complained of pain in his right wrist following an altercation with a peer on a previous day.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 5/27/2022

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called: No **Was it accepted?** N/A **Outcome:** N/A

Assigned Investigator: N/A

Date of DCCECE's Follow-up: N/A **Type of Follow-up:** N/A

Details from Follow-up: