



Date: 1/30/21 Licensing Specialist: Ezell Breedlove

CHRIS #:

Facility Type: Residential Type: _____
 Placement Private
 DCFS
 Foster Home Name: _____
 Unlicensed Facility

Facility Name: Centers for Youth and Families - EMCC
Agency Name:
Address: 6501 W.12th St., Little Rock, AR 72204
County: Pulaski
Phone: (501)686-8686
License #: _____

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): (IC1)
 (IC2)

DOB/Age:
DOB/Age:
DOB/Age: _____

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

DCFS CACD Investigator: _____

Brief summary of allegation: (IC2) reports that (IC1) inserted a penis into his anus.

List all reported injuries to the child: No known injuries

Interim corrective action for this incident:

If no interim corrective action, please explain: IC1 and IC2 will not be allowed to be around each other unsupervised. Licensing investigation pending.

Date of most recent monitor visit and deficiencies cited during visit: 12/4/20 No deficiencies.

Brief summary of monitor visit compliance history: EMCC has a history of compliance.

History of founded licensing and founded maltreatment complaints: No recent founded maltreatments for the EMCC building.

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

Final Corrective Action:

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

R – Reporter

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