



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

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## Notice of Incident

**Date of Incident:** 10/4/2021

**Date Reported to DCCECE:** 10/5/2021

**Agency Name:** Perimeter Behavioral of Forrest City

**Agency Number:** 142

**Type of Facility:** PRTF

**Facility License Type:** Regular

**Type of Incident:** Emergency Room Visit

**Incident Description:** Resident [REDACTED] reported to nurse that he has pain in his abdomen due to the inability to urinate for the past 30 hours.

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

**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:**No **Was it accepted?**N/A **Outcome:** N/A

**Assigned Investigator:** N/A

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

**Type of Follow-up:** N/A

**Details from Follow-up:**