



**Placement and Residential Licensing Unit**

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

---

**Notice of Serious Incident**

**Case Number:** 026831

**Date of Incident:** 1/14/2025

**Date Received:** 1/15/2025

**Facility Name:** Millcreek of Arkansas PRTF

**Facility Number:** 233

**Incident Type:** Licensing

**Report Description:** [REDACTED], PRTF, [REDACTED], Parent Custody)  
complained of knee pain, stating that he had fallen. He was sent to [REDACTED]  
[REDACTED] for an x-ray. X-ray revealed no abnormalities.

**Interim Action Narrative:**

---

[REDACTED] **Narrative:**

---

**Licensing Narrative:** 1/16/25-Reviewed for licensing concerns.