



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: [REDACTED]/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 to the staff nurse that he had drank a mixture of toothpaste, mouthwash, and hand sanitizer that he received from another resident. Resident [REDACTED] complained of "burning of his side".

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: 7/6/2021 Type of Follow-up: Email

Details from Follow-up: