



**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: 024987**

**Date of Incident: 10/25/2024**

**Date Received: 10/28/2024**

**Facility Name: Millcreek of Arkansas PRTF**

**Facility Number: 233**

**Incident Type: Licensing**

**Report Description:** [REDACTED] was sent to Dallas County Medical Center for an x-ray left foot. Patient is complaining of swelling and bruising after kicking a soccer ball. X-ray revealed [REDACTED]. Returned back to Millcreek.

**Interim Action Narrative:**

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**Maltreatment Narrative:**

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**Licensing Narrative: 10/28/24-Reviewed for licensing concerns.**