



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:** 11/25/2021

**Date Reported to DCCECE:** 11/25/2021

**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 wrist pain with no known cause.

**Agency's Interim Corrective Action:** Orders were received to get an x-ray of the resident's right wrist.

**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:**