

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: 5/17/2022

Date Reported to DCCECE: 5/17/2022

Agency Name: Elizabeth Mitchell Centers

Agency Number: 156

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Maltreatment

Incident Description: AV is your AO is a staff member at Centers for Youth and Families. The had her arms in her shirt where her armpits and breast meet and began banging her head into the wall. She stated she was going to harm herself, so assisted in an intervention.

Agency's Interim Corrective Action: N/A

Licensing Specialist Assigned: C.DeBoer Licensing Supervisor Assigned: 5/17/2022

Child Abuse Hotline (Only applies to maltreatment incidents)

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

Assigned Investigator: Yes.

Date of DCCECE's Follow-up: 5/17/2022 Type of Follow-up: Facility visit.

Details from Follow-up: Camera footage reviewed from 5/16/22 from 1:38PM on. Client observed sitting on the ground with legs crossed and arms inside her sweater. Staff appear to be counseling client. Client then observed in the stairwell sitting on the ground with her legs crossed and arms inside her sweater, at this point several staff counseling client. Client stands up and is seen kicking door to outside for several minutes. 4 staff members present at this point attempting to counsel client. Client appears to be moving her arms under her sweater during these observations. It appears client continues to escalate, and a supervisor orders a restraint/escort. Client is escorted up a stairwell by staff

members arms under client, supporting her, and the other arm supporting a leg, as client is being carried flat, face up the stairwell. Staff attempt to escort client back to classroom. At this point client's escort is released and client screams for several minutes. Several staff seen attempting to counsel client.

Photo of client seen. Bruise and fingernail marks observed under left armpit of client. Staff observed to be on right side of client during entire escort.

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

Licensing Compliance Record

PRTF Name: Elizabeth Mitchell Centers	Person in Charge: Eric Knowles	
Address:	Phone:	
Licensing Specialist: Clayton DeBoer		
Date of Visit: 5/17/22	Purpose of Visit: Incident response	

STANDARD	DISCUSSION/OBSERVATION	COMPLIANCE	DATE
REVIEWED	AV is yo AO is a staff member at Centers for Youth and Families. had her arms in her shirt where her armpits and breast meet and began banging her head into the wall. She stated she was going to harm herself, so assisted in an intervention. Camera footage reviewed from 5/16/22 from 1:38PM on. Client observed sitting on the ground with legs crossed and arms inside her sweater. Staff appear to be counseling client. Client then observed in the stairwell sitting on the ground with her legs crossed and arms inside her sweater, at this point several staff counseling client. Client stands up and is seen kicking door to outside for several minutes. 4 staff members present at this point attempting to counsel client. Client appears to be moving her arms under her sweater during these observations. It appears client continues to escalate, and a supervisor orders a restraint/escort. Client is escorted up a stairwell by staff on the right side and another staff member on the left. One of both staff members arms under client, supporting her, and the other arm supporting a leg, as client is being carried flat, face up the stairwell. Staff attempt to escort client back to classroom. At this point client's escort is released and client screams for several minutes. Several staff seen attempting to	DATE	CORRECTE
	counsel client. Photo of client seen. Bruise and fingernail marks observed under left armpit of client. Staff observed to be on right side of client during entire escort.		

COMMENTS of Person receiving form:

PERSON SIGNING AS RECEIVING

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DATE