



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

**Date of Incident:**10/18/2022

**Date Received by DCCECE:** 10/20/2022

**Facility Name:** Perimeter Behavioral of Forrest City

**Facility Number:** 142

**Facility Type:** Residential

**Incident Type:** Licensing

**Report Description: Residents Name/DOB:** [REDACTED] **Date/Time of incident:** 10.18.2022 7:25pm **Please give a description of the incident:** Per staff report the resident had a temperature of 102 and complained of itchy/scratchy throat. **Actions Taken:** Resident was referred to FCMC for further evaluation. The resident was diagnosed with positive strep, rapid group A scrn. The resident will be isolated from his peers for 24 hours and will have to wear a mask to prevent spreading. **Nursing will continue to monitor his progress while in school and on the milieu. Guardianship: Private Placement**

**Interim Action Narrative:** Resident was referred to FCMC for further evaluation. **Diagnosis:** positive strep, rapid group A scrn. Resident was isolated from peers for 24 hours and wore a mask to prevent from spreading. **Nursing will continue to monitor his progress.**

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**Maltreatment Narrative:**

**Outcome:**

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**Licensing Narrative:** No licensing concerns noted.