



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

Date of Incident: 11/24/2023

Date Received by DCCECE: 11/28/2023

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: 11/24/23-**  
**18:30 Please give a description of the incident: Resident was playing with peers and came**  
**down on his wrist/arm and was brought to the nurses station after injury and reports of**  
**pain. Corrective Actions Taken: Nurse consulted with APRN who advised that resident be**  
**sent to the Forrest City Medical Center for evaluation. Results of examination and X-Ray are**  
**unspecified sprain to right wrist. Resident given pain medications and sent back to the**  
**facility for continuance of care. Additional Information: None currently. Guardian Notified:**  
**Mikayla Curtis DHS Worker**

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

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**Maltreatment Narrative:**

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