

Incident Report

Date: 01.01.21 **Licensing Specialist:** Crystal Gaddy

CHRIS #:

Facility Type: Residential **Type:** Residential

Placement Private

DCFS

Foster Home Name: _____

Unlicensed Facility

Facility Name: Youth Home
Agency Name: Youth Home
Address: 20400 Colonel Glenn Road
County: Pulaski
Phone: 501-821-5500
License #: 70

Owner Name: Youth Home, Inc
Address: 20400 Colonel Glenn Road
Phone: 501-821-5500 Ext.220

Date Licensed: 07/27/2005

Facility Status: Provisional
 Regular
 Probationary

Allegation: Neglect Abuse Sexual Abuse

Provider Reported Incident (PRI): **Complaint:**

PRI converted to Complaint: **Date:**

Date of Incident: [REDACTED]

Involved Child/Children (IC): [REDACTED] - [REDACTED] [REDACTED]

DOB/Age:

DOB/Age:

DOB/Age:

DOB/Age:

Involved Staff Member(s) (S-1, S-2): S-1: [REDACTED]
S2:
S3:

DCFS CACD Investigator:

Brief summary of allegation: (IC) refused to receive instructions and/or information during lunch time and was given room time by (S-1). (IC) became upset due to being given room time and stating a peer was staring at him. Once in room (CI) began throwing his belonging out of his room into the hallway. (S-1) retrieved items out of hallway and placed in bag. (IC) started using profanity, racial slurs and continued throwing his belonging out of room. (IC) refused to follow direction and walked to back dorm room to target peer, using profanity and threatening peer. (S-1) redirected (IC) to the seclusion room and (IC) refused and threaten to hit (S-1). (S-1) attempted to escort IC which he refused to go. (IC) was restrained, and began to bang his head on headboard, (IC) was repositioned away from headboard. Nurse was notified to obtain an order for personal restraints. On-call unit manager was notified. (S-1) began to attempt and escorted to the seclusion room while in process (CI) used profanity, racial slurs at (S-1) and scratched (S-1). Once in seclusion room, patient continued to be combative and was personally restrained. Once (S-1) turned to exit the seclusion room the (IC) grabbed the (S-1) leg and bit the (S-1).

List all reported injuries to the child: Bump on (IC) Arm and Leg

Interim corrective action for this incident: (S-1) followed proper protocol, (IC) was seen by nurse to check bump on arm and leg.

If no interim corrective action, please explain:

Date of most recent monitor visit and deficiencies cited during visit: 1.7.21, R908.5, R911.15.f, R912.4, R911.6, R409.6

Brief summary of monitor visit compliance history:

History of founded licensing and founded maltreatment complaints: None

Is there a current corrective action agreement? If yes, list the dates and reason?

IC – Involved Child/Children (include the age or date of birth)
R – Reporter
IS – Involved Staff Member(s) (S-1, S-2, etc.)