



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:** 7/2/2022

**Date Reported to DCCECE:** 7/5/2022

**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] punched the floor and complained of pain. Client sent to ER. Client [REDACTED] returned from ER shortly after 9pm. Left wrist is in a splint. Metal pieces removed for safety. Patient has full ROM of left wrist with capillary refill less than 3 seconds. Patient rates pain a 5 on 1-10 scale. Ibuprofen given. Will continue to monitor as needed.

**Agency's Interim Corrective Action:** Client sent to Emergency Room.

**Licensing Specialist Assigned:** C.DeBoer

**Licensing Supervisor Assigned:** 7/2/2022

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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:** 7/5/2022 **Type of Follow-up:** Email.

**Details from Follow-up:** Client [REDACTED] has splint on left wrist. Continue to monitor.