

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] DOB/Age: [REDACTED]
IC2: [REDACTED] DOB/Age: [REDACTED]

Involved Staff Member(s): None

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Brief summary of incident: IC1 walked up to IC2, while IC2 was sitting in his chair and started physically assaulting him. It was reported that the IC1 and IC2 had a verbal confrontation, which led to a physical altercation. Clients were separated.

List all reported injuries to the child:
An in-house x-ray was reported for IC2.

Follow up by PRLU: The x-ray did not reveal any further injury. No other 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.)