



Division of Child Care & Early Childhood Education  
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437  
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## Notice of Incident

**Date of Incident:** 8/3/2022

**Date Reported to DCCECE:** 8/3/2022

**Agency Name:** Perimeter of Forrest City

**Agency Number:** 142

**Type of Facility:** PRTF

**Facility License Type:** Regular

**Type of Incident:** Incident

**Incident Description:** Resident [REDACTED] jammed [REDACTED] right middle finger while playing basketball. Swelling was noted. APRN notified and x-ray was scheduled at the [REDACTED].

**Agency's Interim Corrective Action:** APRN was notified and x-ray was scheduled at [REDACTED].

**Licensing Specialist Assigned:** K. Rice

**Licensing Supervisor Assigned:** 8/3/2022

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**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

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**Date of DCCECE's Follow-up:** 12:00:00 AM

**Type of Follow-up:** N/A

**Details from Follow-up:** Copy of x-ray received.