

## **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: 020520

Date of Incident: 4/10/2024

Date Received: 4/12/2024

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

Facility Number: 115

**Incident Type: Licensing** 

Report Description:
had an x-ray on her right foot. became upset while in
the dayroom when her peers was discussing a topic about bullying. She transitioned to the
cafeteria for dinner and was still upset. Anthony (staff) asked to take a self-timeout.
went into the hallway for her self-timeout and began cursing. Anthony (staff) began
redirecting her behavior by using the Teaching Family Model. kicked the hallway
door twice that resulted in her injuring her right foot. Nurse Brittany assessed foot
and contacted the on-call medical doctor. An x-ray was ordered and completed. There were
no findings of a fracture or dislocation.
Interim Action Narrative: Staff redirected resident's behavior. Resident was assessed by the nurse and sent for an x-ray.
Maltreatment Narrative:

Licensing Narrative: 4/12/24, Licensing Specialist reviewed Provider Reported Incident for licensing concerns. 4/29/24, Facility cited for 110.17 for late reporting.



# Division of Child Care & Early Childhood Education

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

# **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:** Tara Norton

Person In Charge: Craig Gammon

Record Visit Date: 4/29/2024

Home Visit Date: 4/29/2024

Purpose of Visit: Self Report Visit

# **Regulations Out of Compliance:**

Regulation Number: 100.110.17

**Regulation Description:** The agency shall notify the Licensing Unit by the next business day of serious injuries requiring emergency medical treatment, agency vehicle accidents, arrests, elopements, suicide attempts, or deaths, and maintain documentation of the incident and notification.

Finding Description: Facility failed to report incident by the next business day.

**Action Due Date:** 

**Action Due Description:** 

Comply Date:

**Action Due Description:** 

## Regulations Needing Technical Assistance:

## Regulation Not Applicable:

# Regulations Not Correctable: Narrative: No in-person licensing visit was completed on 4/29/2024. Licensing received a provider reported incident on 4/12/2024 for ELS Case #020520. Per facility, the incident happened on 4/10/2024. Facility will be cited for110.17 for late reporting. Provider Comments: CCL Staff Signature: Date: 4/29/2024

Shannon Rouse