

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: 11/17/2021

Date Reported to DCCECE: 11/18/2021

Agency Name: Elizabeth Mitchell Centers

Agency Number: 157	
Type of Facility: PRFT	Facility License Type: Regular
Type of Incident: Maltreatmen	t
-	ed notice from administrative staff that two calls were made to Neither of the calls involve Centers' staff. The first call was
and accepted by the Hotline (student and an unknown Arkansas, an unknown male to	Reference #2120307). The allegation involves Centers' man. Client told Centers' staff when she was in Fort Smith, took her to a park and forced her to perform oral sex on him. male was 35 years of age, and the incident took place 21.
boys touched her vagina and I boys also made her touch thei LNU and LNU. Client Youth Home and Methodist I	Centers student told Centers' staff that two breasts during her time at two other facilities. Client said the ir private parts. Client reported the boy's names were reported the incidents with and occurred at Behavioral Health. client also told Centers' staff that her touched her (client) between her legs.
called the Child 2120437).	Abuse Hotline and the call was accepted (Reference #
	hat sometime in 2021, she exchanged nude photos with an r the Internet. This information was reported to the Internet line on 11/17/2021.
All of the reported incidents o	occurred prior to client being admitted to The Centers. client /14/2021. As always, please don't hesitate to contact me if you
Agency's Interim Corrective A	Action:
Licensing Specialist Assigned Licensing Supervisor Assigne	