



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: 024184

Date of Incident: 9/22/2024

Date Received: 9/23/2024

Facility Name: Little Creek Behavioral Health

Facility Number: 255

Incident Type: Dual

Report Description: On 09.22.24, Risk received a phone call from the facility D.O.N. of a sexual assault claim on the Guppies unit. [REDACTED]

[REDACTED] reported her peer [REDACTED] forcibly placed her fingers into [REDACTED] vagina while in [REDACTED] room. [REDACTED] and [REDACTED] both admitted to this incident occurring; however, [REDACTED] stated they were horseplaying, and [REDACTED] did ask her to stop, but she was laughing and joking, so she did not take her statement seriously. Accepted by [REDACTED]

Interim Action Narrative: Facility reported incident to the [REDACTED] Residents were place on separate dorms.

Maltreatment Narrative: [REDACTED]
[REDACTED] On yesterday 9/22/2024 a report was made to an official that [REDACTED] had been molested by [REDACTED] [REDACTED] stated [REDACTED] forcefully put her fingers into her vagina forcefully. This occurred in [REDACTED] bedroom at the center. The bedroom number is unknown currently. It is known that there is no pain or suffering to [REDACTED]

Licensing Narrative: Licensing reviewed complaint for licensing concerns. Program Coordinator checked [REDACTED]. No [REDACTED] has been assigned.

Program Coordinator will inquire about safety plan, nursing note, and witness statements. Permission requested from [REDACTED] to contact the facility. 9/24/2024, facility reported that the resident verbally told the DON about the incident and provided documentation. Per email, the residents were separated. The AV was moved to another unit. 9/26/2024, Program Coordinator reviewed provided documentation and [REDACTED] interview reports. The A/O does admit to this incident occurring, but believed the A/V was joking when she kept saying to stop. This occurred in the middle of the day in a bedroom the two residents share. No video footage of the dayroom or the bedroom were available for review. The incident reportedly happened very quickly between supervision checks. 10/7/2024, per [REDACTED] case is pending. 10/11/2024, per [REDACTED] pending. 10/21/2024, case is still pending per [REDACTED] 10/25/2024, Program Coordinator contacted the [REDACTED] for an update. Per [REDACTED] this case is still pending. [REDACTED] informed Licensing that the assigned [REDACTED]. 10/26/2024, per [REDACTED] case is still pending. 11/6/2024, per [REDACTED] case found TRUE. Program Coordinator will request a safety plan for peer fo be in a single room for the remainder of her stat at facility. Per facility, the peer discharged on 9/30/2024. 11/7/2024, Case approved. 11/25/2024 Facility provided documentation via email. Witness statements, patient observation sheets, and nurse's note were uploaded to the case. The case has been closed as unfounded by licensing as a lack of supervision could not be determined.

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 Slade

Person In Charge: Jlynn Price

Record Visit Date: 11/6/2024

Home Visit Date: 11/6/2024

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 11/6/2024.

Licensing received a complaint on 9/23/2024 for ELS Case #024184.

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

Provider Comments:

CCL Staff Signature :

Date: 11/6/2024



Provider Signature :

Date: 11/6/2024

