



Division of Child Care & Early Childhood Education
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Notice of Serious Incident

Date of Incident: 1/16/2023

Date Received by DCCECE: 1/17/2023

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Facility Type: Residential

Incident Type: Licensing

Report Description: 1/16/23 @ [REDACTED] (Texas, DFPS Custody, DOB: [REDACTED]) became upset when a peer punched him in the back as they returned to the living unit after eating lunch. No physical confrontation occurred, but staff separated the patients. After entering the living unit, [REDACTED] punched the bedroom door with his fist. Staff provided counseling, encouraging alternative choices for coping strategies. Nurse assessment noted slight bruising to left hand 5th digit. He complained of 4/10 pain and received [REDACTED]. On 1.17.2023 he continued to complain of pain. He was sent to Dallas County Medical Center ER for x-ray. No diagnosis or report has been received at the time of this report.

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: On 1/16/23 client [REDACTED] became dysregulated and punch a wall. [REDACTED] complained of pain on 1/17/23 and was sent to Dallas Co. Medical ER for X-ray. Email sent to facility 1/17/23 to inform licensing of the X-ray results. Received email from facility 1/18/23: X-ray results indicated a [REDACTED]. Joints are maintained. Impression was a

██████████ of the ██████████. He will be seen by our medical director today for a decision on treatment.