



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

**Date of Incident: 1/19/2023**

**Date Received by DCCECE: 1/20/2023**

**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: 1/19/2023 12:59pm Please describe the incident: Per the staff report, the resident complained of abdominal pain, nausea, and vomiting. Actions Taken: Resident was assessed by nursing. The APRN was contacted and requested the resident be sent out to FCMC for further evaluation. The resident was diagnosed with the following: [REDACTED]. Nursing will continue to monitor the residents' progress while in school and on the milieu. Guardianship: AR Foster Care**

**Interim Action Narrative: Resident assessed by nursing and APRN contacted. Resident referred to FCMC for further evaluation.**

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**Maltreatment Narrative:**

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**Licensing Narrative: Licensing Specialist reviewed Provider Reported Incident. No licensing concerns noted.**