

Division of Child Care & Early Childhood Education P.O. Box 1437, Slot S150, Little Rock, AR 72203-1437 P: 501.320.3971

## Notice of Incident

Date of Incident: 6/12/2022 Date Reported to DCCECE: 6/15/2022

Agency Name: Millcreek Agency Number: 233 Type of Facility: PRTF

Facility License Type: Regular

Type of Incident: Maltreatment

Incident Description	: Location: Pebble Creek -	PRTF Millcreek of Arkansa	S
Allegation: Client	reported that Staff	slapped in the	face.
Risk Investigation:			
Staff d	enies the allegation.		
Nursing Report indicated that no injuries were present to the alleged victim.			
1 Staff Member states	that witnessed the incid	ent and did not see	slap
3 patients confirm that	they witnessed Staff	slap in the fa	ace.
3 patients reported that they witnessed the entire incident and Staff			did not slap the
patient.			
1 patient reported that	self was the one that	at slapped and it was no	ot Staff
and an	other staff member confirm	med that the patient did slap	in the face. Initial
report: A report was made to the AR Child Abuse Hotline. No returncorespondence has been			
received at this time. Email 6/15/22 states that the report was accepted ref#2152404. When			
incident was suspected of maltreatment 6/14/22 the hotline was called the same day at 5:26PM.			

Agency's Interim Corrective Action: Staff placed on administrative leave pending investigation.

Licensing Specialist Assigned: C.DeBoer Licensing Supervisor Assigned: 6/12/2022

**<u>Child Abuse Hotline</u>** (Only applies to maltreatment incidents)

Was the Hotline Called: Yes Was it accepted? Yes Outcome: Pending

Assigned Investigator: Yes

## Date of DCCECE's Follow-up: 6/15/2022 Type of Follow-up: Facility visit.

**Details from Follow-up:** Facility visited 6/17/22. Witness statement from client states that slapped client Statement also states that did not witness staff another client, hit or slap client Witness statement from client states witnessed client slap Witness statement from client states that was the person who slapped not staff Witness states that staff statement from was attempting to calm down, then slapped then threw on the ground.

Witness statement from states that staff slapped across the face because threw a basketball over the fence. Witness statement from (A/V) states that staff slapped in was yelling and would not face. Witness statement from staff states that head against the wall, punching follow rules. States that began hitting self in the face and neck and punching the concrete slab. Client attempted to intervene at which point and began to fight. At one point hit staff and was directed to move away. was grabbing other client's belongings to rip them up. Staff grabbed 's wrist to remove items. Staff was assisted by staff in escorting to the unit. Witness statement from was not following the rules, threw a basketball over the fence and began being states that client destructive to other clients belongings. States and staff escorted to unit. Witness statement from (Weekend Supervisor) states that was brought to office by staff States that sat in office for 45 minutes and at no time mentioned being slapped or that any staff had done anything to Witness statement adds that client stated that to the office. had separated the kids off and brought

Facility visited 6/17/22. Client interviewed. Client stated that staff "slapped" pointing to left cheek. When asked, client stated that staff had not said anything to before, during or after slapping When asked what happened before slap stated was "mad and yelling". When asked what happened after staff slapped "I don't remember". was asked again if staff at all during this incident " said anything to tries playing jokes...I don't play jokes".

No definitive evidence to support nor refute claim. Licensing is not prepared to make a finding at this time.