

Incident Report

Date: 1/2/21

Licensing Specialist: Ezell Breedlove

Facility Type: Residential Type: Psychiatric

Placement

Private

DCFS

Foster Home Name: _____

Unlicensed Facility

Facility Name: Millcreek of Arkansas

Agency Name:

Address: 1828 Industrial Drive Fordyce, AR 71742

County: Dallas

Phone: (870) 352-8203

License #: 187

Owner Name: Habilitation Center Inc.

Address: _____

Phone: _____

Date Licensed: _____

Facility Status: Provisional

Regular

Probationary

Provider Reported Incident (PRI): Complaint:

PRI converted to Complaint: Date:

Date of Incident: [REDACTED]

Involved Child/Children (IC): [REDACTED]

DOB/Age: [REDACTED]

DOB/Age: _____

DOB/Age: _____

Involved Staff Member(s) S1:

Brief summary of allegation: (IC) was upset because she got put on unit restriction. (IC) was fighting with peer. (IC) started kicking on the door triggering another client. Client went up and hit (IC). Supervisor and staff separated patients. Nurse and supervisor notified.

List all reported injuries to the child: (IC) had abrasion to left lower arm area and bleeding to first finger near hair area but no injuries from altercation.

Interim corrective action for this incident if applicable:

PRLU Follow Up:

IC – Involved Child/Children (include the age or date of birth)

R – Reporter

IS – Involved Staff Member(s) (S-1, S-2, etc.)