



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: 10/1/2023

Date Received by DCCECE: 10/2/2023

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Incident Type: Licensing

Report Description: [REDACTED], Parent Custody, DOB: [REDACTED] was sent to the Dallas County Medical Center ER for assessment following a physical confrontation. On-site nursing indicated bruising and swelling to the facial area. The CT scan indicates no fractures were present. He was released to return to the facility. Upon his return, he was reassigned to an alternate living unit to provide safety and reduce the chance of future incidents.

Interim Action Narrative:

Maltreatment Narrative:

Licensing Narrative: Licensing received facility report 10/2/23 that on 10/1/23 client [REDACTED], Parent Custody, DOB: [REDACTED] was sent to the Dallas County Medical Center ER for assessment following a physical confrontation. On-site nursing indicated bruising and swelling to the facial area. The CT scan indicates no fractures were present. He was released to return to the facility. Upon his return, he was reassigned to an alternate living unit to provide safety and reduce the chance of future incidents. Phone call made 10/2/23 to Chris Butler of Millcreek. Incident happened at Magnolia Hall. There is no camera footage of incident. Visit scheduled for 10/3/23 to

interview client for licensing concerns. Facility visited 10/3/23 in response to incident in which client [REDACTED] was assaulted by peers at Magnolia Hall 10/1/23. [REDACTED] interviewed. [REDACTED] stated that there were two staff assigned to Magnolia Hall at the time of the incident but that one staff member, [REDACTED], had "gone to get trays". Chris Butler of Millcreek indicated that this would typically take 8-10 minutes. Facility cited 907.3. [REDACTED] stated that the other staff present was [REDACTED] stated that he was "jumped" by [REDACTED] and [REDACTED]". [REDACTED] stated that staff [REDACTED] did not intervene. [REDACTED] indicated that the reason he believed peers to stopped assaulting him was because they "had enough of it". [REDACTED] presented today with swollen and bruised face. Staff, present and absent from Magnolia, if even for a brief period, failed to ensure the safety and well-being of client during this incident. Facility cited 907.2. Facility will conduct in-service training for staff involved in this incident that staff/client ratio will be ensured at all times. Sign in sheet will be provided to licensing by 10/10/23. In-service training for staff [REDACTED] and [REDACTED] provided to licensing on 10/10/23.



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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:

Record Visit Date: 10/3/2023

Home Visit Date: 10/3/2023

Purpose of Visit: Self Report Visit

Regulations Out of Compliance:

Regulation Number: 9. 907. 2

Regulation Description: 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, taking into account the child's age, individual differences and abilities, surrounding circumstances, hazards and risks.

Findings Description: Staff did not ensure the safety and well-being of client [REDACTED] during this incident resulting in the swelling/bruising of face.

Action Due Date: 10/10/2023

Action Due Description: Staff involved in this incident will receive in-service training on staff/client ratio. Sign in sheet will be provided to licensing by 10/10/23.

Comply Date:

Sub Regulation Description:

Regulation Number: 9. 907. 3

Regulation Description: Staff/child ratio shall be at least 1:6 during waking hours and 1:8 during sleeping hours.

Findings Description: One staff left Magnolia Hall resulting in staff/client ratio 1:8.

Action Due Date: 10/10/2023

Action Due Description: Staff involved in this incident shall receive in-service training on staff/client ratio.

Comply Date:

Sub Regulation Description:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

Facility visited 10/3/23 in response to incident in which client [REDACTED] was assaulted by peers at Magnolia Hall 10/1/23. [REDACTED] interviewed. [REDACTED] stated that there were two staff assigned to Magnolia Hall at the time of the incident but that one staff member, [REDACTED], had "gone to get trays". Chris Butler of Millcreek indicated that this would typically take 8-10 minutes. Facility cited 907.3. [REDACTED] stated that the other staff present was [REDACTED]. [REDACTED] stated that he was "jumped" by "[REDACTED] [REDACTED] and [REDACTED] [REDACTED] stated that staff [REDACTED] did not intervene. [REDACTED] indicated that the reason he believed peers to stopped assaulting him was because they "had enough of it". [REDACTED] presented today with swollen and bruised face. Staff, present and absent from Magnolia, if even for a brief period, failed to ensure the safety and well-being of client during this incident. Facility cited 907.2. Facility will conduct in-service training for staff involved in this incident that staff/client ratio will be ensured at all times. Sign in sheet will be provided to licensing by 10/10/23.

Provider Comments:

Risk Management Department conducted an internal investigation into the incident. Staff and patient statements reflect that staff member [REDACTED] did attempt to intervene in the physical confrontation and separate them from the injured patient. All staff and patient statements contradict [REDACTED] report that staff members allowed the physical confrontation to continue.