

# 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: Youth Home, Inc.
Facility Number: 128
Licensee Address: 20400 COLONEL GLENN ROAD  LITTLE ROCK AR 72210
Licensing Specialist: Kendra Slade
Person In Charge: Mary Kelly
Record Visit Date: 3/25/2025
Home Visit Date: 3/25/2025
Purpose of Visit: Monitor Visit
Regulations Out of Compliance:
Regulations Needing Technical Assistance:
Regulation Not Applicable:
Regulations Not Correctable:
Narrative:
Time of Visit: 10:30 am to 11:45 am

#### Census: 43

Program Coordinator reviewed random regulatory checks for the PRTF program at Youth Home.

Program Coordinator was greeted by the receptionist who stated he would inform Ms. Diana Simon of licensing's arrival. Ms. Simon escorted Program Coordinator to the administrative area. Ms. Beverly Foti provided Program Coordinator with the census. Ms. Simon and Program Coordinator picked staff members from a provided list for the PRTF (Napier, Sturgis, Chestnut, Rose, Mabee) houses and other areas.

### **Napier House**

- B. Alexaner Qualified Behavioral Health Provider (Part Time)
- A. Paige Qualified Behavioral Health Provider

## **Sturgis House**

- R. Horton Qualified Behavioral Health Provider III
- Y. Johnson Qualified Behavioral Health Provider I
- L. Jenkins Qualified Behavioral Health Provider III
- D. Miles Qualified Behavioral Health Provider III

#### **Chestnut House**

- B. Julian Qualified Behavioral Health Provider III
- L. Ford Qualified Behavioral Health Provider II
- D. Wade Qualified Behavioral Health Provider III

#### **Rose House**

- B. Pettigrew Qualified Behavioral Health Provider Shift Lead
- Z. Foreman Qualified Behavioral Health Provider III
- F. Armstrong Qualified Behavioral Health Provider Shift Lead

#### Mabee House

- T. Crockett Qualified Behavioral Health Provider III
- J. Sprinkle Qualified Behavioral Health Provider III
- K. Goldman Qualified Behavioral Health Provider Shift Lead

#### Other Staff Members

- M. Griffin Clinical Therapist
- M. Egger Clinical Therapist
- G. Blair Recreation Specialist III

- T. McDaniel Recreation Specialist
- F. Egwim Qualified Behavioral Health Provider (Sub-pool)
- J. Tate Qualified Behavioral Health Provider (Sub-pool)
- B. Malone Qualified Behavioral Health Provider Shift Lead
- C. Hoof Qualified Behavioral Health Provider II
- K. Otey Qualified Behavioral Health Provider I
- J. Davis Registered Nurse
- M. Howell Registered Nurse

All regulatory checks (Child Maltreatment and Arkansas State Police) reviewed complied with the minimum license standards 103.2 and 103.5.

\*\*\*\*\* 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: 3/25/2025

Provider Signature

Beverly Foti

Date: 3/25/2025