

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: IC-1 stated that S-1 got upset because he called her a bitch due to her throwing away his water bottle. IC-1 stated that S-1 pushed his face into the wall causing him to hurt his nose. IC-1 also stated that S-1 kept provoking him during his time away, and that she threw milk on the ground and tried to make him sit in it.

List all reported injuries to the child: Slight bruising and small knot to left side of nose

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.)



**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 6/1/2020 has been completed.

The complaint was Founded.

Determination Summary:

Licensing Complaint is True. Evidence found during investigation that supported the allegations. S1 was terminated by the agency.

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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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 6/1/2020 the following corrective measures are required:

6/12/20- 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