

## **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:9/14/2022
Date Received by DCCECE: 9/15/2022
acility Name: Perimeter Behavioral of Forrest City
facility Number: 142
acility Type: Residential
ncident Type: Licensing
Report Description: Residents Name/DOB: Date/Time of incident: /14/2022 11:45am Please give a description of the incident: Per staff report the resident nijured his R hand/thumb outside while playing basketball. The resident complained of ain with ROM, skin is intact. The resident was assessed by APRN and referred out to CCMC for an X-Ray. X-Ray findings are as follows: No acute fracture or dislocation. The roximal and distal carpal row are adequately aligned. The soft tissues are grossly nremarkable. Actions Taken: Nursing will continue to monitor his progress in the milieu and school. Guardianship: Private Placement
Saltreatment Narrative: Outcome:
icensing Narrative: No licensing concerns noted.