



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: 2/26/2022

Date Reported to DCCECE: 2/28/2022

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 [REDACTED] complained of right hand pain so a xray was ordered of his hand.

Agency's Interim Corrective Action: Resident was taken for an in house xray of his hand on 2/26/22.

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: A. Clowers

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Child Abuse Hotline (Only applies to maltreatment incidents)

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

Assigned Investigator: N/A

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Date of DCCECE's Follow-up: 3/2/2022      Type of Follow-up: Email

Details from Follow-up: 3/2/22- Licensing Specialist emailed Ronissa Adams to gain information about how the injury was sustained.      3/3/22-Licensing Specialist received an email stating that the resident injured his hand after he punched a wall.