



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

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## Notice of Serious Incident

Date of Incident: 4/26/2023

Date Received by DCCECE: 4/27/2023

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Facility Type:

Incident Type: Licensing

Report Description: [REDACTED], State Custody, DOB: 0 [REDACTED] was sent to Dallas County Medical Center ER for assessment of injuries following a physical confrontation that involved him being punched by a peer. He was assessed and released back to the facility without signs of distress. ER report indicated minimal swelling on the right side of his nose. No further injury noted.

Interim Action Narrative:

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Maltreatment Narrative:

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Licensing Narrative: On 4/26/23, client [REDACTED] [REDACTED] a physical confrontation that involved him being punched by a peer. He was assessed and released back to the facility without signs of distress. ER report indicated minimal swelling on the right side of his nose. No further injury noted. Facility visited 5/1/23 and video reviewed of incident 4/26/23 at Pebble Creek. Video showed initial staff/client ratio to be 1:4. Later 3 additional staff arrive with several clients from outside, staying within required licensing staff/client ratio. Seconds

before 3 staff and additional clients are seen entering Pebble Creek, a peer is seen punching at [REDACTED]. Off camera it appears as though [REDACTED] succeeds in punching [REDACTED]. It does not appear that any staff witness this. Client [REDACTED] does not appear to immediately ask for help from staff. He is seen seconds afterwards putting his arm around another peer and remains in the day room. [REDACTED] does not appear to be in distress. Per video, this incident occurred at 2:04PM. Staff incident report was filled out regarding this incident at 2:19PM. Nursing note indicates that [REDACTED] was seen by nurse at 2:28PM.



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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:** 5/1/2023

**Home Visit Date:** 5/1/2023

**Purpose of Visit:** Self Report Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

On 4/26/23, client [REDACTED] was sent to Dallas County Medical Center ER for assessment of injuries following a physical confrontation that involved him being punched by a peer. He was assessed and released back to the facility without signs of distress. ER report indicated minimal swelling on the right side of his nose. No further injury noted.

Facility visited 5/1/23 and video reviewed of incident 4/26/23 at Pebble Creek. Video showed initial staff/client ratio to be 1:4. Later 3 additional staff arrive with several clients from outside, staying within required licensing staff/client ratio. Seconds before 3 staff and additional clients are seen entering Pebble Creek, a peer is seen punching at [REDACTED]. Off camera it appears as though [REDACTED] may have been punched, as clients only partially visible during this. It does not appear that any staff witness this. Client [REDACTED] does not appear to immediately ask for help from staff. He is seen seconds afterwards putting his arm around another peer and remains in the day room. [REDACTED] does not appear to be in distress. Per video, this incident occurred at 2:04PM. Staff incident report was filled out regarding this incident at 2:19PM. Nursing note indicates that [REDACTED] was seen by nurse at 2:28PM.

**Provider Comments:**

CCL Staff Signature :

Date: 6/15/2023



Provider Signature :

Date: 6/15/2023

