



Date: 2/10/21 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 Street L.R., AR 72204

County: Pulaski

Phone: (501)666-8686

License #: 157

Owner Name: _____

Address: _____

Phone: _____

Date Licensed: 9/7/2006

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): [REDACTED] (S1)

DCFS CACD Investigator: _____

Brief summary of allegation: (IC) reported that (S1) bent his hand back on Sunday morning prior to breakfast. The client advocate and I reviewed the video footage but was unable to corroborate this complaint. The advocate called it in to the hotline and it was accepted for further investigation.

List all reported injuries to the child: Pain

Interim corrective action for this incident: (S1) was placed on leave pending further investigation. Licensing is still investigating.

If no interim corrective action, please explain: N/A

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.)