



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:** 6/19/2022

**Date Reported to DCCECE:** 6/21/2022

**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] resides in Rose House PRTF Youth Home. On 6/19/22, [REDACTED] was upset about a rumor that someone [REDACTED] is dating is also dating someone else. [REDACTED] went to the cafeteria, sat down and cried. Staff attempted to counsel client and began to walk client across the hall where the nurses were. [REDACTED] stated [REDACTED] didn't feel good, passed out and CPR was performed. [REDACTED] regained consciousness. When [REDACTED] passed out [REDACTED] hit his head. [REDACTED] transported to [REDACTED] Physician's report stated [REDACTED] suffered a concussion.

**Agency's Interim Corrective Action:** Client [REDACTED] transported to [REDACTED]

**Licensing Specialist Assigned:** C.DeBoer

**Licensing Supervisor Assigned:** 6/19/2022

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**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

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**Date of DCCECE's Follow-up:** 6/21/2022 **Type of Follow-up:** Email

**Details from Follow-up:**