

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION

Date: 6/2/20 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:  6/2/20

Date of Incident: 5/30/20

Involved Child/Children (IC): [REDACTED] DOB/Age: [REDACTED]

DOB/Age:

DOB/Age:

DOB/Age:

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

DCFS  CACD  Investigator:

**Brief summary of allegation: 12 year old S-1 stated that S-1 hit him in the face and pushed him out of bed.**

**List all reported injuries to the child: None Reported**

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

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.)