



Division of Child Care & Early Childhood Education  
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## Notice of Incident

Date of Incident: 12/11/2021

Date Reported to DCCECE: 12/13/2021

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: ER Visit

Incident Description: Resident [REDACTED]. complained of pain in his testicle area.

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

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: 12/15/2021 Type of Follow-up: Email

Details from Follow-up: 12/15/2021-Licensing Specialist emailed PaSonna Hope for an update to the resident's condition. PaSonna reported that the resident is doing fine now and has expressed no pain or discomfort since the incident.