



Placement and Residential Licensing Unit  
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

Case Number: 019770

Date of Incident: 3/9/2024

Date Received: 3/11/2024

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Incident Type: Dual

Report Description: On 3/8/24, [REDACTED] private placement, was placed in a physical restraint following an extended period of verbal and physical aggression and property destruction. The restraint was initiated for safety after he directed his aggression toward staff members, pushing and biting them. On 3/9/24, [REDACTED] made the verbal statement that staff member [REDACTED] had choked him while initiating the physical restraint. The nurse's notes following the restraint indicate scratches on the left side of the neck. [REDACTED]

Interim Action Narrative: A/O placed on administrative leave pending investigation.

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[REDACTED]

Licensing Narrative: 3/12/24-Phone call made to Chris Butler of Millcreek who stated the incident occurred at Pine Ridge and there was no video. A/O has been placed on administrative leave pending investigation. 3/12/24-Email sent to DCFS Investigator Jennifer Harper to get permission to contact facility regarding incident. Received email from Ms. Harper granting permission to contact facility regarding this investigation. 3/13/24-Facility visited in response to complaint that client [REDACTED] was choked by staff [REDACTED]. Staff has been suspended pending investigation. Witness statements reviewed. Of note, Supervisor [REDACTED] witness statement states "during the restraint at no time did I see staff [REDACTED] choke pt [REDACTED]...". Witness statement continues to state that after the restraint was over at no time did pt. mention being choked. Nursing note from the day after, 3/9/24, states that client [REDACTED] had abrasion like scratches to left side neck and base of throat and reported being choked during restraint. Client [REDACTED] interviewed. [REDACTED] stated that during a restraint, [REDACTED] put his right hand around his neck, while he ([REDACTED]) was lying on the ground face up. [REDACTED] stated he heard "[REDACTED] ([REDACTED]) say 'don't choke him'. [REDACTED] stated that after the restraint he did not mention being choked because of fear of retaliation from peers. A phone call was attempted to [REDACTED] today but no answer. [REDACTED] did have a 3" scratch to left side of neck during today's visit. Licensing is not prepared to make a finding at this time. Chris Butler of Millcreek will provide a witness statement from [REDACTED] [REDACTED] to licensing upon receipt. No other clients could provide witness statement to the restraint. 4/29/2024- Licensing reached out to the facility for an update on the status of the A/O's employment status.



Division of Child Care & Early Childhood Education  
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## 521 Visit Compliance Report

**Licensee:** Millcreek of Arkansas PRTF

**Facility Number:** 233

**Licensee Address:** 1828 INDUSTRIAL DR  
FORDYCE AR 71742-7110

**Licensing Specialist:** Clayton DeBoer

**Person In Charge:**

**Record Visit Date:** 3/13/2024

**Home Visit Date:** 3/13/2024

**Purpose of Visit:** Complaint Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

3/13/24-Facility visited in response to complaint that client [REDACTED] was choked by staff [REDACTED] during a restraint. Staff has been suspended pending investigation. Witness statements reviewed. Of note, [REDACTED] [REDACTED] witness statement states

"during the restraint at no time did I see staff [REDACTED] choke pt [REDACTED]...". Witness statement continues to state that after the restraint was over at no time did pt. mention being choked. Nursing note from the day after, 3/9/24, states that client [REDACTED] had abrasion like scratches to left side neck and base of throat and reported being choked during restraint.

Client [REDACTED] interviewed. [REDACTED] stated that during a restraint, [REDACTED] put his right hand around his neck, while he [REDACTED] was lying on the ground face up [REDACTED] stated he heard [REDACTED] say 'don't choke him'. [REDACTED] stated that after the restraint he did not mention being choked because of fear of retaliation from peers. A phone call was attempted to [REDACTED] today but no answer. [REDACTED] did have a 3" scratch to left side of neck during today's visit.

Licensing is not prepared to make a finding at this time. Chris Butler of Millcreek will provide a witness statement from [REDACTED] to licensing upon receipt. No other clients could provide witness statement to the restraint.

**Provider Comments:**

CCL Staff Signature :

Date: 3/13/2024



Provider Signature :

Date: 3/13/2024





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**Facility Number:** 233

**Licensee Address:** 1828 INDUSTRIAL DR  
FORDYCE AR 71742-7110

**Licensing Specialist:** Clayton DeBoer

**Person In Charge:** Emerald Burris

**Record Visit Date:** 4/30/2024

**Home Visit Date:** 4/30/2024

**Purpose of Visit:** Revisit Complaint

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

Licensing has investigated Case#019770 and determined it to be unfounded. As a precautionary measure, staff [REDACTED] will be retrained on client safety during restraints. A signed copy of this training will be provided to licensing before staff returns to work.

**Provider Comments:**

CCL Staff Signature :

Date: 4/30/2024



Provider Signature :

Date: 4/30/2024

