

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: 7/28/2023

evaluation.

Maltreatment Narrative:

| Date Received by DCCECE: 7/31/2023 |
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| Facility Name: Elizabeth Mitchell Centers |
| Facility Number: 157 |
| Incident Type: Licensing |
| Report Description: I wanted to inform you of an incident that occurred at The Centers (EMAC). On 7/28/2023, client , DOB:) intentionally punched the wall to harm her hand. Centers? medical personnel assessed s hand and made the decision to send her to Ortho Arkansas for further evaluation. Once at Ortho Arkansas, medical personnel there examined and diagnosed her with There were NO fractures present. After |
| s evaluation at Ortho Arkansas, she was transported back to EMAC. Centers? medical personnel will continue to monitor representation about this incident. DCFS client. As always, please do not hesitate to contact me if you need any additional information. |
| Interim Action Narrative: Resident was assessed and referred to Ortho AR for further |

Licensing Narrative: Licensing Specialist notified of provider reported incident. 8/1/2023, Licensing Specialist reviewed provider reported for licensing concerns.