



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: [REDACTED], DOB: 1 [REDACTED] Private Placement from Illinois, Parent Custody, AR [REDACTED] Allegation: [REDACTED] [REDACTED] reported that he was choked by staff member [REDACTED]. [REDACTED] became upset and kicked the door to the living unit open and attempted to elope. Another patient stopped him and brought him back. Staff [REDACTED] stopped the other patient from trying to assist. [REDACTED] became physically aggressive towards [REDACTED] hitting, kicking, spitting on, and attempting to bite [REDACTED]. Nurse assessment revealed no injuries, marks or appearance to indicate that he was choked. Risk Department interviews: Staff [REDACTED] [REDACTED] indicated that he did not choke [REDACTED] and that he was defending himself from [REDACTED] attempt to bite, hit, kick and spit on him. 4 patients interviewed as witnesses indicated that [REDACTED] was not choked during the incident. No witnesses corroborate the allegation made by [REDACTED].

Interim Action Narrative: Staff placed on leave [REDACTED]
[REDACTED]

[REDACTED] [REDACTED]
[REDACTED] Outcome: Unfounded

Licensing Narrative: Facility visited 9/16/22 from 9:30AM-10:30AM. A/V [REDACTED] interviewed who stated that he was fighting with staff who choked him. When asked, [REDACTED] stated that staff choked him with his hand around his throat. [REDACTED] not remember the staff's name. Client [REDACTED] interviewed who stated he witnessed the entire event. [REDACTED] stated that staff [REDACTED] y put his hand on [REDACTED] chest. [REDACTED] stated that at no time did he see staff [REDACTED] choke [REDACTED]. Client [REDACTED] interviewed who stated he witnessed the entire event. [REDACTED] stated that at no time did he see staff [REDACTED] choke [REDACTED]. Client [REDACTED] who stated at no time did he see staff [REDACTED] choke client [REDACTED]. Client [REDACTED] interviewed who stated he heard [REDACTED] yelling "quit choking me". [REDACTED] stated he did not witness event. Witness statements for all client witnesses collected. See notes and attachments. [REDACTED]



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P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

521 Visit Compliance Report

Licensee: Millcreek of Arkansas PRTF

Facility Number: 233

Licensee Address: 1828 INDUSTRIAL DRIVE
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 [redacted] interviewed who stated that he was fighting with staff who choked him. When asked, [redacted] stated that staff choked him with his hand around his throat. [redacted] could not remember the staff's name.

Client [redacted] interviewed who stated he witnessed the entire event. [redacted] stated that staff [redacted] put his hand on [redacted] chest. [redacted] stated that at no time did he see staff [redacted] choke [redacted]

Client [redacted] interviewed who stated he witnessed the entire event. [redacted] stated that at no time did he see staff [redacted] choke [redacted]

Client [redacted] interviewed who stated at no time did he see staff [redacted] choke client [redacted]

Client [redacted] interviewed who stated he heard [redacted] yelling "quit choking me". [redacted] stated he did not witness event.

Witness statements for all client witnesses collected. See notes and attachments.

Provider Comments:

CCL Staff Signature :

Date: 9/16/2022



Provider Signature :

Date: 9/16/2022

