



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: [REDACTED].21
Date Reported to DCCECE: 06.23.21

Agency Name: Little Creek
Agency Number:
Type of Facility: PRTF Facility License Type: regular

Type of Incident: Injury by Staff

Incident Description: On [REDACTED], 21, around [REDACTED], Staff ([REDACTED]) was attacked by resident [REDACTED]. The staff [REDACTED] pushed the resident away multiple times, pushed the resident into a chair, and using the resident arm to place the resident in a chokehold. The resident was placed in the chokehold for about 5 mins.

Nurse assessment:
No injuries or bruises. Pt c/o pain 4/10.

Agency's Interim Corrective Action: On May 22, 2021, Risk received a report from Destin-Hu,am resources and Kerry Ingram -Clinical Director that an incident had occurred on Monday Night [REDACTED].21. Upon watching the camera review, Risk can see [REDACTED] (resident) attacked the staff ([REDACTED]). First, the staff is swiping the resident hand away multiple times and signing 'Stop,' then pushed the resident up against the wall, pushed him into the chair (with a small moment of choking,) and places the resident arm around his check to keep the resident from attacking staff further.

Upon camera review, the allegation of physical abuse is substantiated. Additionally, the camera review reveals that [REDACTED] was using an inappropriate hold to restrain the patient. As a result, [REDACTED] will be placed on a final written, restrained in TCI, put on a plan of improvement, and moved to nightshift. [REDACTED] shall not be involved in any restraints or discipline pending the outcome of the investigation from the Licensing Specialist.

Licensing Specialist Assigned: Reader
Licensing Supervisor Assigned: Singleton-Litzsey

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called: YES; client is [REDACTED] Was it accepted? no Outcome:

Assigned Investigator: n/a

Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up: