

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

Date: 5/24/20

Licensing Specialist: FATIMA STEPPS

CHRIS #:

Facility Type:

Residential

Type: Psychiatric/Residential

Placement

Private

DCFS

Foster Home Name: _____

Unlicensed Facility

Facility Name:

Millcreek of Arkansas

Agency Name:

Millcreek of Arkansas

Address:

1821 Industrial Drive, Fordyce, AR 71742

County:

Dallas

Phone:

870-352-8203

License #:

187

Owner Name:

Millcreek of Arkansas

Address:

1821 Industrial Drive, Fordyce, AR 71742

Phone:

870-352-8203

Date Licensed:

5/23/2006

Facility Status:

Provisional

Regular

Probationary

Allegation: Neglect Abuse Sexual Abuse

Provider Reported Incident (PRI): Complaint:

PRI converted to Complaint: Date: 5/24/20

Date of Incident: 5/23/20

Involved Child/Children (IC):

██████████ DOB/Age: █████

██████████ DOB/Age: █████

DOB/Age:

DOB/Age:

Involved Staff Member(s) (S-1, S-2): S-1: [REDACTED]
S2:
S3

DCFS CACD Investigator: **Not Accepted for Investigation**

Brief summary of allegation: S-1 reportedly allowed 14 year old IC-1 to enter the bathroom with 16 year old IC-2 which resulted in the two reportedly having sex. IC-1 was on 1 to 1 supervision at the time of the incident.

List all reported injuries to the child: None Reported

Interim corrective action for this incident: S-1 was placed on administrative leave pending termination.

If no interim corrective action, please explain:

Date of most recent monitor visit and deficiencies cited during visit: Visit on 3/12/20. All cited items 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? No.

IC – Involved Child/Children (include the age or date of birth)
R – Reporter
IS – Involved Staff Member(s) (S-1, S-2, etc.)



**Division of Child Care and Early
Childhood Education**



P.O. Box 1437, Slot S140 · Little Rock, AR 72203-1437
501-682-8590 · Fax: 501-683-6060 · TDD: 501-682-1550

LICENSING COMPLAINT NOTICE

Ebony Russ
700 MAIN ST
LITTLE ROCK, AR 72201

Millcreek of Arkansas PRTF
P O BOX 727
FORDYCE, AR 71742

Date: 01/11/2021

Dear Administrator:

In response to the report received for Millcreek of Arkansas PRTF (# 233), on 5/24/2020 the following corrective measures are required:

S1 was terminated by the agency.

Failure to comply with the requirements may adversely affect your license if you are a licensed Child Welfare Agency. If you are operating an unlicensed Child Welfare Agency failure to comply may result in legal action by the Child Welfare Agency Review Board.

Please contact me at 501-320-3971 or Ebony.Russ@dhs.arkansas.gov if you have any questions or concerns regarding on-going compliance with this agreement or any other licensing requirements.

Sincerely,

Ebony Russ
PRLU Program Manager



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LICENSING COMPLAINT DETERMINATION NOTICE

Ebony Russ
700 MAIN ST
LITTLE ROCK, AR 72201

Millcreek of Arkansas PRTF
P O BOX 727
FORDYCE, AR 71742

Date: 01/11/2021

Dear Administrator:

The licensing complaint received for Millcreek of Arkansas PRTF (# 233), on 5/24/2020 has been completed.

The complaint was Founded.

Determination Summary:

5/26/20- Licensing Complaint is True. S1 was determined by the agency to have provided inadequate supervision when IC1 and IC2 reportedly had sex in the bathroom .

Please contact me at 501-320-3971 or Ebony.Russ@dhs.arkansas.gov if you have any questions or concerns regarding on-going compliance with this agreement or any other licensing requirements.

Sincerely,

Ebony Russ
PRLU Program Manager