

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: 1/28/2021

Date Reported to DCCECE: 2/12/2021

Agency Name: United Methodist Children's Home-Little Rock

igency I tame: Office methodist c			
Agency Number: 115	Facility Vicence Town Beauty		
Type of Facility: PRTF	Facility License Type: Regular		
Type of Incident: Maltreatment			
Incident Description:			
ncident occurred on 1/28 and was later determined to be a hotline report.  am notifying you that an Investigation has been accepted for Abuse - Cuts, Bruises, Welts and Failure to Protect on AV by Methodist Children's Home/Treatment Center staff			
		member. AOs listed are	and stated that when he had
			mbers laughed at him. He also stated that he had bruises from
Agency's Interim Corrective Action:			
		Employees were moved to a different	Employees were moved to a different unit, pending investigation. Employees were required to have
pehavior management retraining.			
~			
Licensing Specialist Assigned: C.	. Galusha		
Licensing Supervisor Assigned: S. Singleton-Litzsey			
C1 11 41			
Child Abuse Hotline (Only applie	s to maitreatment incidents)		
Was the Hotline Called: Yes Wa	as it accepted? Yes Outcome:		
Assigned Investigator: CACD			
and an			
Date of DCCECE's Follow-up: 2	2/12/2021 Type of Follow-up: Email		
Details from Follow-up:			
	eceived the report from 1/28/21 and made a visit to the agency		
	g Specialist called the Hotline, but the report was not accepted.		
	terim corrective action that the employees in question be re-		
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	1000		

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trained for behavior management, as Licensing Specialist did not feel they properly handled the child's behavior. The hotline later accepted the report on 2/12/21.



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### Notice of Incident

**Date of Incident**: 1/28/2021

Date Reported to DCCECE: 2/12/2021

**Agency Name:** United Methodist Children's Home-Little Rock

Agency Number: 115

Type of Facility: PRTF Facility License Type: Regular

Type of Incident: Maltreatment

### **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 by Methodist Children's Home/Treatment Center staff member. AOs listed are Edward Unknown and Xaiver Unknown. 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: S. Singleton-Litzsey

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

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

Assigned Investigator: CACD

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

#### Details from Follow-up:

Investigation pending. Results from investigation are Unsubstantiated.