



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 3/17/2022

Date Reported to DCCECE: 3/18/2022

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] was involved in a confrontation with a peer. The resident punched the peer and began to report pain and swelling in that right hand. Resident received orders from the APRN to have an Xray performed.

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

Child Abuse Hotline (Only applies to maltreatment incidents) No

Was the Hotline Called: Was it accepted?N/A Outcome:

Assigned Investigator: N/A

Date of DCCECE's Follow-up: 3/21/2022 Type of Follow-up: 3/21/2022

Details from Follow-up: 3/21/22-Licensing Specialist emailed the facility to request information about the results of the resident's x-rays. Licensing Specialist received a copy of the x-ray results which showed no acute findings.