



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-
16:14 Please give a description of the incident: Resident reported pain and swelling in his
great right shoulder after playing a game of dodgeball. 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].
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.

Maltreatment Narrative:

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