

Division of Child Care & Early Childhood Education

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Notice of Incident

Date of Incident: 4/15/2022 **Date Reported to DCCECE:** 4/15/2022

Agency Name: Millcreek Agency Number: 233

Type of Facility: PRTF	Facility License Type: Regular
Type of Incident: Maltreatmen	nt
at Millcreek of Arkansas alleged into a physical restraint. Internal Investigation: Risk Direction of the physical restraint and 3 responded A/V. There were no patient with after being called names when he campus. The became physically he punched another staff memorestraint was initiated to provide reports no visible injury. X-ray in all activities. In the patient's in because "the staff did not do any he stated that he should have just behavior. Patient's initial discussion.	ector has interviewed A/O and 2 staff members participating in the ling supervisors. No report corroborates the statement made by itnesses to the events. The incident transpired as became upset his team lost a basketball game. He attempted to elope from the aggressive with staff members when he was prevented from eloping, ber in the jaw, prior to being placed into restraint. The physical e safety for those involved. Patient reports jaw soreness. Nursing did not reveal any fracture to the jaw. Patient is actively participating neident debriefing, he stated that he did not want a witness statement sything to me." (witness statements are offered as standard practice.) ast calmed down and later apologized to the staff members for his sion with therapist indicates discrepancies from what was reported in first indicated that another staff was the one that punched him.
Agency's Interim Corrective completing in service Therapeu employment.	Action: Staff member remains on leave until tic Crisis Intervention at which time he will be rescheduled for
Licensing Specialist Assigned Licensing Supervisor Assigned	
Child Abuse Hotline (Only ap	oplies to maltreatment incidents)

Was the Hotline Called:Yes Was it accepted?No Outcome: Screened out.

Assigned Investigator: N/A

Date of DCCECE's Follow-up: 4/19/2022 Type of Follow-up: Facility visit.

Details from Follow-up: Witness statements reviewed for staff:					
	and Sup	pervisor	who all witnessed the		
incident. All statements state that at no time did any staff witness any staff involved in this incident					
hit client. Supervisor	witness statement a	witness statement adds that client stated he "didn't want to do no			
witness statement because they didn't do anything to me".					
Client interviewed.	Client stated that) sta	ted to him "shut up bitch"		
and punched his (left cheek with his (right hand during a restraint. " had					
client in the restraint when this happened. Client added that . stated "don't tell nobody", and that					
stated "don't	t tell on me tell on him"	. Witness statemen	nts from above do not		
corroborate this story.	adds that at the	end of this restraint he	was present and states that		
no conversation such as above took place. There is no definitive evidence to support that staff					
struck cli	ient Risk Mgmt. Chri	s Butler has stated that	staff will be		
in-service trained on Therapeutic Crisis Intervention. Risk Mgmt. states that client/staff interaction					
will be limited to basketh	ball events which involve	other staff.			