



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: 022512

Date of Incident: 7/9/2024

Date Received: 7/10/2024

Facility Name: Little Creek Behavioral Health

Facility Number: 255

Incident Type: Dual

Report Description: On 07.09.24, [REDACTED] stated [REDACTED] staff plays with them (horseplaying). One person hit the staff and then the staff return the hit. [REDACTED] punched [REDACTED] in the arm and he punched her back, which left a bruise on her arm. [REDACTED] stated she poked [REDACTED] and he poked her back, which left a bruise on her arm as well. Both resident stated there is no ill intention only playful. [REDACTED]

Interim Action Narrative: Staff member was suspended pending outcome of the investigation.

Maltreatment Narrative: AVs are [REDACTED] and [REDACTED] [REDACTED] AO is Little Creek Behavioral staff person [REDACTED] [REDACTED] stated that [REDACTED] (a worker at Little Creek) punched her in the arm. However, it was not intentional they were just playing around. She stated, "I hit him, and he hit me." She showed her arm and there was a bruise on her arm where he had hit her. She states that it did hurt and that she didn't know if he knew that he had hit her that hard. She stated that this incident happened last week sometime, but she could not remember the date. She also stated that he hit another child here, [REDACTED], and that she also had a bruise on her arm. [REDACTED] stated that, she and [REDACTED] were playing a game in which they were poking each other on the arm. She stated that he poked her on her arm, and it did leave a bruise. When asked when this incident occur, she stated that it happened Sunday

July 7, around 6 or 7 o'clock pm. Pictures were taking of the bruises and action is being taken.

Licensing Narrative: Program Coordinator was informed of the incident via telephone call from Ms. Perkins and reported that staff member involved was suspended. 7/10/2024, Program Coordinator reviewed camera footage and sat in on the interviews with Ms Perkins. 7/11/2024, Program Coordinator contacted investigator and requested permission to contact the facility. Permission granted by investigator and Program Coordinator will meet investigator at the facility. Facility reported an ICA will be submitted for the staff member and would be retrained on boundaries. 7/12/2024, Program Coordinator requested witness statements. 7/15/2024, Program Coordinator emailed facility ICA approved and requested training documentation once completed. 7/17/2024, facility reported ICA was no longer needed. Staff member will remain suspended/administrative leave pending the outcome of the investigation. 8/16/2024, Program Coordinator checked CHRIS and case is still pending. 8/22/2024, case is still pending according to CHRIS. 8/23/2024, facility reported that staff member had been cleared. Program Coordinator checked CHRIS, case found unsubstantiated and inquired if staff member had received any training. 8/27/2024, facility provided training documentation.



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
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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: 7/10/2024

Home Visit Date: 7/10/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulation Number: 100.109.1.g

Regulation Description: Unprofessional conduct in the practice of child welfare activities shall include, but not limited to the following:

Finding Description: Staff member observed poking a resident. Staff member and resident were poking each other back and forth.

Action Due Date:

Action Due Description:

Comply Date:

Sub-Regulation Level 1 Description: Engaging in behavior that could be viewed as sexual, dangerous, exploitative, or physically harmful to children.

Action Due Description:

Regulation Number: 900.907.3

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

Finding Description: Staff to child ratio observed 1:9 during waking hours on camera footage review.

Action Due Date:

Action Due Description:

Comply Date:

Action Due Description:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 11:00 am to 1:15 pm

Census: 62

Licensing received a complaint on 7/10/2024 for ELS Case #022512.

Program Coordinator discussed the complaint with Ms. Jlynn Perkins and reviewed camera footage. The incident took place on B1/Starfish.

Program Coordinator observed ratio 1:9. Residents were walking around the common area or sitting down and appeared to be watching television. Program Coordinator observed a resident poke the staff member and the staff member poked the resident back. The resident and staff member were observed going back and forth poking one another at a rapid pace.

