



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437
P: 501.320.3971

Notice of Incident

Date of Incident: 8/12/2022

Date Reported to DCCECE: 8/15/2022

Agency Name: Perimeter of Forrest City

Agency Number: 142

Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Emergency Room Visit

Incident Description: Resident [REDACTED] complained of hip pain after playing kickball outside.

Agency's Interim Corrective Action: Resident was evaluated at the [REDACTED] Emergency Room. [REDACTED]'s diagnosis, contusion to the right side of back. [REDACTED] will follow-up with PCP if symptoms persist.

Licensing Specialist Assigned: K. Rice

Licensing Supervisor Assigned: 8/12/2022

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called: No **Was it accepted?** No **Outcome:** N/A

Assigned Investigator: N/A

Date of DCCECE's Follow-up: 8/18/2022 **Type of Follow-up:** Email

Details from Follow-up:



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

Notice of Serious Incident

Date of Incident:8/12/2022

Date Received by DCCECE: 8/15/2022

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Facility Type: Residential

Incident Type: Licensing

Report Description: Resident ([REDACTED]) complained of right hip pain after playing kickball. He was taken and evaluated at Cross Ridge Community Hospital.

Diagnosis: Contusion of right side of back. Continuation of care, follow-up with PCP if symptoms persist.

Interim Action Narrative:

Maltreatment Narrative:

Outcome:

Licensing Narrative: No Licensing concerns noted.