



**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:** 024002

**Date of Incident:** 9/14/2024

**Date Received:** 9/16/2024

**Facility Name:** Millcreek of Arkansas PRTF

**Facility Number:** 233

**Incident Type:** Dual

**Report Description:** [REDACTED] told her therapist that she was having a behavior and trying to get in the storage closet. She stated that she had her foot in the door and [REDACTED] moved her foot out of the door and as worker was shutting the door she put her arm in the door. [REDACTED] stated that [REDACTED] shut her arm in the door. Report was made to [REDACTED]

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

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**Maltreatment Narrative:** [REDACTED]  
[REDACTED] was having a behavior and was laying down in the floor and trying to get in storage closet. Staff [REDACTED] moved [REDACTED]'s foot out of the door and as [REDACTED] was shutting the door, [REDACTED] put her arm in the door causing [REDACTED] to shut the door on her arm. Once staff member realized her arm was in the door she opened door back up to remove her arm. [REDACTED] has a bruise on her arm from the door.

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**Licensing Narrative:** 9/17/24-Reviewed for licensing concerns. Email sent to [REDACTED] asking permission to contact A/V and/or facility regarding complaint. Received email from [REDACTED] granting permission. 9/17/24-Facility visited. Licensing cannot make a finding at this time. It was determined the last name of the A/O is [REDACTED] not

██████████ 11/21/24-Recieved notification that maltreatment was unfounded. 521 issued including that staff ██████████ will be retrained on TCI and training completion will be provided to licensing. 11/25/2024, reviewed and approved by Program Coordinator, Case complete.



**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:** Emerald Burris

**Record Visit Date:** 9/17/2024

**Home Visit Date:** 9/17/2024

**Purpose of Visit:** Complaint Visit

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

Facility visited in response to complaint that staff [REDACTED] slammed a door on client [REDACTED] during an incident 9/14/24 in which client [REDACTED] was exhibiting behaviors. Incident report indicates that incident happened before

lunch. Video reviewed of Deerfield for the entire morning of 9/14/24 which does not show this incident or what seems to be any behavior incidents. Client [REDACTED] interviewed and asked to point out on camera view if where incident occurred could be seen. [REDACTED] indicated it was not in the camera view. [REDACTED] stated this happened before lunch. When asked, [REDACTED] reported that she (staff [REDACTED] was trying to shut a door to a closet, but [REDACTED] had her foot in the way so the door could not shut. [REDACTED] stated that another peer ([REDACTED] moved her ([REDACTED] foot out of the doorway and [REDACTED] shut the door on her arm. [REDACTED] stated nothing was said by [REDACTED] during or after incident. [REDACTED] stated she asked [REDACTED] why she ([REDACTED] shut the door on her ([REDACTED] arm. [REDACTED] visually had a bruise on her right, inner forearm during today's visit. Nursing note from the day of the incident states the same. [REDACTED] interviewed. [REDACTED] stated that she ([REDACTED] was inside the closet and [REDACTED] was trying to get in the closet, but staff [REDACTED] would not let her ([REDACTED] [REDACTED] stated [REDACTED] had her foot inside the door so [REDACTED] could not shut it. [REDACTED] says she kicked [REDACTED] foot out of the doorway and the door shut on her ([REDACTED]s) arm. [REDACTED] stated that from what she saw this was an accident. [REDACTED] stated she at no time saw nor has seen [REDACTED] do anything physically harmful to clients. When asked [REDACTED] stated she felt comfortable notify staff, including [REDACTED], if she felt threatened while at facility. No definitive evidence from today's visit presented that would determine staff acted unprofessionally or used physical discipline in a way that resulted in physical harm to [REDACTED]. As a precautionary measure, staff [REDACTED] will be retrained on Therapeutic Crisis Intervention. [REDACTED] was suspended immediately following incident. Licensing is not prepared to make a finding at this time.

**Provider Comments:**

CCL Staff Signature :

Date: 9/17/2024



Provider Signature :

Date: 9/17/2024





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**Licensing Specialist:** Clayton DeBoer

**Person In Charge:** Emerald Burris

**Record Visit Date:** 11/21/2024

**Home Visit Date:** 11/21/2024

**Purpose of Visit:** Revisit Complaint

**Regulations Out of Compliance:**

**Regulations Needing Technical Assistance:**

**Regulation Not Applicable:**

**Regulations Not Correctable:**

**Narrative:**

This is to document that case#024002 has been investigated and determined to be unfounded. As a precautionary measure, staff [REDACTED] will be retrained on TCI. Proof of training will be sent to licensing.

**Provider Comments:**

CCL Staff Signature :

Date: 11/21/2024



Provider Signature :

Date: 11/21/2024

