

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 entered the bedroom of IC-1 and inappropriately touched her private area and exposed his genitals.

List all reported injuries to the child: None Reported

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

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 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:

Licensing Complaint is True. After review of the video footage of the incident the agency determined that it corroborated with the reported allegations.

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