



**Placement and Residential Licensing Unit**

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**Notice of Serious Incident**

**Case Number:** 027020

**Date of Incident:** 1/23/2025

**Date Received:** 1/24/2025

**Facility Name:** Millcreek of Arkansas PRTF

**Facility Number:** 233

**Incident Type:** Licensing

**Report Description:** [REDACTED] PRTF, [REDACTED], Parent Custody) complained of right thumb pain after a fall. He went to [REDACTED] for an x-ray. The x-ray revealed no abnormalities or fractures.

**Interim Action Narrative:** Client went to [REDACTED] for thumb pain. X-ray revealed no fractures.

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[REDACTED] Narrative:

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**Licensing Narrative:** 1/27/25-Reveiwed for licensing concerns.