



Date: 1/25/2021 Licensing Specialist: Ezell Breedlove

CHRIS #: _____

Facility Type: Residential Type: _____

Placement Private
 DCFS
Foster Home Name: _____

Unlicensed Facility

Facility Name: Centers for Youth and Families - EMAC
Agency Name: _____
Address: 6425 W. 12th Street Little Rock, AR 72204
County: Pulaski
Phone: (501)686-8686
License #: 158

Owner Name: _____
Address: _____
Phone: _____
Date Licensed: _____

Facility Status: Provisional
 Regular
 Probationary

Allegation: Neglect Abuse Sexual Abuse

Provider Reported Incident (PRI): Complaint:

PRI converted to Complaint: Date:

Date of Incident:

Involved Child/Children (IC): (IC) DOB/Age: _____
DOB/Age: _____
DOB/Age: _____

Involved Staff Member(s) (S-1, S-2): _____

DCFS CACD Investigator: _____

Brief summary of allegation: IC asked to go to the restroom. Shortly, after about five(5) minutes, staff knocked on the door to check on (IC) non-response. Staff walked in and found (IC) lying on the bathroom floor with a shirt tied around her neck.

List all reported injuries to the child: None reported.

Interim corrective action for this incident: Staff have been individually retrained on precautions; video viewed on 2/10/21. Staff followed facility protocols to ensure the safety of IC. Pillowcases have been removed to prevent use for self-harm. Girls units have been switched up.

If no interim corrective action, please explain: _____

Date of most recent monitor visit and deficiencies cited during visit: 12/15/20 – (908.4) Ensure medication is locked. (908.6) Ensure controlled substances are under double lock. (911.15) Ensure sprinkler cap is replaced. (911.15f) Ensure items that pose a risk of self-injury are not left in children’s room.

Brief summary of monitor visit compliance history: No major deficiencies in the past year.

History of founded licensing and founded maltreatment complaints: Founded Licensing complaint for Regulation 907.2, lack of supervision 8/25/20

Is there a current corrective action agreement? If yes, list the dates and reason? _____

Final Corrective Action:

The staff maintained supervision per policy. During the incident, client was checked on in the bathroom and the situation was discovered quickly, in under 10 minutes.

We are completing re-training with all other staff of supervision of clients who are on suicide precautions.

IC – Involved Child/Children (include the age or date of birth)

R – Reporter

IS – Involved Staff Member(s) (S-1, S-2, etc.)