



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 8/26/2021

Date Reported to DCCECE: 10/21/2021

Agency Name: Piney Ridge Treatment Center

Agency Number: 203

Type of Facility: SRU

Facility License Type: Regular

Type of Incident: [REDACTED]

Incident Description: Resident [REDACTED] reported to staff with the [REDACTED] that during his first restraint hold at the facility back on 8/26/21 staff [REDACTED] choked him and hit him after the resident had spit in his face.

Agency's Interim Corrective Action: Staff [REDACTED] was placed on suspension on 10/21/21 pending the results of the investigation.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: A. Clowers

Child Abuse Hotline (Only applies to maltreatment incidents)

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

Assigned Investigator: DCFS

Date of DCCECE's Follow-up: 10.26.21 **Type of Follow-up:** In person

Details from Follow-up: 10/26/21-Licensing Specialist visited the facility and discussed the incident. The agency reports there is no video footage of this incident and the incident packet has been reviewed. The restraint justification packet completed on 8/26/21 shows that the resident reported he felt safe with no pain or injuries noted to him by the nurse. Due to no injuries or complaints from the resident at the time of the restraint the agency did not have reasonable cause to believe [REDACTED] occurred so it was not reported.