

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 | |
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| Date Received by DCCECE: 9/29/2022 | |
| Facility Name: Elizabeth Mitchell Centers Facility Number: 157 Facility Type: Residential | |
| Incident Type: Licensing | |
| her right hand. told Centers stawall. Centers staff examined staff | proximately 1500 hours, client ed and punched the wall in her dorm room with aff that she was in pain because of hitting the right hand and noted edema to the right ring e of caution, Dr. Bowling gave the order for ether evaluation. Once at Ortho Arkansas, as determined NO fractures were present. After an approved back to EMAC by Centers staff. The or approved by the placement client. As always, please do |
| Interim Action Narrative: | |
| Maltreatment Narrative: | Outcome: |

Licensing Narrative: X-ray yielded no fractures. Client remains at facility.