



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

521 Visit Compliance Report

Licensee: Perimeter Behavioral of Forrest City

Facility Number: 142

Licensee Address: 603 KITTLE ROAD
FORREST CITY AR 72335

Licensing Specialist: Andrea Adamson

Person In Charge: Immanuel Morris

Record Visit Date: 1/16/2025

Home Visit Date: 1/17/2025

Purpose of Visit: Subsequent Building and Grounds

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Licensing Specialist reviewed the following areas:

100 Hall:No issues, all rooms clean and hallway free of clutter. (105, 107)

200 Hall:No issues, all rooms clean and hallway free of clutter. (202, 206)

300 Hall:No issues, all rooms clean and hallway free of clutter. (302, 305, 306)

400 Hall:No issues, all rooms clean and hallway free of clutter. (403, 407, 408)

Cafeteria:Kitchen has received new cooking equipment; everything was clean, and staff was wearing correct equipment.

Gym:Clean and bathroom was tidy.

Courtyard:Well maintained and workers were installing water tank.

Cosmetic:New darker blue paint seen accenting lighter colors, looked very nice

Facility was receiving and installing a new water tank during the walkthrough.

100 Hall showers

Facility has received approval for new shower stall floorings throughout the building. Bids have been accepted and awaiting choice from upper management.

******* Pursuant to A.C.A. § 9-24-406(e)(3-4): If you believe that the Department's notice of noncompliance is in error, you may ask for reconsideration. The request for reconsideration must be in writing and delivered to the Department by certified mail within twenty (20) business days of receipt of the notice of noncompliance. The request must specify the parts of the notice that are alleged to be in error, explain why you believe those parts are in error, and include documentation to support the allegation of error. Once received the Department shall issue a decision on your request within twenty (20) days after receipt of the request.**

Provider Comments:

CCL Staff Signature :

Date: 1/17/2025



Provider Signature :

Date: 1/17/2025

