



**Placement and Residential Licensing Unit**

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**

**Case Number:** 026778

**Date of Incident:** 1/12/2025

**Date Received:** 1/13/2025

**Facility Name:** Delta Family Health and Fitness for Children

**Facility Number:** 172

**Incident Type:** Licensing

**Report Description:** [REDACTED] 1 Client was taken to [REDACTED] for dizziness, headache and coughed up a dime size sputum of blood. All labs were normal.

[REDACTED] Vital signs normal and discharged with follow up. Followed up this am with PCP and no abnormal findings noted.

**Interim Action Narrative:**

---

[REDACTED] **Narrative:**

---

**Licensing Narrative:** 1/13/25-Phone call made to Delta to ascertain client's last name [REDACTED] and [REDACTED]. Conversation had with [REDACTED] of Delta regarding submitting reports in ELS. Reviewed for licensing concerns.