



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

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## Notice of Incident

**Date of Incident:** 8/3/2022

**Date Reported to DCCECE:** 8/4/2022

**Agency Name:** Elizabeth Mitchell Centers

**Agency Number:** 156

**Type of Facility:** PRTF

**Facility License Type:** Regular

**Type of Incident:** Emergency Medical Care

**Incident Description:** Client [REDACTED] reported to facility physician that [REDACTED] had hurt [REDACTED] toe playing basketball 2 weeks ago. [REDACTED] transported to [REDACTED] for X-ray. [REDACTED] had an intra-articular fracture of [REDACTED] left fourth toe. [REDACTED] placed in a walking boot and has a follow up in one week.

**Agency's Interim Corrective Action:** Client transported for X-ray.

**Licensing Specialist Assigned:** C.DeBoer

**Licensing Supervisor Assigned:** 8/3/2022

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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:** 8/5/2022 **Type of Follow-up:** Email

**Details from Follow-up:**