



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

Notice of Serious Incident

Date of Incident: 1/26/2023

Date Received by DCCECE: 1/27/2023

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Facility Type:

Incident Type: Dual

Report Description: I wanted to inform you of an incident that occurred at The Centers (EMCC) on 01/26/2023. On 01/26/2023, client [REDACTED] told a Centers staff member that peers [REDACTED] and [REDACTED] were touching her ([REDACTED]) on the thighs and private area through her clothes. [REDACTED] did not provide a date or time this incident took place, but she did say that it occurred in the dorm room. A Centers staff member reported this allegation to the [REDACTED] and the report was accepted (Referral # [REDACTED]). The guardians for all three clients were notified about this incident. [REDACTED] is a private placement at The Centers. [REDACTED] is a private placement at The Centers. [REDACTED] is a DCFS placement at The Centers. [REDACTED] is on sexual precautions and has been placed on an intensive supervision plan. [REDACTED] has been moved to the EMAC program to better suit her treatment. [REDACTED] has also been placed on LOS protocol. As always, please do not hesitate to contact me if you need any additional information.

Interim Action Narrative: [REDACTED] was called. One AO resident was placed on sexual precaution and an intensive supervision plan. The other AO resident was moved to EMAC and placed on line of sight.

Maltreatment Narrative: On 01/26/2023, client [REDACTED] told a Centers staff member that peers [REDACTED] and [REDACTED]

████████████████████ were touching her (████████) on the thighs and private area through her clothes. ██████████ did not provide a date or time this incident took place, but she did say that it occurred in the dorm room. A Centers staff member reported this allegation to the ██████████ and the report was accepted (Referral # ██████████)

Licensing Narrative: Licensing Specialist will inquire if an investigator has been assigned. Licensing Specialist informed the assigned investigator is Suzanne Harris. Licensing Specialist will contact Investigator Harris for permission to contact the facility. Permission granted to speak with facility. Licensing Specialist informed by facility, that due to no timeframe there are not witness or nurse's statements. 1/31/2023, Licensing Specialist inquired about staff informed of incident. 2/1/2023, Licensing Specialist received intensive supervision plan. 2/3/2023, Licensing Specialist interviewed two residents and one staff member. Licensing Specialist request a statement from the staff member. 2/6/2023, Licensing Specialist informed resident was not assessed by the nurse due to allegations occurred outside of the clothing and there was no timeframe of when the incident took place. 2/10/2023, Licensing Specialist informed via text that DCFS would not be picking up resident ██████████ unless DCFS had other placement regardless of the facility not having the adequate space to be able to serve resident appropriately. 2/13/2023, facility reported that DCFS stated that resident ██████████ would be picked up today. Resident ██████████ was discharged from facility. 2/24/2023, Licensing Specialist reached out to Investigator Harris for an update. Licensing Specialist informed by Investigator Harris that case was found unsubstantiated. Licensing Specialist requested documentation once completed. 3/2/2023, Licensing Specialist emailed Investigator Harris for an update.



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521 Visit Compliance Report

Licensee: Elizabeth Mitchell Centers

Facility Number: 157

Licensee Address: 6501 WEST 12TH STREET
LITTLE ROCK AR 72204

Licensing Specialist: Kendra Rice

Person In Charge: Eric Knowles

Record Visit Date: 3/2/2023

Home Visit Date: 3/2/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No in-person licensing visit completed on 3/2/2023.

Licensing Specialist received a complaint on 1/26/2023.

Licensing Specialist contacted investigator and informed case was closed.

This complaint is UNFOUNDED.

Provider Comments:

CCL Staff Signature :

Date: 3/2/2023



Provider Signature :

Date: 3/2/2023

