

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): **IC:** [REDACTED] **DOB/Age:** [REDACTED]

Involved Staff Member(s): None

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Brief summary of incident: IC had been in altercation earlier that morning. IC continued with negative behavior and started punching the door with his closed fist.

List all reported injuries to the child:
No injuries reported.

Follow up by PRLU: Client continued to be on precautions. No other follow-up required at this time.

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.)