

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: 8/4/2022

Date Reported to DCCECE: 8/5/2022

Agency Name: UMCH Agency Number: 115

Type of Facility: PRTF Facility License Type: Regular

Type of Incident: Emergency Medical Care

Incident Description: During showers, client walked up to staff and mentioned was having foot pain. right big toe was bruised. Client mentioned that had stepped on own foot. toe has been assessed by the nurse. Client had an X-ray and it showed zero findings.

Agency's Interim Corrective Action: X-ray.

Licensing Specialist Assigned: C.DeBoer Licensing Supervisor Assigned: 8/4/2022

<u>Child Abuse Hotline</u> (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: 8/8/2022 Type of Follow-up: Email

Details from Follow-up: X-ray showed no findings.