

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

Incident Report

Date: 1/19/21 **Licensing Specialist:** Charlotte Galusha

Facility Type: **Residential** **Type:** Residential/Transitional Living

Placement **Private**
 DCFS

Foster Home Name: _____

Unlicensed Facility

Facility Name: **United Methodist Children's Home Emergency Shelter**
Address: **2002 S Filmore**
County: **Pulaski**
Phone: **501-661-0702**
License #: **115**

Owner Name:
Address:
Phone:

Date Licensed: **5/23/12**

Facility Status: **Application**
 Provisional
 Regular
 Probationary
 Suspended
 Revoked

Provider Reported Incident (PRI):

PRI converted to Complaint: **Date:**

Date of Incident:

Involved Child/Children (IC): **IC1:** [REDACTED] **/Age:** [REDACTED]
IC2: [REDACTED] **DOB/Age:** [REDACTED]

Involved Staff Member(s): None

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

Brief summary of incident: IC1 while in the cafeteria hit IC2 for no reason while staff was intervening with the peer. IC1 threw trash away and afterwards hit IC2 in the back of the head. Staff separated the two and called for other staff to help. Client will remain on all precautions.

List all reported injuries to the child:
None

Follow up by PRLU: No follow up required.

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