



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: 2/9/2022
Date Reported to DCCECE: 2/10/2022

Agency Name: Youth Home
Agency Number: 128
Type of Facility: PRTF Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Client [REDACTED] reported to the nursing office c/o not feeling well, dizziness, lightheaded, headache, nausea, and pain with numbness and tingling in/down (R) arm. He reported sharp pain in (R) arm yesterday. Onset yesterday and couldn't recall any recent injuries or overuse. Denied any numbness, tingling, or weakness yesterday as well. Endorsed weakness and numbness in (R) arm onset today. AAOx3. Clear coherent speech with articulation WNL. Denies any blurred or double vision. No signs of LOC or syncope episodes. Grip strength with unilateral weakness on (R) side. Gait appears slightly staggered with increased forward flexion. Posture does not appear relaxed. VS:99/64, HR 75, Resp. 20/min, unlabored. MD notified with order to transport to ACH ER for further evaluation especially given past medical hx.

Agency's Interim Corrective Action: Neurologist doesn't feel MRI is necessary at this time. Labs obtained. IV fluids administered. Will continue to update as more information becomes available.

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: