

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

Incident Report

Date: 1/5/21 **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): [REDACTED] **DOB/Age:** [REDACTED]

Involved Staff Member(s): None

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Brief summary of incident: Client became irate because he couldn't get his journal. Client became very aggressive towards staff. Client tied a towel around his neck and ate soap. Client took his helmet off and banged his head on the wall and spit on the floor. Child remained on all precautions and placed in line of sight.

List all reported injuries to the child:
None noted

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.)