



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

Date of Incident:10/9/2022

Date Received by DCCECE: 10/11/2022

Facility Name: Perimeter Behavioral of Forrest City

Facility Number: 142

Facility Type: Residential

Incident Type: Licensing

Report Description: Residents Name/DOB: [REDACTED] /Time of incident: 10.09.2022/8:14am Please give a description of the incident: Per staff report the resident complained of sore throat with increasing pain. **Actions Taken:** Resident was assessed by APRN and referred to FCMC for further evaluation. The resident was diagnosed with positive strep rapid group A scrn. The resident was isolated for 24 hours and required to wear a mask. Nursing will continue to monitor the residents' progress in the milieu and in school. **Guardianship:** Private Placement

Interim Action Narrative: Resident was assessed by APRN and evaluated at FCMC. He was diagnosed with strep throat. Resident was isolated from other peers for 24 hours and required to wear a mask.

Maltreatment Narrative:

Outcome:

Licensing Narrative: No licensing concerns noted.