

Division of Child Care & 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

Date of Incident:8/25/2022

Date Received by DCCECE: 8/26/2022

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Facility Type: Residential

Incident Type: Licensing

Report Description: Residents Name/DOB: Date/Time of Date/Time of incident:8/25/2022 8:00am Please give a description of the incident: The resident was seen by APRN yesterday. During his appointment, the resident complained about congestion, sore throat, and temperature of 100.6. The resident was sent to Forrest City Urgent Care. Actions Taken: None Additional Information: Diagnosis: Positive abnormal strep throat; resident will be isolated from peer for at least 24 hours. Nursing will continue to monitor his symptoms on the milieu. Guardianship Status: Mother State of AR

Interim Action Narrative:

Maltreatment Narrative:

Outcome:

Licensing Narrative: No licensing concerns noted.

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