



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

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### Notice of Serious Incident

Date of Incident: 3/29/2023

Date Received by DCCECE: 3/29/2023

Facility Name: United Methodist Children's Home Little Rock Campus

Facility Number: 115

Facility Type: Residential

Incident Type: Licensing

Report Description: On 3/29/2023, [REDACTED], [REDACTED] placement client was in the foyer area when he placed a shirt around his neck, pulling the shirt tightly to choke himself. He continue to choke himself with the shirt until [REDACTED] and [REDACTED] (staff members) came to the foyer area and remove the shirt from his neck. The nurse [REDACTED] were present at the time as well.

Interim Action Narrative:

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Maltreatment Narrative:

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Licensing Narrative: Received report from facility 3/29/23: On 3/29/2023, client [REDACTED] was in the foyer area when he placed a shirt around his neck, pulling the shirt tightly to choke himself. He continued to choke himself with the shirt until [REDACTED] and [REDACTED] (staff members) came to the foyer area and remove the shirt from his neck. The nurse [REDACTED] were present at the time as well. Facility visited 3/30/23. Video reviewed from this incident. Client is observed to be in the foyer area with no staff in camera view. Client [REDACTED] is seen removing his long sleeve shirt and tying it around his neck. Approx. 3 minutes later a

nurse reported by facility as not counted in staff/client ratio is seen observing client with shirt around his neck. Nurse does not intervene but does stay close to client [REDACTED]. Approx. 3 minutes after this staff are seen entering the foyer area and obtaining the shirt from client [REDACTED]. Client was not supervised by any staff counted in the staff/client ratio during a 6-minute self-harm/suicidal gesture. Facility cited 907.2 and 907.3. Unit wide staff retraining on supervision will be completed. Staff rosters for shifts 1,2 and 3 provided today for "Proper Ratio & Supervision".



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## 521 Visit Compliance Report

**Licensee:** United Methodist Children's Home Little Rock Campus

**Facility Number:** 115

**Licensee Address:** 2002 SOUTH FILLMORE  
LITTLE ROCK AR 72204

**Licensing Specialist:** Clayton DeBoer

**Person In Charge:**

**Record Visit Date:** 3/30/2023

**Home Visit Date:** 3/30/2023

**Purpose of Visit:** Self Report Visit

### Regulations Out of Compliance:

**Regulation Number:** 9. 907. 2

**Regulation Description:** Child caring staff shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well-being of each child at the facility, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.

**Findings Description:** Camera footage showed no staff counted in staff/client ratio present in foyer area for 6 minutes during self-harm/suicidal gesture.

**Action Due Date:**

**Action Due Description:**

**Comply Date:**

**Sub Regulation Description:**

**Regulation Number:** 9. 907. 3

**Regulation Description:** Staff/child ratio shall be at least 1:6 during waking hours and 1:8 during sleeping hours.

**Findings Description:** Camera footage showed no staff counted in staff/client ratio present in foyer area for 6 minutes during self-harm/suicidal gesture.

**Action Due Date:**

**Action Due Description:**

**Comply Date:**

**Sub Regulation Description:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

Received report from facility 3/29/23: On 3/29/2023, client [REDACTED] was in the foyer area when he placed a shirt around his neck, pulling the shirt tightly to choke himself. He continued to choke himself with the shirt until [REDACTED] and [REDACTED] (staff members) came to the foyer area and remove the shirt from his neck. The nurse [REDACTED] were present at the time as well.

Facility visited 3/30/23. Video reviewed from this incident. Client is observed to be in the foyer area with no staff in camera view. Client [REDACTED] is seen removing his long sleeve shirt and tying it around his neck. Approx. 3 minutes later a nurse reported by facility as not counted in staff/client ratio is seen observing client with shirt around his neck. Nurse does not intervene but does stay close to client [REDACTED]. Approx. 3 minutes after this staff are seen entering the foyer area and obtaining the shirt from client [REDACTED]. Client was not supervised by any staff counted in the staff/client ratio during a 6-minute self-harm/suicidal gesture.

Facility cited 907.2 and 907.3. Unit wide staff retraining on supervision will be completed. Staff rosters for shifts 1,2 and 3 provided today for "Proper Ratio & Supervision".

**Provider Comments:**

Agency Nurse that is not counted in staff ratio or CPI trained was in foyer with client. Agency nurse has been reeducated that he is allowed to intervene to prevent a client from immediate harm.

CCL Staff Signature :

Date: 3/30/2023



Provider Signature :

Date: 3/30/2023

