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Notice of Serious Incident

Date of Incident:9/28/2022

Date Received by DCCECE: 9/29/2022

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: 9/28/2022 2:30pm Please give a description of the incident: Per staff report; the resident complained of right thumb pain. Resident has been involved in several physical altercations over the last couple of days. Actions Taken: The resident was assessed by APRN and referred out to FCMC for an X-Ray. FCMC contacted Perimeter nursing and verbally stated there were no findings from the X-Ray. Resident will continue to be peer restricted from the various residents and monitored on Line of Sight while in the milieu and school. All appropriate notifications made. Guardianship: Private Placement

Interim Action Narrative:

Maltreatment Narrative:

Outcome:

Licensing Narrative: No licensing concerns noted.

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