



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: 12/5/2022

Date Received by DCCECE: 12/6/2022

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Facility Type: Residential

Incident Type: Dual

Report Description: Allegation: [REDACTED] (West Virginia, DHHR Custody, DOB: [REDACTED]) reported to his therapist that [REDACTED] (North Carolina, DSS Custody, DOB: [REDACTED]) approached [REDACTED] and asked [REDACTED] to perform oral sex on [REDACTED]. [REDACTED] stated that he did it because [REDACTED] had threatened him. This was reported to have happened on two occasions. [REDACTED] (Arizona, Parent Custody, DOB: [REDACTED]) reported that he performed oral sex on [REDACTED]. [REDACTED] felt that he would be harmed by [REDACTED] if he did not comply with [REDACTED]'s request. [REDACTED] stated that both [REDACTED] and [REDACTED] did perform oral sex on him but denied that they were forced. He stated that each were willing participants. This report was made to the AR [REDACTED]. It was accepted for investigation by CACD. Referral ID: [REDACTED] and [REDACTED] Safety Plan: All patients were separated, each to a different living unit. Additionally, they were placed on Close Observation as a special precaution. Internal investigation is ongoing at this time.

Interim Action Narrative: All clients involved in this incident were separated, each to a different living unit. All clients placed on Close Observation.

[REDACTED] Narrative: [REDACTED] (West Virginia, DHHR Custody, DOB: [REDACTED]) reported to his therapist that [REDACTED] (North Carolina, DSS Custody, DOB: [REDACTED])

██████████) approached ██████████ as and asked ██████████ perform oral sex on ██████████. ██████████ stated that he did it bec Outcome:

Licensing Narrative: Allegation: ██████████ (West Virginia, DHHR Custody, DOB: ██████████) reported to his therapist that ██████████ (North Carolina, DSS Custody, DOB: ██████████) approached ██████████ and asked ██████████ s to perform oral sex on ██████████. ██████████ stated that he did it because ██████████ had threatened him. This was reported to have happened on two occasions. ██████████ (Arizona, Parent Custody, DOB: 1 ██████████) reported that he performed oral sex on ██████████. ██████████ felt that he would be harmed by ██████████ if he did not comply with ██████████'s request. ██████████ stated that both ██████████ and ██████████ did perform oral sex on him but denied that they were forced. He stated that each were willing participants. This report was made to the AR ██████████. It was accepted for investigation by CACD. Referral ID: ██████████ and ██████████. Safety Plan: All patients were separated, each to a different living unit. Additionally, they were placed on Close Observation as a special precaution. Internal investigation is ongoing at this time. Facility visited 12/6/22. Licensing Specialist observed interviews with ██████████ and ██████████. Client ██████████ stated that last Friday, client ██████████ offered him (██████████) a snack if he came into ██████████'s room. Once in ██████████'s room, ██████████ pulled ██████████'s pants down and sexually assaulted ██████████ with his hands and mouth. ██████████ stated that this lasted about 30 seconds. ██████████ stated that 3 staff were in the hallway helping with showers. ██████████ stated that ██████████ had sexually assaulted him before "about 2 weeks ago" by grabbing his (██████████)'s front. ██████████ interviewed. ██████████ stated that ██████████ offered to let him (██████████) borrow his headphones. Once in ██████████'s room, ██████████ stated that ██████████ said, "suck my dick or I'll beat your ass". ██████████ stated that he was afraid, so he did. ██████████ stated this lasted about 5 minutes. ██████████ stated he did not yell or call for help. ██████████ stated that staff approached, and ██████████ stopped. Witness statements from ██████████, ██████████ and ██████████ reviewed. Interviews today did not indicate that staff were neglectful in supervising clients for more than a 5-minute time period. Supervision logs for ██████████, ██████████ and ██████████ attached to inspection for this case. Licensing notified that the investigation is unsubstantiated.



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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: 12/6/2022

Home Visit Date: 12/6/2022

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulations Not Correctable:

Narrative:

Facility self-reported a complaint that client [REDACTED] had sexually assaulted clients [REDACTED] and [REDACTED]. Facility immediately reported complaint to the [REDACTED]. Facility visited 12/6/22. Licensing Specialist observed interviews with [REDACTED] and [REDACTED]. Client [REDACTED] stated that last Friday, client [REDACTED] offered him ([REDACTED]) a snack if he came into [REDACTED]'s room. Once in [REDACTED]'s room, [REDACTED] pulled [REDACTED]'s pants down and sexually assaulted [REDACTED] with his hands and mouth. [REDACTED] stated that this lasted about 30 seconds. [REDACTED] stated that 3 staff were in the hallway helping with showers. [REDACTED] interviewed. [REDACTED] stated that [REDACTED] offered to let him ([REDACTED]) borrow his headphones. Once in [REDACTED]'s room, [REDACTED] stated that [REDACTED] said, "suck my dick or I'll beat your ass". [REDACTED] stated that he

was afraid, so he did. ■ stated this lasted about 5 minutes. ■ stated he did not yell or call for help. ■ stated that staff approached, and ■ stopped. Witness statements from ■, ■ and ■ reviewed. Interviews today did not indicate that staff were neglectful in supervising clients for more than a 5-minute time period. Facility will email daily documentation logs for client ■ ■ and ■. Licensing is not prepared to make a finding at this time.



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521 Visit Compliance Report

Licensee: Millcreek of Arkansas PRTF

Facility Number: 233

Licensee Address: 1828 INDUSTRIAL DRIVE
FORDYCE AR 71742

Licensing Specialist: Chelsea Vardell

Person In Charge:

Record Visit Date: 1/27/2023

Home Visit Date: 1/27/2023

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

No site visit conducted on this day.

Licensing investigated complaint received on 12/5/22 and determined it to be unfounded.

Provider Comments:

CCL Staff Signature :

Date: 1/27/2023

Provider Signature :

Date: 1/27/2023