

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: 3/2/2022 Date Reported to DCCECE: 3/3/2022

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

Facility License Type: Regular

Type of Incident: Maltreatment

Incident Description: The AV is (12 yr.), who is in foster care and admitted to Millcreek Behavioral Health for residential treatment. The out of home AO is Millcreek staff (12 yr.),  $(12 \text{ yr$ 

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

Licensing Specialist Assigned: C.DeBoer Licensing Supervisor Assigned: A.Clowers

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

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

Assigned Investigator: Yes.

Date of DCCECE's Follow-up:3/8/2022 Type of Follow-up: 3/8/2022

Details from Follow-up: Facility visited 3/8/22. Video reviewed from 3/2/22 8:00PM-8:45PM which does not shot AO hit any children. It does show AO point her finger and appear to yell (no audio). Client statement reviewed which states that AO hits and slaps him on the top of his head. Client could not state times. Staff statement reviewed which denies ever hitting client. Staff admits that she yelled at client to go to bed while on the phone.

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3 clients interviewed at Rock Hill PRTF (where incident took place). Clients . and ). Clients and did not indicate that any staff had ever hit them. Client indicated that hits and slaps him in the back of his head and grabs his neck. When asked how staff hit client he made a fist and indicated (making a knock on the door motion) "she does this on top of my head". When asked if staff has ever called client names he stated "FB, MF, SOB". Client is believable when asked to describe how staff hits him. , Risk Mgmt., states that staff in incident has been involved in an previous incident at facility before. states that staff is on leave and to be terminated.

Facility visited and cited for incident. Staff involved in incident employment terminated.

## Arkansas Department of Human Services Division of Child Care & Early Childhood Education Placement & Residential Licensing Unit

## Licensing Compliance Record

PRTF Name: Millcreek	Person in Charge: Chris Butler	
Address:	Phone:	
Licensing Specialist: Clayton DeBoer		
Date of Visit: 3/8/22 10:00AM	Purpose of Visit: Incident Response Visit	

STANDARD REVIEWED	DISCUSSION/OBSERVATION	COMPLIANCE DATE	DATE CORRECTED
	The AV is (12 yr.), who is in foster care and admitted to Millcreek Behavioral Health for residential treatment. The out of home AO is Millcreek staff (00000000000000000000000000000000000		
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905.4g	The following actions shall not be used, including as discipline: Physical injury or threat of bodily harm.	N/C	
907.2	Child caring staff shall be responsible for providing the level of supervision, care, and treatment necessary to ensure the safety and well-being of each child at the facility.	N/C	

COMMENTS of Person receiving form:

DATE

PERSON SIGNING AS RECEIVING DCCECE 521 PR

LICENSING SPECIALITY AND 3-9-22