

## **Division of Child Care & Early Childhood Education**

P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437

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## **Notice of Incident**

Date of Incident: 2/5/2022

Date Reported to DCCECE: 2/7/2022

Agency Name: Piney Ridge Treatment Center

Agency Number: 203

Type of Facility: PRTF/SRU Facility License Type: Regular

Type of Incident: Injury

Incident Description: Resident complained of pain in the nose after being punched in

the face by another resident on  $\overline{2/4/2022}$ .

Agency's Interim Corrective Action: Resident was taken for an x-ray in house on 2/5/2022.

Licensing Specialist Assigned: C. Vardell Licensing Supervisor Assigned: A. Clowers

<u>Child Abuse Hotline</u> (Only applies to maltreatment incidents)

Was the Hotline Called: N/A Was it accepted? Outcome: N/A

Assigned Investigator: N/A

Date of DCCECE's Follow-up: N/A

Type of Follow-up: N/A

Details from Follow-up: