



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 4/4/2022

Date Reported to DCCECE: 4/5/2022

Agency Name: Perimeter Behavioral of Forrest City

Agency Number: 142

Type of Facility: PRTF/SRU

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] was taken to the emergency room after reporting of congestion and cough. APRN requested a chest x-ray.

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

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 4/4/2022

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: 4/6/2022 **Type of Follow-up:** Email

Details from Follow-up: 4/6/22-Licensing Specialist emailed PaSonna Hope to get the results of the x-rays that were in a pending status at the time of the report. No concerns were noted on the visit.