

THIS REPORT MAY CONTAIN SENSITIVE INFORMATION



Date: 9/21/20 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:  9/11/20

Date of Incident: 9/11/20

Involved Child/Children (IC):  DOB/Age:   
DOB/Age:  
DOB/Age:  
DOB/Age:

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

DCFS  CACD  Investigator:

**Brief summary of allegation: IC-1 stated that she was upset with her peers and began tearing things off the wall in the day area. She said that S-1 came over to the corner and slapped her in the face, so IC-1 hit her. IC-1 then stated that she ran to the door and that S-1 twisted her wrist, so IC-1 hit her again and then ran to her room. IC-1 stated that S-1 and S-2 came to escort her from her room. She stated that S-2 accidentally pinched her but she began to hit her. IC-1 then stated that S-2 began hitting IC-1 back. IC-1 stated that a peer messed with her out in the day area, so she ran to her room. S-2 came in IC-1's room and grabbed IC-1 by the neck and choked her.**

**Staff stated that IC-1 had been non-compliant and had been agitating peers all day. Staff stated that IC-1 was being aggressive toward them by hitting, kicking, and scratching. Staff stated that IC-1 had made attempts to elope. Staff did have to escort IC-1 back into her assigned area several times which was the only time they touched IC-1.**

**List all reported injuries to the child: Discoloration under both eyes. Patient denies current pain.**

**Interim corrective action for this incident: Involved staff were 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 9/11/20. Items cited at visit are awaiting corrections.**

**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

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IS – Involved Staff Member(s) (S-1, S-2, etc.)