



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

Notice of Serious Incident

Date of Incident: 9/28/2022

Date Received by DCCECE: 9/29/2022

Facility Name: Elizabeth Mitchell Centers

Facility Number: 157

Facility Type: Residential

Incident Type: Licensing

Report Description: I wanted to inform you of an incident that occurred at The Centers (Destiny House) on 9/28/2022. On 9/28/2022, at approximately 1750 hours, client [REDACTED] [REDACTED] DOB: 6 [REDACTED] was involved in a physical altercation with several peers. Although Centers staff immediately separated the group, [REDACTED] was struck several times because of the altercation. [REDACTED] complained of pain to his forearm. Centers medical staff assessed [REDACTED] and noted a slight deformity to the elbow of his left arm. A decreased ROM in supination and pronation was noted. Out of an abundance of caution, the APRN gave the order to send [REDACTED] to Arkansas Children's Hospital via MEMS for further evaluation. Once at ACH, [REDACTED]'s left elbow was x-rayed, and it was determined there were NO fractures present. While at ACH, [REDACTED] also complained of back pain, so an x-ray of his thoracic spine was conducted and there were No fractures present. After his medical evaluation at ACH, Centers staff transported [REDACTED] back to Destiny House. Centers medical staff will continue to monitor [REDACTED] guardian was notified about this incident. [REDACTED] is an Arkansas DCFS placement. No other clients were injured because of this altercation.

Interim Action Narrative:

Maltreatment Narrative:

Outcome:

Licensing Narrative: On 9/29/22 client [REDACTED] was in altercation with peers. Client [REDACTED] was transported to ER for evaluation which revealed no fractures. Facility visited 9/30/22 and camera footage reviewed from incident. Client/staff ratio in camera view initially 2:7 then 3:7 as additional staff show up. Client [REDACTED] sitting when a peer throws foot stool at [REDACTED] which [REDACTED] defends with his arm. Staff intervene in approximately one second and stop attack from continuing.



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521 Visit Compliance Report

Licensee: Elizabeth Mitchell Centers

Facility Number: 157

Licensee Address: 6501 WEST 12TH STREET
LITTLE ROCK, AR. 72204

Licensing Specialist : Clayton DeBoer

Person In Charge: Eric Knowles

Record Visit Date: 9/30/2022

Home Visit Date: 9/30/2022

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulations Not Correctable:

Narrative:

Camera footage reviewed from incident. Client/staff ratio in camera view initially 2:7 then 3:7 as additional staff show up. Client ■■■ seen sitting when a peer throws foot stool at ■■■ which ■■■ defends with his arm. Staff intervene in approximately one second and stop attack from continuing.