



Placement and Residential Licensing Unit

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

Case Number: 019713

Date of Incident: 2/27/2024

Date Received: 3/8/2024

Facility Name: Little Creek Behavioral Health

Facility Number: 255

Incident Type: Dual

Report Description: [REDACTED] reported during her physical hold on 2.27.24, that she was choke by [REDACTED] in the education hallway. [REDACTED] has been placed on admin leave.

Interim Action Narrative: [REDACTED] was called staff placed on administrative leave.

Maltreatment Narrative: [REDACTED]
[REDACTED] restrained [REDACTED] due to her being aggressive, after restraining her he choked her resulting in her breathing being restricted, her face turning red, and him leaving marks on her neck. This happened on Wednesday or Thursday so it?s unknown if she has these injuries now.

Licensing Narrative: Program Coordinator reviewed complaint for licensing concerns. Program Coordinator will inquire about investigator and restraint information. Facility reported that resident reported the incident while on a phone call. Facility also reported there is no camera footage of the incident due to camera footage is not available after 72 hours. Facility submitted an ICA for staff member involved. Facility reported that Investigator Linda Powell came to the facility on 3/7/2024. Program Coordinator requested permission to contact the facility. Permissin granted and Program Coordinator asked for the [REDACTED] ICA approved by Licensing. 3/12/2024, Program Coordinator received

restraint packet during a facility visit. 3/13/2024, facility provided retraining documentation for staff member named in complaint. 3/14/2024, Program Coordinator reviewed restraint packet and received documentation. 4/2/2024, Program Coordinator checked [REDACTED] case still pending. 4/23/2024, case found unsubstantiated per [REDACTED]



Division of Child Care & Early Childhood Education
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521 Visit Compliance Report

Licensee: Little Creek Behavioral Health

Facility Number: 255

Licensee Address: 161 SKUNK HOLLOW
CONWAY AR 72032

Licensing Specialist: Kendra Rice

Person In Charge: Jlynn Price

Record Visit Date: 4/23/2024

Home Visit Date: 4/23/2024

Purpose of Visit: Revisit Complaint

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No in-person licensing visit was completed on 4/23/2024.

Licensing received a complaint on 3/8/2024 for ELS Case #019713.

This complaint has been UNFOUNDED by licensing.

Provider Comments:

CCL Staff Signature :

Date: 4/23/2024



Provider Signature :

Date: 4/23/2024

