



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

Date of Incident: 10/21/2023

Date Received by DCCECE: 10/23/2023

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:
10/21/23/15:01 Please give a description of the incident: Resident came to Nurse station
with pain after playing with another peer in the gym and the peer fell on his leg. 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
assessment and X-Ray. Results of X-Ray and assessment are [REDACTED]

[REDACTED] Additional Information:
Guardian Notified: [REDACTED] Mother

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

Maltreatment Narrative:

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