



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

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### Notice of Serious Incident

Date of Incident: 1/2/2023

Date Received by DCCECE: 1/5/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Facility Type: Residential

Incident Type: Licensing

Report Description: Residents Name/DOB: [REDACTED] Guardianship: TX  
[REDACTED] Guardianship: AR [REDACTED] Date/Time of  
incident: 1/2/2023 8:18pm reported by YCW [REDACTED] 1/5/23 Please describe the  
incident: Per staff report, the resident reported to the staff member on 1.5.2023 that on  
Monday 1.2.2023 around bedtime, the resident snuck into his peer's room ([REDACTED]) and  
got behind the door and began kissing. During the time in his peers' room ([REDACTED])  
[REDACTED] stated that his peer [REDACTED] grabbed the back of his head and pulled it in front of  
his private area and told him to 'suck it.' The resident [REDACTED] did confirm that he  
performed oral sex on his peer [REDACTED]. Actions Taken: A internal investigation was  
conducted, and camera review was conducted at 1:45pm. The resident [REDACTED] was seen  
entering his peer's room for exactly 2 minutes. During the 2 minutes the resident can be  
seen for 90 seconds (about 1 and a half minutes) standing at the door, the resident then  
enters the room, immediately after entering the room another resident is seen standing at  
the door at the same time for about 15 seconds. The resident then exits the room 15 seconds  
later. All residents and staff have been interviewed and statements collected. The resident is  
currently in a single room assignment and has been since admission due to his history. The  
residents have been peer restricted to ensure little to no contact, sexual safety plans have  
been created and acknowledged. Both residents have been placed on line of sight  
precautions. The residents have been seen by their assigned clinical therapist to address any  
trauma. A referral call was completed 1.5.23 at 3:56pm, the call was [REDACTED] but  
documented here is the [REDACTED] All proper notifications have been made.

Interim Action Narrative: ██████████ and screened out. All residents and staff were interviewed and statements collected. Resident ██████ is in a single room assignment. Residents are peer restricted to ensure little to no contact, both have been placed on line of sight precauti

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Maltreatment Narrative:

Outcome:

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Licensing Narrative: Licensing Specialist will inquire about the assign investigator. No investigator due to being screened out. Licensing will inquire about late reporting. Licensing Specialist informed that resident did not report incident to staff until 1/5/2023. 1/6/2023, Licensing Specialist viewed camera footage of reported incident on 1/2/2023 and received witness statements from residents and staff members. Licensing Specialist will review witness statements. 1/9/2023, Licensing Specialist reviewed witness statements. ██████ is the staff member that was informed of the incident by the resident. Licensing Specialist will verify what staff member were present that night of the incident. Licensing Specialist informed that staff member ██████ was not present the night of the incident. Staff members ██████ and ██████ were the staff members that Licensing Specialist observed on the camera footage.



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## 521 Visit Compliance Report

**Licensee:** Perimeter Behavioral of Forrest City

**Facility Number:** 142

**Licensee Address:** 603 KITTLE ROAD  
FORREST CITY AR 72335

**Licensing Specialist:** Kendra Rice

**Person In Charge:**

**Record Visit Date:** 1/6/2023

**Home Visit Date:** 1/6/2023

**Purpose of Visit:** Self Report Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulations Not Correctable:**

**Narrative:**

Time of Visit: 12:00 pm to 3:30 pm

Census: 58

Licensing Specialist reviewed camera footage on 1/5/2023 for reported incident on 1/2/2023. It was reported that a resident snuck in his peer's room and got behind the door and kissed him. Resident reported that his

peer grabbed the back of his head and pulled it in front of his private area and told him to “suck it.” Resident confirmed that he performed oral sex on his peer. Resident did not inform staff of this incident until 1/5/2023.

Licensing Specialist observed a staff member at each end of the hallway. At one end of the hallway was a staff member and two residents what appeared to be a huddle. The other staff member was at the end of the hallway alone. Licensing Specialist observed resident walking down the hallway and standing in the doorway of a bedroom. Resident entered the bedroom, and another resident was observed standing in the door. The first resident who entered the bedroom quickly left the bedroom and walked down the hall.

Licensing Specialist received witness statements from the staff and residents. It was reported that the timeframe of this incident was before bedtime. Licensing Specialist was informed that bedtime is 8:30 pm.

Licensing Specialist is not prepared to leave a finding at this time.



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**Licensee:** Perimeter Behavioral of Forrest City

**Facility Number:** 142

**Licensee Address:** 603 KITTLE ROAD  
FORREST CITY AR 72335

**Licensing Specialist:** Kendra Rice

**Person In Charge:** Helena Coplin

**Record Visit Date:** 1/25/2023

**Home Visit Date:** 1/25/2023

**Purpose of Visit:** Self Report Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulations Not Correctable:**

**Narrative:**

Time of Visit: 11:00 am to 11:30 am

Census: 58

Licensing Specialist reviewed camera footage on 1/5/2023 for provider reported incident on 1/2/2023. Licensing Specialist have reviewed provided witness statements.

After review of camera footage and witness statements, Licensing Specialist did not observe any licensing concerns regarding this provider reported incident.