



**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

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**Notice of Serious Incident**

**Case Number:** 025588

**Date of Incident:** 11/17/2024

**Date Received:** 11/18/2024

**Facility Name:** Little Creek Behavioral Health

**Facility Number:** 255

**Incident Type:** Dual

**Report Description:** On 11. 17. 24, Risk received a grievance from [REDACTED] regarding his peer [REDACTED] and [REDACTED] coming into his room around 11:00 am, putting [REDACTED] in weird positions, humping him, and smacking his butt. [REDACTED] stated to Risk that the peer [REDACTED] or [REDACTED] pulled his pants down and put their finger in his butt. This incident occurred in [REDACTED] room, and there were no complaints of pain or injuries. This incident has been [REDACTED]. [REDACTED] has been separated from [REDACTED] and [REDACTED] to a different unit for everyone's safety.

**Interim Action Narrative:** Staff member placed on administrative leave. [REDACTED]  
[REDACTED] Resident was placed on a different unit from peers.

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[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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Licensing Narrative: 11/19/2024 Licensing Specialist Horton inquired of the facility a copy of the grievance, nurse's note, and witness statements. Facility provided documentation via email to Licensing, and it has been uploaded. Program Coordinator reviewed camera footage and the facility was cited for MLS 905.4.c and 907.2. This complaint has been **FOUNDED** by licensing. Program Coordinator left a voicemail for the [REDACTED] to call back. The facility reported that the resident did not reveal about being violated until the resident spoke with risk management and the staff named in this complaint will most likely be terminated. 11/20/2024, Program Coordinator requested documentation of termination and confirmation from [REDACTED]. Facility reported staff member is still on administration leave pending termination. Program Coordinator contacted [REDACTED] via email requesting permission to contact the facility. 12/6/2024, Program Coordinator followed up with [REDACTED] requesting permission to contact the facility. Permission granted. Program Coordinator inquired if staff member was terminated. 12/9/2024, facility reported staff member was terminated on 11/25/2024. Licensing requested a copy of the termination notice and it has been uploaded. 1/2/2025, licensing inquired about training documentation. 1/3/2025, facility provided training documentation and it has been uploaded. Per [REDACTED]. 1/13/2025, per [REDACTED]. 1/17/2025, case is still pending [REDACTED]. 1/28/2025, Program Coordinator checked [REDACTED] case still pending.



**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:** 11/19/2024

**Home Visit Date:** 11/19/2024

**Purpose of Visit:** Complaint Visit

### Regulations Out of Compliance:

**Regulation Number:** 900.905.4.c

**Regulation Description:** The following actions shall not be used, including as discipline:

**Finding Description:** The staff member was heard using obscene language toward the residents.

**Action Due Date:**

**Action Due Description:**

**Comply Date:**

**Sub-Regulation Level 1 Description:** Lewd or obscene language;

**Action Due Description:**

**Regulation Number:** 900.907.2

**Regulation Description:** Child caring staff shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well-being of each child at the facility, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.

**Finding Description:** The staff member did not provide supervision to ensure safety to the resident.

**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: 3:30 pm to 4:30 pm

Census: 59

Licensing received a complaint on 11/18/2024 for ELS Case #025588.

Program Coordinator reviewed camera footage with Mrs. Perkins. This incident happened on the Snapper Unit. The timeframe for this incident was at 11:00 am.

Ratio 1:6 – Residents were observed walking around the day area, watching television, one resident appeared asleep in a chair, a resident was laying on a mattress in the day area, and the resident was in his bedroom. The staff member was sitting in a chair in the day area.

While the resident was in his bedroom, a peer (Peer A) was observed entering the bedroom. Peer A was observed in camera view standing by a window. Two more peers (Peers B and C) were observed entering the bedroom. Per Mrs. Perkins, the resident was the only one assigned to this bedroom.

Peer A leaves the bedroom and peers B and C stay in the bedroom. Peer B was observed in camera view by the window off and on. Peer C and the resident were not in camera view. Program Coordinator heard screaming and Peer B was observed in camera view looking away from the camera. The staff member was observed sitting in a chair in the day area.

After the screams, the resident appeared in camera view and walked from one side of the bedroom to the other. Peer C was observed in camera view, both peers B and C walked out of the bedroom. Peer C pulled the bedroom door, but the door did not close. Both peers were observed talking to each other before entering into another bedroom.

Program Coordinator heard noise coming from the bedroom area. It sounded as though the resident was throwing things. The staff member was observed going to the bedroom. Peer B was observed walking toward the bedroom when he saw the staff member going that way. When the staff member came out of the bedroom, Program Coordinator heard the staff member using obscene language toward peers B and C.

The facility will be cited for standards **905.4.c** The staff member was heard using obscene language toward the residents. **907.2** The staff member did not provide supervision to ensure safety to the resident.

Mrs. Perkins informed Program Coordinator that all staff members will be trained on compliance monitoring when on the units. Documentation will be provided to licensing.

**Provider Comments:**

CCL Staff Signature :

Date: 11/19/2024



Provider Signature :

Date: 11/19/2024



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**Facility Number:** 255

**Licensee Address:** 161 SKUNK HOLLOW  
CONWAY AR 72032

**Licensing Specialist:** Kendra Slade

**Person In Charge:** Jlynn Price

**Record Visit Date:** 3/3/2025

**Home Visit Date:** 3/3/2025

**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 completed on 3/3/2025.

Licensing received a complaint on 11/18/2024 for ELS Case #025588.

This complaint has been **FOUNDED** by licensing.

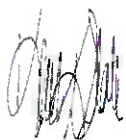
The facility was cited for 905.4.c and 907.2 on 11/19/2024.

\*\*\*\*\* Pursuant to A.C.A. § 9-24-406(e) (3-4): If you believe that the Department's notice of noncompliance is in error, you may ask for reconsideration. The request for reconsideration must be in writing and delivered to the Department by certified mail within twenty (20) business days of receipt of the notice of noncompliance. The request must specify the parts of the notice that are alleged to be in error, explain why you believe those parts are in error, and include documentation to support the allegation of error. Once received the Department shall issue a decision on your request within twenty (20) days after receipt of the request.

**Provider Comments:**

CCL Staff Signature :

Date: 3/3/2025



Provider Signature :

Date: 3/3/2025

