



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

**Date of Incident: 10/3/2023**

**Date Received by DCCECE: 10/4/2023**

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

**Facility Number: 142**

**Incident Type: Licensing**

**Report Description: Serious injury requiring outside medical attention Residents  
Name/DOB: [REDACTED] State: Arkansas Date/Time of incident: 10/3/23-14:30  
Please give a description of the incident: Resident reported pain in his great right toe after  
injuring it while outside playing during recreation time. Corrective Actions Taken: Resident  
was assessed and checked by nurse. The nurse consulted with APRN who recommended  
that resident be sent to Forrest City Medical Center for further medical assessment and X-  
Ray. Findings: [REDACTED]; no acute findings or injury Additional  
Information: None currently. Guardian Notified: [REDACTED] Mother Guardian**

**Interim Action Narrative: Resident was assessed by the nurse, referred to FCMC for an  
assessment and x-ray.**

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**Maltreatment Narrative:**

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