



Placement and Residential Licensing Unit
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
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Notice of Serious Incident

Case Number: 023315

Date of Incident: 8/17/2024

Date Received: 8/19/2024

Facility Name: Little Creek Behavioral Health

Facility Number: 255

Incident Type: Dual

Report Description: On 08.17.24, Risk received a call from [REDACTED] stating he overheard the unit conversation regarding a sexual assault that took place around a month ago. [REDACTED] stated [REDACTED] was allegedly sexually assaulted by [REDACTED]. [REDACTED] told Risk that he was grabbed on the thigh and humped on. I called the child abuse hotline and accepted it: [REDACTED]

Interim Action Narrative: Facility called the hotline and call accepted. Residents were placed on separate dorms.

Maltreatment Narrative: AV is 14yo [REDACTED] AO is 15yo [REDACTED]. Reporter stated that AV and AO are peers at Little Creek Behavioral Hospital. Reporter stated that a staff member reported that the kids on the unit were stating that AO sexually assaulted AV. Staff member told reporter that the kids are saying AO raped AV. Reporter has not spoken to AV or AO about the incident. Staff member could only state that AO raped AV while AV was attempting to go to sleep based off of what kids on the unit were stating. Staff member stated that once the kids on the unit brought it up that AV became distant and started keeping to himself. Reporter contacted AV on the phone where AV was asked if he was sexually assaulted, and AV stated yes. Reporter then told AV that they would speak with him in private on Monday. AV did not state a name and AV stated he did not know the date of incident.

Licensing Narrative: Facility contacted Program Coordinator via telephone. Licensing reviewed complaint for licensing concerns. Program Coordinator will inquire about assigned investigator. 8/20/2024, Program Coordinator requested permission to contact the facility from Investigator Powell. Program Coordinator inquired about safety plan and if residents were separated. Received permission to contact the facility. Facility reported residents are on separate units for safety. 9/26/2024, per CHRIS still pending. 10/7/2024, per CHRIS unsubstantiated. Case completed.

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: 10/7/2024

Home Visit Date: 10/7/2024

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No in-person licensing visit was completed on 10/7/2024.

Licensing received a complaint on 8/19/2024 for ELS Case #023315.

This complaint has been **UNFOUNDED** by Licensing.

Provider Comments:

CCL Staff Signature :

Date: 10/7/2024



Provider Signature :

Date: 10/7/2024

