



**Placement and Residential Licensing Unit**  
P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437  
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**Notice of Serious Incident**

**Case Number: 024242**

**Date of Incident: 9/24/2024**

**Date Received: 9/25/2024**

**Facility Name: Millcreek of Arkansas PRTF**

**Facility Number: 233**

**Incident Type: Licensing**

**Report Description: Medical Director ordered an CT for [REDACTED]  
[REDACTED] due to a history of [REDACTED] CT Findings: 1.**

**Interim Action Narrative:**

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**Maltreatment Narrative:**

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**Licensing Narrative: 9/25/24-Reviewed for licensing concerns.**