

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

**Incident Report**

**Date:** 1/2/21      **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]

**Involved Staff Member(s):** [REDACTED], [REDACTED], [REDACTED]

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**Brief summary of incident: IC was eating dinner and becoming upset because other peers were trying to share staff's attention. IC started saying "I'm about to beat b\*\*\*\* A\*\*! IC began threatening peers and throwing food. IC attempted to obstruct staff's path while another client attempted to fight someone else. Staff attempted to move IC and IC began to punch at staff. IC was then placed in a restraint.**

**List all reported injuries to the child:  
None**

**Follow up by PRLU: Behavioral Intervention Observation Log and Post- Intervention Debriefing documentation was received by UMCH. 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.)**