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Notice of Serious Incident

Date of Incident: 10/10/2023

Date Received by DCCECE: 10/11/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Licensing

Report Description: Serious injury requiring outside medical attention Residents Name/DOB: State: Arkansas Date/Time of incident: 10/10/23-14:00 Please give a description of the incident: Resident received laceration to the eye during an accident that took place while playing with a peer during recreation time. Corrective Actions Taken: Resident was assessed and checked by nurse who observed the skin above the eye broken that injury had taken place. Nurse consulted with APRN who advised that **Section** be sent to the Forrest City Medical Center for evaluation. After the medical exam there were no other . Resident sent back to the facility for continuance of care. Additional Information: None currently. Guardian Notified: Tessa Mann, DHS Caseworker

Interim Action Narrative: Resident was assessed by the nurse and referred to FCMC for further evaluation.

Maltreatment Narrative:

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

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