



ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**

Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 6/30/2021
Date Reported to DCCECE: 7/1/2021

Agency Name: Perimeter of Forrest City
Agency Number: 142
Type of Facility: PRTF **Facility License Type:** Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED] reported pain to the right hand after punching a wall. Staff nurse assessed the wound and noted swelling with the area reportedly tender to touch.

Agency's Interim Corrective Action: Resident was taken to the emergency room for further evaluation

Licensing Specialist Assigned: C.Vardell
Licensing Supervisor Assigned: S. Singleton-Litzsey

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called: No **Was it accepted?** N/A **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: