THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

Incident Report

Date: <u>02/01/21</u>	Licensing Specialist: Ezell Breedlove			
CHRIS #:				
Facility Type:	⊠ Residential	Туре:		
*	☐ Placement	☐ Private ☐ DCFS Foster Home Name	e:	
	Unlicensed Fac	cility		
Facility Name: Agency Name: Address: County: Phone: License #:	Millcreek of Arkansas 1828 Industrial Drive, Fordyce, AR 71742 Dallas (870)352-8203 187			
Owner Name: Address: Phone:	Habilitation Cente	er Inc.		
Date Licensed:				
Facility Status:	☐ Provisional ☑ Regular ☐ Probationary			
Allegation: Neglect				
Provider Reported Incident (PRI): Complaint:				
PRI converted to Complaint: Date:				
Date of Incident:				
Involved Child/Ch	ildren (IC):	(IC)	DOB/Age: DOB/Age: DOB/Age:	

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Involved Staff Member(s) (S-1, S-2):
DCFS CACD Investigator:
Brief summary of allegation: Staff was completing 15-minute observation rounds and witnessed (IC) appearing to have a seizure in her room. The nurse was notified, an ambulance was called, and (IC) was taken to the ER.
List all reported injuries to the child: Seizure, no report of injuries.
Interim corrective action for this incident:
If no interim corrective action, please explain:
Date of most recent monitor visit and deficiencies cited during visit: Visit on 9/11/20. Items cited at visit have been corrected.
Brief summary of monitor visit compliance history: Agency has operated within favorable compliance of Minimum Licensing Standards.
History of founded licensing and founded maltreatment complaints: There is 1 founded maltreatment complaint in the last year. There are 18 founded Licensing complaints in the last year.
Is there a current corrective action agreement? If yes, list the dates and reason?
Final Corrective Action:
IC – Involved Child/Children (include the age or date of birth) R – Reporter
IS - Involved Staff Member(s) (S-1, S-2, etc.)

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