## THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

## **Incident Report**

Date: 1/27/21	Licensing Specialist: <u>Charlotte Galusha</u>	
Facility Type:	⊠ Residential	Type: Residential/Transitional Living
	☐ Placement	☐ Private ☐ DCFS Foster Home Name:
	Unlicensed Fa	acility
Facility Name: Address: County: Phone: License#;	United Methodis 2002 S Filmore Pulaski 501-661-0702 115	t Children's Home Emergency Shelter
Owner Name: Address: Phone:		
Date Licensed:	5/23/12	
Facility Status:	☐ Application ☐ Provisional ☑ Regular ☐ Probationary ☐ Suspended ☐ Revoked	
Provider Report	ed Incident (PRI):	<b>⊴</b>
PRI converted to Date of Incident		Date: 🗌
Involved Child/C	Children (IC): IC1:	
Involved Staff M	ember(s): None	

Rev. 7/30/18-PRLU

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<u>Brief summary of incident</u>: IC2 involved his self in an altercation that did not involve him. IC1 hit and pushed a peer and IC2 jumped in and struck IC1 and pulled his hair. They then began to fight. Staff intervened, but IC1 and IC2 were still trying to hit each other. They fell to the floor with staff still attempting. Both clients were hit several times. Staff radio/called for assistance. Staff was able to separate them. IC1 and IC2 were placed on precautions and a 10 ft restriction.

List all reported injuries to the child: IC2's nose was bleeding and his eye was bruised.

Follow up by PRLU: 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.)