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Notice of Serious Incident

Date of Incident:9/13/2022

Date Received by DCCECE: 9/13/2022

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Facility Type: Residential

Incident Type: Licensing

Report Description: Residents Name/DOB: Date/Time of Date/Time of incident: 9/13/2022 7:45am Please give a description of the incident: Per staff report the resident passed out at the nurse's station. The resident reported feeling dizzy. The resident was assessed and referred to FCMC. The following diagnosis were presented after the ER visit: Encounter for routine child health examination without abnormal findings. Actions Taken: Nursing will continue to monitor his progress in the milieu and school. Guardianship: Private Placement

Interim Action Narrative:

Maltreatment Narrative:

Outcome:

Licensing Narrative: No licensing concerns noted.

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