

## **Division of Child Care & Early Childhood Education**

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## **Notice of Incident**

Date of Incident: 5/5/2022

Date Reported to DCCECE: 5/6/2022

**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 . injured his ankle while playing basketball outside.

Agency's Interim Corrective Action: Resident was taken to the emergency room via ambulance

for further evaluation of his injury.

**Licensing Specialist Assigned:** C. Vardell **Licensing Supervisor Assigned:** 5/5/2022

**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: 5/9/2022 Type of Follow-up: Email

Details from Follow-up: 5/9/2022-Emailed the facility to request the results of the x-ray the

resident's obtained on 5/5/2022. Results showed no fracture or dislocation.