



Division of Childcare & Early Childhood Education
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437
P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

Notice of Serious Incident

Case Number: 017992

Date of Incident: 12/8/2023

Date Received by DCCECE: 12/11/2023

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Incident Type: Dual

Report Description: Allegation of sexual/physical abuse Residents Name/DOB: [REDACTED]
[REDACTED] State: Arkansas Date/Time of incident: 12/8/23-15:30 Please give a description of the incident: Resident reported to staff that staff member threw a walkie talkie at him and hit his face after he threw a pen at him. Two lacerations to his face were observed by the nurse. Corrective Actions Taken: First Aide performed on [REDACTED] Staff processed incident with [REDACTED] and [REDACTED] was checked and examined by Nurse. APRN was notified and outside medical was not needed. Staff were suspended pending investigation. Allegation of abuse was [REDACTED] and accepted by nurse. Incident reviewed by Safety team and camera was attempted to be reviewed there was not any camera footage that was found. [REDACTED] came today and interviewed and started their investigation as well. Additional Information: None currently. Guardian Notified: Qunicy Smith DFCS Worker

Interim Action Narrative: Resident was assessed by the nurse and staff member was suspended.

Maltreatment Narrative: Resident reported to staff that staff member threw a walkie talkie at him and hit his face after he threw a pen at him. Two lacerations to his face were observed by the nurse.

Licensing Narrative: Licensing Specialist reviewed complaint for licensing concerns. Facility reported no camera footage. Licensing Specialist will inquire about referral number, investigator, and witness statements. 12/12/2023, Licensing Specialist visited the facility and received witness statements. 12/14/2023, Program Coordinator requested documentation for staff member involved. 12/18/2023, Program Coordinator requested permission to contact the facility. Program Coordinator received permission to contact the facility. 1/16/2024, Program Coordinator contacted investigator for an update. Investigator reported case found substantiated.



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521 Visit Compliance Report

Licensee: Perimeter Behavioral of Forrest City

Facility Number: 142

Licensee Address: 603 KITTLE ROAD
FORREST CITY AR 72335

Licensing Specialist: Kendra Rice

Person In Charge: Charlotte Lockhart

Record Visit Date: 12/12/2023

Home Visit Date: 12/12/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulation Number: 100.109.1.g

Regulation Description: Unprofessional conduct in the practice of child welfare activities shall include, but not limited to the following:

Finding Description: Per written statement, staff admitted to throwing a pen at resident.

Action Due Date:

Action Due Description:

Comply Date:

Sub-Regulation Level 1 Description: Engaging in behavior that could be viewed as sexual, dangerous, exploitative, or physically harmful to children.

Action Due Description:

Regulation Number: 900.905.4.g

Regulation Description: The following actions shall not be used, including as discipline:

Finding Description: Staff throwing the pen at resident could have caused physical injury.

Action Due Date:

Action Due Description:

Comply Date:

Sub-Regulation Level 1 Description: Physical injury or threat of bodily harm;

Action Due Description:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Time of visit: 10:30 am to 11:30 am

Census: 56

Licensing received a complaint on 12/8/2023 for ELS Case #017992.

Program Coordinator spoke with Ms. Charlotte Lockhart, CEO. Ms. Lockhart informed Program Coordinator that camera footage was unavailable due to malfunctioning of the cameras. Ms. Lockhart reported they are working with IT to get this issue resolved.

Program Coordinator received and reviewed witness statements for this incident. Per statement written by the staff member involved, "Resident took my pen without permission and was ask to give it back. Resident throw the pen hit me in the face and I throw the pen back and the radio slipped out my hand hitting him."

Facility will be cited for 109.1.g, staff member admitted throwing a pen at the resident. Also 905.4.g, staff threw a pen at resident after the resident threw the pen at staff which could have caused injury.

Provider Comments:

CCL Staff Signature :

Date: 12/14/2023



Provider Signature :

Date: 12/14/2023





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521 Visit Compliance Report

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Facility Number: 142

Licensee Address: 603 KITTLE ROAD
FORREST CITY AR 72335

Licensing Specialist: Kendra Rice

Person In Charge: Charlotte Lockhart

Record Visit Date: 1/16/2024

Home Visit Date: 1/16/2024

Purpose of Visit: Revisit Complaint

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No in-person licensing visit was completed on 1/16/2024.

Licensing received a complaint on 12/8/2023 for ELS Case #017992.

This complaint has been FOUNDED by Licensing.

The facility was cited on 12/12/2023 for standards 109.1.g and 905.4.g.

Provider Comments:

CCL Staff Signature :

Date: 1/16/2024



Provider Signature :

Date: 1/16/2024

