



**Date:** 01.14.21      **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:**

**Involved Child/Children (IC):** - ,

**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) didn't submit his daily goal and when asked about it (IC) became defensive and angry as well as being dishonest as to why the goal wasn't completed. When (S-1) informed (IC) he would receive a consequence (IC) proceeded by flipping over a chair, yelling explicit and racial slurs at (S-1) and stormed out and into his room and began throwing his personal belongings into the milieu. (CI) was placed in restraints and seclusion room due to his aggression toward staff and peers. While in seclusion room (CI) was observed attempting to choke himself. When asked to stop (CI) began cursing and yelling at (S-1). (S-1) entered the seclusion room and removed (IC) shirt.**

List all reported injuries to the child: None

Interim corrective action for this incident:

If no interim corrective action, please explain: (S-1) has followed proper protocol by taking the proper measures to redirect, de-escalate the situation. Licensing specialist will follow-up.

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.)