



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 3/5/2022

Date Reported to DCCECE: 3/7/2022

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] had just got off RS and it was bedtime. Patient had tried to call her mom, but mom didn't answer. Patient had asked if she could come up and talk, I told patient she had 5 maybe 15 minutes. Patient had processed with 4 different staff today about the same thing and was not happy because they didn't give her the answer or feedback she wanted. Patient was upset because her father had been removed from her call list and she struggled with the fact that her dad doesn't want to communicate. Next part of the report reads: [REDACTED] was trying to choke herself. Another staff and I had to intervene and hold her hands to try to retrieve the object from around her neck. Patient was resistant and did not want to comply, therefore staff had to hold her hands and other staff had to get the garment loose. After a few minutes, other staff came to assist with removing the item from around her neck. Patient sat on her bed stating that "she wants to kill herself and that no one wanted her." Nurse's note: Client [REDACTED] assessed after tying object around her neck to self-harm. Patient complains of slight pain in neck area. Patient able to swallow normally. Patient is now calm and cooperative with a BP of 128/60, pulse 82 and respirations of 16.

Agency's Interim Corrective Action: Staff debriefed with [REDACTED] about what happened and what caused her to try and choke herself. Patient discussed that her mother doesn't want her and then her father didn't want to communicate with her. Staff talked to patient about it and told her that its ok

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: A.Clowers

Child Abuse Hotline (Only applies to maltreatment incidents) No.

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

Assigned Investigator: N/A

Date of DCCECE's Follow-up: N/A **Type of Follow-up:** N/A

Details from Follow-up: