

## 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 /2021 Date Reported to DCCECE: 7/2/2021	
Agency Name: Little Creek Behavioral Health Agency Number: 255	
The CE III Down	cility License Type: Regular
Type of Incident: Maltreatment	
Incident Description: Resident was agitating a peer. Staff attempting to de-escalate by seperating the patients. It is a to attack the peer and extended his arm to stop him. Resident ran into Resident began hitting several times so shirt and flung him to the ground. Resident kicked and bit the while on the ground. Several times are grabbed the resident by the then kicked the resident in the knee and proceeded to hold the resident firmly on the ground.	
Agency's Interim Corrective Action: Sta	ff was placed on suspension 7/2/21
Licensing Specialist Assigned: C.Vardel Licensing Supervisor Assigned: S. Single	l eton-Litzsey
Child Abuse Hotline (Only applies to mal	reatment incidents)
Was the Hotline Called: Yes Was it accepts Assigned Investigator: CACD	oted? Yes Outcome: Pending
Date of DCCECE's Follow-up:7/6/2021	Type of Follow-up: Email
Details from Follow-up:	

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