



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
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Notice of Incident

Date of Incident: 1/12/2022

Date Reported to DCCECE: 1/13/2022

Agency Name: Youth Home

Agency Number: 128

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Suicidal/Threatening behavior

Incident Description: Client [REDACTED] went outside with staff and peers to play kickball. [REDACTED] began talking to staff about being rude to a peer the previous day. Staff gave [REDACTED] 30 minutes of table time for being rude to peer. [REDACTED] walked away from staff and peers. [REDACTED] was instructed to stay closer to the group. [REDACTED] did not comply. [REDACTED] began picking up rocks from the ground and attempting to hide them. [REDACTED] was instructed to walk back to the house with staff. [REDACTED] walked to the house and continued walking toward the street instead of turning to enter the front door of the house. Restraint began outside of Mabee house, [REDACTED] struggled in restraint as she moved toward the street. [REDACTED] continued to struggle while restrained in the street. Staff reengaged restraint with [REDACTED], [REDACTED] continued to struggle. Help arrived and moved [REDACTED] out of street and into Mabee house. [REDACTED] called her mom and repeatedly asked her mom to come get her. [REDACTED] yelled at her mom that she was going to refuse treatment and get sent to as many acute facilities as possible if her mom did not come get her. Patient began to scratch at arms and grabbing for phone cord. Seclusion room door was opened. Staff then restrained [REDACTED] again until calm. Treatment team felt [REDACTED] met criteria and need for acute placement. [REDACTED] mother refused to consent to acute placement for [REDACTED] and stated she was going to come pick up [REDACTED]. [REDACTED] was discharged AMA at 7:54AM.

Agency's Interim Corrective Action: Client [REDACTED] has been discharged from facility.

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: A.Clowers

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called: N/A **Was it accepted?** **Outcome:** N/A

Assigned Investigator: N/A

Date of DCCECE's Follow-up: **Type of Follow-up:**

Details from Follow-up: