



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: 12:00:00 AM
Date Reported to DCCECE: 7/10/2022

Agency Name: Millcreek
Agency Number: 233
Type of Facility: PRTF **Facility License Type:** Regular

Type of Incident: Maltreatment

Incident Description: The AV is [redacted] ([redacted] yo). The AO/PRFCs are [redacted] (staff member), [redacted] (staff member), and [redacted] (staff member). All AO/PRFCs are staff member at Millcreek Behavioral Health. [redacted] stated that [redacted] has been there 7 months, and stated that [redacted] and [redacted] tried to have other [redacted] in the hospital fight [redacted] stated that [redacted] was kicked in the head by [redacted] and the staff was aware the fight was happening. [redacted] stated that no one broke up the fight until the end. [redacted] stated that [redacted] pushed [redacted] and [redacted] came close to fighting [redacted] because [redacted] has a "big mouth". [redacted] stated that [redacted] and [redacted] told [redacted] to kill [redacted] self, and the child told them to remove the Lysol from [redacted] room because it was health hazard for [redacted] and [redacted] replied that [redacted] "didn't care". [redacted] then drank the Lysol and is now stuttering and has an upset stomach. No one has provided medical treatment to the child. [redacted] stated that [redacted] was suicidal when [redacted] drank the Lysol but [redacted] is not having those thoughts anymore. [redacted] stated that [redacted] does not feel safe.

Agency's Interim Corrective Action: 3 staff members mentioned in complaint placed on administrative leave pending investigation.

Licensing Specialist Assigned: C.DeBoer
Licensing Supervisor Assigned: 12:00:00 AM

Child Abuse Hotline (Only applies to maltreatment incidents)

Was the Hotline Called: Yes. **Was it accepted?** Yes. **Outcome:** Unsubstantiated

Assigned Investigator: Yes

Date of DCCECE's Follow-up: 7/11/2022 **Type of Follow-up:** Phone call.

Details from Follow-up: Witness statement from Direct Care Staff [REDACTED] (further investigation yields that [REDACTED] is [REDACTED]) states that “pt was upset over staff giving [REDACTED] a directive to go back to assigned area. Pt then refused staff’s directive and walked to nightstand that staff was using and sprayed cleaning product in [REDACTED] mouth while staff was tending to another pt”. Witness statement from Nurse [REDACTED] indicates that [REDACTED] was assessed after spraying Lysol in [REDACTED] mouth.

[REDACTED] interviewed: When asked about “Lysol” [REDACTED] stated that [REDACTED] had grabbed the Lysol off a counter and sprayed it in [REDACTED] mouth. When asked, [REDACTED] stated the counter was in the “hallway”. When asked what issue [REDACTED] had with staff recently, [REDACTED] gave three scenarios all in which [REDACTED] states that [REDACTED], [REDACTED], and [REDACTED], on separate occasions, all approached [REDACTED] with their fists balled up and other staff stopped them. It was noted that [REDACTED] was on [REDACTED] precaution (ordered by Dr. Tharp) after spraying Lysol in [REDACTED] mouth. [REDACTED] was asked if [REDACTED] was currently suicidal which [REDACTED] denied with barrier of “family” and “getting out of here”. [REDACTED] was given the opportunity to express any additional issues or concerns at which time [REDACTED] made a complaint to Risk Mgmt. Chris Butler regarding another staff member. No definitive evidence of licensing concerns voiced during this complaint.