



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

**Date of Incident: 6/28/2023**

**Date Received by DCCECE: 6/29/2023**

**Facility Name: Perimeter Behavioral of Forrest City**

**Facility Number: 142**

**Incident Type: Licensing**

**Report Description: Residents Name/DOB: [REDACTED] Date/Time of incident: 6/28/2023 11:25am Please describe the incident: Per staff report the resident complained of pain in his Rt foot, the resident hit his foot and toe on the wall while in the gym playing dodgeball with his peers. Actions Taken: The APRN made a referral for the resident to go out to FCMC for an X-Ray of his Rt ankle and foot. The resident was placed on no physical activity restriction until his X-Ray results were resolved. The resident X-Ray findings are no acute fracture or dislocation. All proper notifications have been made. Guardianship: AR Foster Care**

**Interim Action Narrative: Resident was assessed and referred to FCMC for further evaluation.**

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**Maltreatment Narrative:**

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**Licensing Narrative: Licensing Specialist reviewed provider reported incident for licensing concerns.**