THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

Incident Report

Date: 1/19/21	Licensing Specialist: Charlotte Galusha			
Facility Type:	⊠ Residential	Type: Residential/Tran	ısitional Living	l
	Placement	☐ Private ☐ DCFS Foster Home Name: _		
	Unlicensed Facility			
Facility Name: Address: County: Phone: License #:	United Methodis 2002 S Filmore Pulaski 501-661-0702 115	t Children's Home Emerg	ency Shelter	
Owner Name: Address: Phone:				
Date Licensed:	5/23/12			
Facility Status:	☐ Application ☐ Provisional ☑ Regular ☐ Probationary ☐ Suspended ☐ Revoked			
Provider Report	ed Incident (PRI): [⊠		
PRI converted to Date of Incident	•	Date: 🗌		
Involved Child/C	Children (IC): IC1:		DOB/Age: DOB/Age:	Ī
Involved Staff M	ember(s): None			

Rev. 7/30/18-PRLU

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<u>Brief summary of incident</u>: While in the cafeteria, IC1 was attacked by IC2. IC2 hit IC1 in the back of his head. Staff separated and called for other staff to further de-escalate.

List all reported injuries to the child: Child was assessed by nurse with no injuries

Follow up by PRLU: UMCH reported to the Child Abuse Hotline due to there being a four-year age difference. The report was not accepted for investigation. Clients remained on precautions with 10-foot restrictions. 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.)