

## **Division of Child Care & Early Childhood Education**

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## Notice of Incident

Date of Incident: 04.30.21

Date Reported to DCCECE: 12:00:00 AM

**Agency Name:** Piney Ridge Treatment Center

Agency Number: 203

Type of Facility: Sexual Rehabilitative Program Facility License Type: Regular

Type of Incident: Maltreatment

Incident Description:

IC1 ( recieved black eye from UNKNOWN staff during a restraint.

**Agency's Interim Corrective Action:** 

Interim Corrective Action has not been initiated due to UNKNOWN offenders.

Licensing Specialist Assigned: R. Reader Licensing Supervisor Assigned: F. Stepps

<u>Child Abuse Hotline</u> (Only applies to maltreatment incidents)

Was the Hotline Called: Yes Was it accepted? Yes Outcome: Pending

**Assigned Investigator:** Matthew Newcomb

**Date of DCCECE's Follow-up:** 12:00:00 AM **Type of Follow-up:** Email

**Details from Follow-up:** 05.04.21 - Specialist sent email request to investigatior requesting information and approvial for contacting facility. -05.06.21, Specialst sent a reminder email to investigatior requesting information and permission to contact facility for interum corrective action. -05.06.21 - Specialist Reader recieved the following update from the investigator "I have not been able to determine who the AOs are. The AV advised he did not know their names and stated it was "two black staff members". "