



Division of Child Care & Early Childhood Education
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Notice of Incident

Date of Incident: 6/9/2022

Date Reported to DCCECE: 6/14/2022

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]. complained of sore throat, dizziness, and diarrhea to the APRN. Orders were received to have an x-ray conducted of [REDACTED] chest.

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

Licensing Specialist Assigned: C. Vardell

Licensing Supervisor Assigned: 6/9/2022

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: 12:00:00 AM

Type of Follow-up: N/A

Details from Follow-up: The facility notified licensing via email that there would be an incident report on 6/10/2022. However, the facility reports there was an issue with their email system that would not allow for attachments to be sent with an email. The Licensing Unit did not receive the final incident report until 6/14/2022.