



Division of Child Care & Early Childhood Education
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Notice of Serious Incident

Date of Incident:9/10/2022

Date Received by DCCECE: 9/12/2022

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Facility Type: Residential

Incident Type: Licensing

Report Description: Residents Name/DOB: [REDACTED] Date/Time of incident: 9/10/2022 3:50pm Please give a description of the incident: Per staff report the resident alleged vomiting a blood like substance. Resident was assessed by APRN and referred out to FCMC. All tests conducted were negative. Resident was diagnosed with nausea. Actions Taken: Nursing staff will continue to monitor the residents' progress in the milieu and the school. Guardianship: Private Placement

Interim Action Narrative:

Maltreatment Narrative:

Outcome:

Licensing Narrative: No licensing concerns noted.