



Division of Child Care & Early Childhood Education  
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### Notice of Serious Incident

Date of Incident: 2/20/2023

Date Received by DCCECE: 2/21/2023

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 02/20/2023. On 02/20/2023, client [REDACTED] (DOB: [REDACTED]) began vomiting and told the medical staff he was nauseous. Centers medical personnel assessed [REDACTED] but were unable to determine the cause of [REDACTED] nausea and vomiting. Out of an abundance of caution, [REDACTED] was sent to Arkansas Children's Hospital (ACH) for further medical evaluation. [REDACTED] was transported to ACH by Centers staff. Once at ACH, medical personnel there diagnosed [REDACTED] with [REDACTED]. The attending physician at ACH placed M [REDACTED] on MiraLAX and Pepcid to treat his symptoms. After [REDACTED] medical evaluation at ACH, he was transported back to Destiny House. Centers medical staff will continue to monitor [REDACTED] guardian was notified about this incident. [REDACTED] is a DCFS placement at The Centers. As always, please do not hesitate to contact me if you need any additional information.

Interim Action Narrative: Resident was assessed by the nurse and transported to AR Children's Hospital. Diagnosis: [REDACTED]. He was prescribed MiraLAX and Pepcid.

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Maltreatment Narrative:

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**Licensing Narrative:**Licensing Specialist reviewed provider reported incident. Licensing Specialist did not note any licensing concerns.