



Division of Child Care & Early Childhood Education  
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437  
P: 501.320.3971

---

## Notice of Incident

**Date of Incident:** 5/4/2022  
**Date Reported to DCCECE:** 5/5/2022

**Agency Name:** The Centers Monticello  
**Agency Number:** 159  
**Type of Facility:** PRTF                      **Facility License Type:** Regular

**Type of Incident:** Emergency Room Visit

**Incident Description:** On 05/04/2022, at approximately 1600 hours, Centers' client, [REDACTED] was playing outside on the monkey bars, when she lost her grip and fell to the ground. [REDACTED] complained of pain to her right arm and was immediately evaluated by Centers' medical personnel. During [REDACTED] medical evaluation, she told the RN her left arm was hurting. The RN noted there was no redness or edema to [REDACTED] left arm. It was also noted the skin to [REDACTED] left arm was intact. [REDACTED] was able to squeeze the RN's hand without difficulty or complaint. Later in the evening on 05/04/2022, Dr. Simon assessed [REDACTED]. On 05/05/2022, at approximately 0900 hours, [REDACTED] was again assessed by Centers' medical personnel, and it was decided to send her outside the facility to obtain an x-ray. [REDACTED] was transported by Centers' staff to Monticello Medical, where her right and left arms were x-rayed. It was determined [REDACTED] had sustained a buckle fracture to her left wrist. [REDACTED] left arm was placed in a partial cast and she was transported back to Centers' residential facility. [REDACTED] has a follow-up appointment in approximately one week. [REDACTED] guardians were notified about this incident. [REDACTED] mother reported she ([REDACTED] had sustained the same fracture, to the same wrist, while playing at school last month (April).

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

**Licensing Specialist Assigned:** C.DeBoer  
**Licensing Supervisor Assigned:** 5/4/2022

---

**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:** [REDACTED] has a follow-up appointment in approximately one week