



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: 5/3/2022

Date Reported to DCCECE: 5/4/2022

Agency Name: Youth Home

Agency Number: 128

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Suicidal

Incident Description: On 5/3/22 at Seibert School at 1:48PM, client [REDACTED] used an eraser to aggressively rub against her skin on her left hand. This caused an abrasion between her thumb and index finger. When talking with nurse and staff, client stated that she could do it a lot more if she wanted to. Later the same day, 5/3/22, at 4:00PM, at Rose House, client [REDACTED] continued to self-harm and a personal restraint was implemented for client [REDACTED] safety. Client was repeatedly encouraged to calm down. Eventually client calmed down. Client [REDACTED] stated that she wants to be sent [REDACTED], does not contract for safety. Staff working toward finding placement. [REDACTED] was informed she would have restrictions on her belongings and would have to shower with the door cracked for threat of self-harm. This upset [REDACTED] and she began picking her scabs to the point that they started to bleed. Personal restraint used. [REDACTED] consented to a chemical restraint. [REDACTED] calmed down. The next morning, 5/4/22, at Seibert School, at 10:45AM client [REDACTED] argued with a teacher. Client [REDACTED] began picking at her skin and digging her fingernails into several open wounds on her arm. [REDACTED] struggled against staff and began trying to bang her head on the floor. Staff restricted client's movement to prevent self-harm. [REDACTED] eventually calmed down. [REDACTED] was transported my MEMS to ACH [REDACTED]

Agency's Interim Corrective Action: Personal and chemical restraint used. [REDACTED] was transported my MEMS to ACH [REDACTED]

Licensing Specialist Assigned: C.DeBoer

Licensing Supervisor Assigned: 5/3/2022

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called:No. **Was it accepted?**N/A **Outcome:** N/A

Assigned Investigator: N/A

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

Type of Follow-up: N/A

Details from Follow-up: