



ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**

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: 2/28/2022

Date Reported to DCCECE: 3/1/2022

Agency Name: Little Creek

Agency Number: 255

Type of Facility: PRTF

Facility License Type: CAA

Type of Incident: Maltreatment

Incident Description: On 02/28/22, Risk Management received a report from the night shift supervisors that [REDACTED] had explained a recent experience on the unit. [REDACTED] stated that a peer had been inappropriately touching her butt and making inappropriate comments during bible study. [REDACTED] said on 02/26/22, the same peer had sat in her lap. Staff did not see the lap-sitting due to staff dealing with another situation. However, [REDACTED] did ask the resident to get off her, and the resident complied with the request from [REDACTED]. [REDACTED] stated there had been no sexual activity between the two residents, and she is keeping her distance.

Agency's Interim Corrective Action: The staff has been notified to keep the two individuals on separate ends of the unit and to closely monitor the interactions. Both residents have spoken with their therapist to process the interaction and expectations moving forward. [REDACTED] has agreed to inform Risk of any interaction between her and the peer if she feels the interaction is crossing boundaries. The recreational therapist has been notified of the behaviors in bible study and will continue to keep the two separate.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 2/28/2022

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called: Yes **Was it accepted?** Screened out.

Outcome: Screened out

Assigned Investigator: N/A

Date of DCCECE's Follow-up: 3/1/2022 **Type of Follow-up:** Facility visit.

Details from Follow-up: Facility visited 3/1/22. Staff ratios reported to be within licensing standards. As per report, Agency Interim Corrective Action: The staff has been notified to keep the two individuals on separate ends of the unit and to closely monitor the interactions. Both residents have spoken with their therapist to process the interaction and expectations moving forward. [REDACTED] has agreed to inform Risk of any interaction between her and the peer if she feels the interaction is crossing boundaries. The recreational therapist has been notified of the behaviors in bible study and will continue to keep the two separate. Per Jlynn Perkins, Risk Management Director, the hotline was called. Ms. Perkins indicated that she did not have the Child Abuse Hotline # at this time but would get it to licensing in the near future.

Arkansas Department of Human Services
Division of Child Care & Early Childhood Education
Placement & Residential Licensing Unit

Licensing Compliance Record

PRTF Name: Little Creek

Person in Charge: Jlynn Perkins

Address:

Phone:

Licensing Specialist: Clayton DeBoer

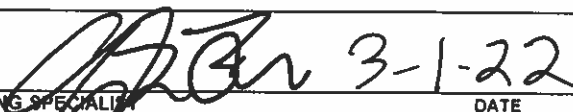
Date of Visit: 3/1/22

Purpose of Visit: Self Report Incident Response

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	02.28.22. Risk received a report from night shift supervisors that [REDACTED] had explained her recent experience on the unit. [REDACTED] stated that a peer had been inappropriately touching her butt and making inappropriate comments during bible study. [REDACTED] said on 02.26.22; the same peer had sat in her lap. Staff did not see the lap-sitting due to staff dealing with another situation. However, [REDACTED] did ask the resident to get off of her, and the resident complied with the request from [REDACTED]. [REDACTED] stated there had been no sexual activity between the two residents, and she is keeping her distance. Per Jlynn Perkins, Risk Management Director, the hotline was called. Ms. Perkins indicated that she did not have the Child Abuse Hotline # at this time but would get it to licensing in the near future. Facility visited 3/1/22. Staff ratios reported to be withing licensing standards. As per report, Agency Interim Corrective Action: The staff has been notified to keep the two individuals on separate ends of the unit and to closely monitor the interactions. Both residents have spoken with their therapist to process the interaction and expectation moving forward. [REDACTED] has agreed to inform Risk of any interaction between her and the peer if she feels the interaction is crossing boundaries. The recreational therapist has been notified of the behaviors in bible study and will continue to keep the two separate.		

COMMENTS of Person receiving form:

 3-1-22
PERSON SIGNING AS RECEIVING DATE
OCCECE 521 PR

 3-1-22
LICENSING SPECIALIST DATE