



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: 10/26/2021

Date Reported to DCCECE: 11/3/2021

Agency Name: Youth Home

Agency Number: 128

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Medical

Incident Description: Client [REDACTED] was sent to urgent care to be evaluated due to eye pain and blurred vision. Client was not able to be seen there and was taken to Children's hospital.

Agency's Interim Corrective Action:

Licensing Specialist Assigned: A.Clowers

Licensing Supervisor Assigned: A. Clowers

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called:NA **Was it accepted?**NA **Outcome:**

Assigned Investigator: NA

Date of DCCECE's Follow-up: 11/4/2021 **Type of Follow-up:** Email

Details from Follow-up: Emailed to find out outcome on ER visit. Facility will get back to me after checking with Nursing team.