



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

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## Notice of Incident

**Date of Incident:** 8/15/2022

**Date Reported to DCCECE:** 8/16/2022

**Agency Name:** Perimeter of the Ozarks

**Agency Number:** 237

**Type of Facility:** PRTF

**Facility License Type:** Regular

**Type of Incident:** Self-Harm

**Incident Description:** Resident [REDACTED] used [REDACTED] fingernails to re-open old scars on [REDACTED] left arm.

**Agency's Interim Corrective Action:** Resident's self-harm precaution for 7 days was extended.  
[REDACTED] Resident met with therapist and C-SSR completed.

**Licensing Specialist Assigned:** K. Rice

**Licensing Supervisor Assigned:** 8/15/2022

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**Child Abuse Hotline** (Only applies to maltreatment incidents)

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

**Assigned Investigator:** No

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**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

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### Notice of Serious Incident

**Date of Incident:**8/15/2022

**Date Received by DCCECE:** 8/16/2022

**Facility Name:** Perimeter of the Ozarks

**Facility Number:** 237

**Facility Type:** Residential

**Incident Type:** Licensing

**Report Description:** Resident [REDACTED] used her fingernails to re-open old scars on her left arm. Her 7 day safety plan was extended. [REDACTED]. She processed with her therapist and a C-SSR was completed.

**Interim Action Narrative:**

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**Maltreatment Narrative:**

**Outcome:**

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**Licensing Narrative:** No licensing concerns noted.