Program Coordinator sat in on the interviews with Ms. Perkins and the residents from B1/Starfish. A total of seven (7) residents were interviewed. The peers of the residents informed Ms. Perkins that staff member mentioned in this complaint is a favorite and would not harm them (residents). The peers reported that the staff member is playful toward them but not harmful.

The resident that disclosed that the staff member poked her reported that she did not feel that staff member intentionally bruised her arm, and she was not going to report it. Resident stated that she reported only after her peer (other resident) mentioned her bruise to staff. Program Coordinator observed a faded bruise on the resident's right arm between her shoulder and elbow.

The resident that disclosed that the staff member punched her reported that the incident happened on Saturday or Sunday. She was unable to provide an exact day. Resident admitted to playing with staff and that she had

punched him. Program Coordinator observed a bruise on the resident's right arm between the shoulder and elbow area that looked fairly new. Resident also disclosed that she was in an altercation with her peers and gave reference to other marks on her body.

Facility will be cited for 907.3, Staff to child ratio was 1:9 during waking hours and 109.1.g, Staff member was observed poking a resident.

Provider Comments:

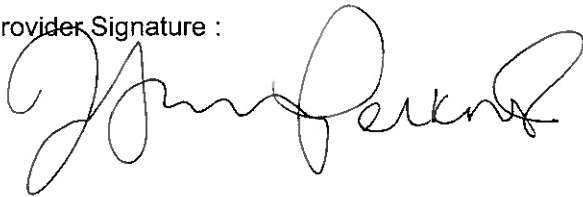
CCL Staff Signature :

Date: 7/11/2024



Provider Signature :

Date: 7/11/2024





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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: 7/11/2024

Home Visit Date: 7/11/2024

Purpose of Visit: Revisit Complaint

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 3:00 pm to 4:00 pm

Census: 63

Licensing received a complaint on 7/10/2024 for ELS Case #022512.

Program Coordinator met Investigator Laquanta Lewis at the facility and sat in on the interviews with residents and staff members.

Ms. Jlynn Perkins informed Program Coordinator that staff member will be retrained on boundaries and an ICA will be submitted. Nurse Allen-Jones provided photos taken of the residents' arms when incident was reported.

Investigator Lewis interviewed both residents. Both residents admitted to the staff member name in this alleged incident being playful toward them. The resident that was poked by the staff member stated that she was not afraid of the staff member and had no concerns. Investigator Lewis requested to see the resident's arm. The resident's right arm between the shoulder and elbow had a faded circular like bruise.

The resident that alleged that she was punched by the staff member reported that it was another staff member present when she was punched. When Investigator Lewis inquired about the timeframe of the alleged incident, the resident reported Saturday or Sunday she could not remember. Investigator Lewis requested to see the resident's arm. A purple/red bruise was located on the resident's right arm between her shoulder and elbow. The picture provided by Nurse Allen-Jones for this resident, an old bruise was observed.

Investigator Lewis interviewed two male staff members. The first male staff member reported he did not see the male staff member named in this alleged incident punch any resident. The staff member named in this alleged incident admitted to poking the residents in a playful manner. The staff member denied punching any resident. When Investigator Lewis inquired about leaving a bruise on any residents, he denied being aware/informed. Staff member reported no ill will.

Program Coordinator will continue to monitor this complaint.

Provider Comments:

CCL Staff Signature :

Date: 7/12/2024



Provider Signature :

Date: 7/12/2024





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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 Slade

Person In Charge: Jlynn Price

Record Visit Date: 9/3/2024

Home Visit Date: 9/3/2024

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 9/3/2024.

Licensing received a complaint on 7/10/2024 for ELS Case #022512.

This complaint has been **FOUNDED** by Licensing. Facility was cited on 7/10/2024 for standards 109.1.g and 907.3.

Provider Comments:

CCL Staff Signature :

Date: 9/3/2024

A handwritten signature in black ink, appearing to be a cursive name, located below the CCL Staff Signature label.

Provider Signature :

Date: 9/3/2024