

## **Division of Child Care & Early Childhood Education**

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437 P: 501.682.8590 F: 501.683.6060 TDD: 501.682.1550

## **Notice of Serious Incident**

Date of Incident:9/14/2022

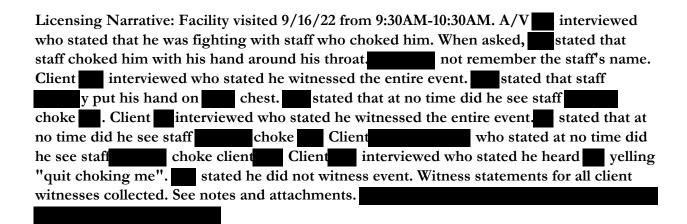
Date Received by DCCECE: 9/15/2022

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Facility Type: Residential

| Incident Type: Dual  |  |   |   |
|--|--|---|---|
| Report Description:  | , DOB: 1   | Private Placement from Illinois, Parent     |   |
| Custody, AR  |  | Allegation:                                 |   |
|  | s choked by staff me   |   |   |
|  |  | attempted to elope. Another patient stoppe  | d |
| him an <u>d br</u> ought him back  | 767/3  | stopped the other patient from trying to    |   |
| assist. became physic  |  |   |   |
| and attempting to bite   |  | nent revealed no injuries, marks or         |   |
| The second section of the section of | REPRESENTATION CONTRACTOR OF THE PROPERTY OF T | sk Department interviews: Staff             |   |
|  | did not choke  |   |   |
|  |  | on him. 4 patients interviewed as witnesses |   |
| indicated that   | was not choked du  | ring the incident. No witnesses corroborate |   |
| the allegation made by   | •<br>•   |   |   |
|  |  |   |   |
|  |  |   |   |
| Interim Action Narrative: S  | Staff placed on leave  |   |   |
|  | ) The same of the  | _   |   |
|  |  |   |   |
|  |  |   | _ |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
|  |  | Outcome: Unfounded                          |   |
|  |  |   |   |
|  |  |   |   |





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## **521 Visit Compliance Report**

| Licensee: Millcreek of Arkansas PRTF                        |  |  |  |
|---|--|--|--|
| Facility Number: 233  |  |  |  |
| Licensee Address: 1828 INDUSTRIAL DRIVE<br>FORDYCE AR 71742 |  |  |  |
| Licensing Specialist: Clayton DeBoer                        |  |  |  |
| Person In Charge: Chris Butler                              |  |  |  |
| Record Visit Date: 9/16/2022                                |  |  |  |
| Home Visit Date: 9/16/2022                                  |  |  |  |
| Purpose of Visit: Complaint Visit                           |  |  |  |
| Regulations Out of Compliance:                              |  |  |  |
| Regulations Needing Technical Assistance:                   |  |  |  |
| Regulation Not Applicable:                                  |  |  |  |
| Regulations Not Correctable:                                |  |  |  |
| Narrative:  |  |  |  |
| Facility visited 9/16/22 from 9:30AM-10:30AM.               |  |  |  |

| A/V interviewed who stated that he was fighting with staff who staff choked him with his hand around his throat.  |   |
|---|---|
| Client interviewed who stated he witnessed the entire event. chest. stated that at no time did he see staff choke | stated that staff put his hand on       |
| Client interviewed who stated he witnessed the entire event.  | stated that at no time did he see staff |
| Client interviewed who stated at no time did he see staff   | choke client                            |
| Client interviewed who stated he heard yelling "quit chole event.   | king me". stated he did not witness     |
| Witness statements for all client witnesses collected. See notes and at   | ttachments.                             |
| Provider Comments:  |   |
| CCL Staff Signature :   | Date: 9/16/2022                         |
| Provider Signature :  | Date: 9/16/2022                         |