



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

Notice of Serious Incident

Case Number: 026702

Date of Incident: 1/9/2025

Date Received: 1/9/2025

Facility Name: Millcreek of Arkansas PRTF

Facility Number: 233

Incident Type: [REDACTED]

Report Description: We were made aware [REDACTED] involving [REDACTED]
[REDACTED], [REDACTED]) where she stated that she got pills from a
staff members' jacket and took them.

Interim Action Narrative: A/O unknown.

[REDACTED] Narrative: AV is [REDACTED]. AO is unknown. PRFC is [REDACTED].
[REDACTED] is a [REDACTED] child currently placed at Millcreek Behavioral Health in Fordyce,
AR. Her primary case manager is Brittney Vaughan. Her primary therapist is Deirdre
Holladay. Today [REDACTED] and I had a family therapy session held via Zoom with her therapist,
Ms. Deirdre. [REDACTED] proceeded to tell me that she had recently snorted some pills that she
found in a staff person's jacket that was left unsupervised on the treatment unit. [REDACTED]
alleges that the medication was Benadryl, however, the facility has not provided an incident
report regarding this nor did they reach out to inform me, her legal guardian, that the
incident occurred. This is a serious concern as [REDACTED] has previously had access to a vape pen
that was left in a staff person's jacket unsupervised. [REDACTED] shared that she also provided pills
to the other girls on the unit who also snorted them. I have formally requested the incident
report--however, it is likely that the incident occurred in the last 14 days as we meet bi-
weekly via Zoom and today is the first that I've heard of this incident. 2/20/25-Unfounded

Licensing Narrative: Licensing reviewed complaint for licensing concerns. Program Coordinator [REDACTED]

[REDACTED]. Licensing requested an ICA from the facility.

Facility reported they did not have a staff member by the name provided for an ICA.

Licensing emailed [REDACTED] and inquired if a staff member's name was provided.

[REDACTED] reported the offender is unknown and that there certainly an issue with employees medication being left unattended. Licensing inquired if staff members will be trained. Facility reported: they previously conducted training on the importance of securing OTC medications and will provide additional training to reinforce this critical safety practice. The leadership team conducts multiple daily rounds to address various safety concerns, including ensuring all doors are properly closed and locked. 1/14/2025, Program

Coordinator received a notice [REDACTED], and it has been uploaded. Licensing Specialist informed. 1/17/25-Facility visited with [REDACTED] [REDACTED]. Video reviewed. [REDACTED] has interviewed A/V [REDACTED], and clients [REDACTED] and [REDACTED]. All 3 clients will be

[REDACTED]. [REDACTED] [REDACTED]. [REDACTED]. Licensing cannot make a finding at this time. 1/24/25-Facility visited again for this complaint. Ms. Harper interviewed clients: [REDACTED] and staff Zakiya W. Licensing cannot make a finding at this time. [REDACTED]. 2/20/25-Licensing informed [REDACTED] [REDACTED] was [REDACTED]. This complaint has been unfounded by licensing. Case reviewed and complete.



Division of Child Care & Early Childhood Education

P.O. Box 1437, Slot S140, Little Rock, AR 72203-1437

P: 501.508.8910 F: 501.683.6060 TDD: 501.682.1550

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: 1/17/2025

Home Visit Date: 1/17/2025

Purpose of Visit: Complaint Visit

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Regulation Number: 900.907.5

Regulation Description: All child caring shift-staff, counted in the staff child ratio shall remain awake at all times.

Finding Description: Staff seen sleeping during video review.

Action Due Date: 2025-01-17

Action Due Description: Staff is no longer employed at Millcreek.

Comply Date:

Action Due Description: Staff is no longer employed at Millcreek.

Narrative:

1/17/25-Facility visited with [REDACTED]. [REDACTED] states that 3 clients, A/V [REDACTED] and [REDACTED] all interviewed who stated they snorted pills. [REDACTED] reported initially obtaining the pills and holding them for about a week before they snorted them. [REDACTED] reported that [REDACTED] gave her some pills during an exchange in the hallway which was narrowed down to have occurred on 1/4/25 between 3 and 4PM. Video reviewed of this timeframe which does not show anything that would resemble this. Video reviewed off Hallway containing office where pills were allegedly obtained which only shows hallway, not inside the office. Staff are seen escorting clients to the office, reportedly to make phone calls, 1:1 staff/client ratio. Staff are seen using keys to open office door indicating it is locked as per protocol. [REDACTED] stated there will be [REDACTED] as of today. Millcreek has completed a refresher training on the importance of securing staff OTC medications. A sign-in sheet was provided to licensing. Also, staff OTC medication is being locked behind a second door inside of assigned hall office.

During video reviewed today. Staff member [REDACTED] seen sleeping for around 10 minutes, upright in a chair, in the hallway at around 9AM. Staff is no longer employed by Millcreek. Facility cited 907.5.

Licensing is not prepared to make a finding at this time.

******* Pursuant to A.C.A. § 9-24-406(e)(3-4): If you believe that the Department's notice of noncompliance is in error, you may ask for reconsideration. The request for reconsideration must be in writing and delivered to the Department by certified mail within twenty (20) business days of receipt of the notice of noncompliance. The request must specify the parts of the notice that are alleged to be in error, explain why you believe those parts are in error, and include documentation to support the allegation of error. Once received the Department shall issue a decision on your request within twenty (20) days after receipt of the request.**

Provider Comments:

CCL Staff Signature :

Date: 1/17/2025



Provider Signature :

Date: 1/17/2025





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FORDYCE AR 71742-7110

Licensing Specialist: Clayton DeBoer

Person In Charge:

Record Visit Date: 1/24/2025

Home Visit Date: 1/24/2025

Purpose of Visit: Revisit Complaint

Regulations Out of Compliance:

Regulations Needing Technical Assistance:

Regulation Not Applicable:

Regulations Not Correctable:

Narrative:

1/24/25-Facility visited again for this complaint. [REDACTED] interviewed clients: [REDACTED] and staff [REDACTED]. All clients reside on Penguin Hall where incident allegedly occurred. Staff [REDACTED] has worked on

Penguin Hall for over a year. ■ and ■ have not been on Penguin Hall over a week and did not reside on Penguin Hall during the alleged incident.

■ reported that Penguin office door is always locked unless staff were present in office. ■ reported that she had heard that client ■ received pill from ■, after ■ cheeked medication. ■ reported that when nurses administer medication, they make clients open their mouth to make sure they aren't cheeking.

■ reported that staff were "good, really care, like them a lot". ■ reported that nurses make clients open their mouth when administering medication to ensure they are not cheeking meds. ■ reported the Penguin Hall office is always locked unless staff are present. ■ stated she had not heard anything about anyone on the unit snorting meds.

Staff ■ reported that she had heard that client ■ reported snorting meds with ■ but had changed her story several times. ■ stated that she would never bring personal medication on the unit, and that she had not seen any other staff bring personal medication on the unit.

Licensing cannot make a finding at this time.

Provider Comments:

CCL Staff Signature :

Date: 1/24/2025



Provider Signature :

Date: 1/24/2025





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Licensing Specialist: Clayton DeBoer

Person In Charge:

Record Visit Date: 2/20/2025

Home Visit Date: 2/20/2025

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#026702 was investigated and determined to be unfounded.

Provider Comments:

CCL Staff Signature :

Date: 2/20/2025

A handwritten signature in black ink, appearing to be a stylized 'M' or 'W' followed by a flourish.

Provider Signature :

Date: 2/20/2025

A handwritten signature in black ink, appearing to be a stylized 'H' or 'K' followed by a flourish.