



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

Date of Incident:10/30/2022

Date Received by DCCECE: 10/31/2022

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: 10.30.2022 9:40am Please give a description of the incident: Per staff report the resident had complained of sore throat and presented with a fever Actions Taken: The resident was assessed by nursing and sent out to FCMC for further evaluation. The resident was diagnosed [REDACTED] Please see the attached FCMC report. Guardianship: [REDACTED]

Interim Action Narrative: Resident assessed by nursing and referred to FCMC for further evaluation. Diagnosed [REDACTED]

Maltreatment Narrative:

Outcome:

Licensing Narrative: Resident was assessed by nursing and referred to FCMC. Diagnosed [REDACTED]. No licensing concerns noted.