

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

INVESTIGATION OF ALLEGED ABUSE OR NEGLECT IN CHILD CARE AGENCY

I. Identifying Information

- A. Date of Incident:** 4/2/07
- B. Agency:** Alldredge Academy
- C. Agency's Address:** 310 Williams Avenue
Davis, WV 26260
- D. Date of Report :** 04/02/2007

II. Allegation:

[REDACTED]

III. Summary of Investigation

[REDACTED]

IV. Determination:

A. Finding(s): Child neglect and nutritional deprivation has not occurred.

V. Recommendations:

A. Maltreatment

Child neglect and nutritional deprivation has not occurred. There is not a maltreater identified in this referral.

B. Administration/Agency

The findings of this investigation should be filed in an administrative file.

C. Licensing

Licensing Specialist Lewis Wolfe will be notified upon completion of this investigation and he will have access to this report.

Worker's Signature: _____

Title: IIU Investigator

Date: August 2, 2021

Approved by:

Supervisor's Signature: _____

Date: August 2, 2021

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

INVESTIGATION OF ALLEGED ABUSE OR NEGLECT IN CHILD CARE AGENCY

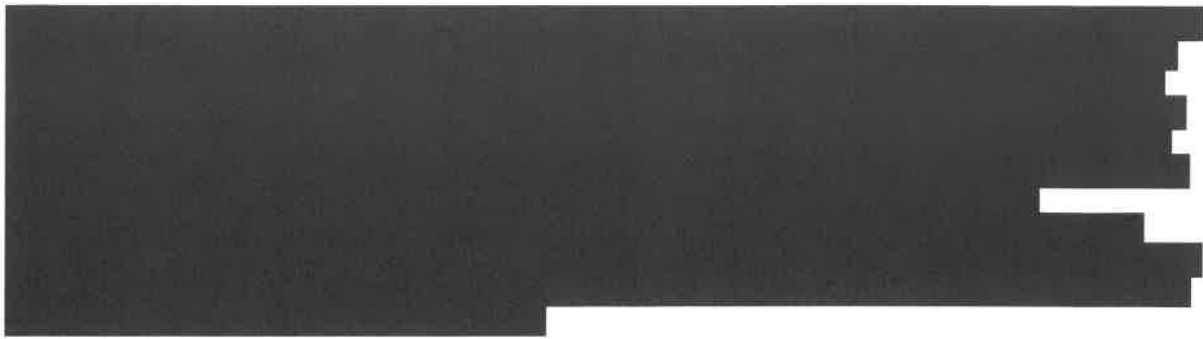
I. Identifying Information

- A. **Date of Incident:**
- B. **Agency:** ALLDREDGE ACADEMY
- C. **Agency's Address:** 310 Williams Avenue
Davis, WV 26260
- D. **Date of Report :** 01/24/2007

II. Allegation: [REDACTED]

III. Summary of Investigation

[REDACTED]



IV. Determination:

A. Finding(s): Maltreatment has not occurred.

V. Recommendations:

A. Maltreatment

Child abuse has not occurred. The investigation findings should be shared with [REDACTED].

B. Administration/Agency

The investigation findings should be verbally shared with [REDACTED].

C. Licensing

Licensing Specialist Lewis Wolfe will be notified upon completion of this investigation and will have access to this report.

Worker's Signature: _____

Title: IIU Investigator

Date: August 2, 2021

Approved by:

Supervisor's Signature: _____

Date: August 2, 2021

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

INVESTIGATION OF ALLEGED ABUSE OR NEGLECT IN CHILD CARE AGENCY

I. Identifying Information:

Child Name	DOB
[REDACTED]	

Parent Name	DOB	Relation	Address
UNKNOWN STAFF		Residential Facility Staff	Davis West Virginia 26260

- A. **Placing Office:** State Office
- B. **Date of Incident:**
- C. **Agency:** ALLDREDGE ACADEMY
- D. **Agency's Address:**
Davis West Virginia 26260-
- E. **Location of Child:** Alldredge Academy

Who?

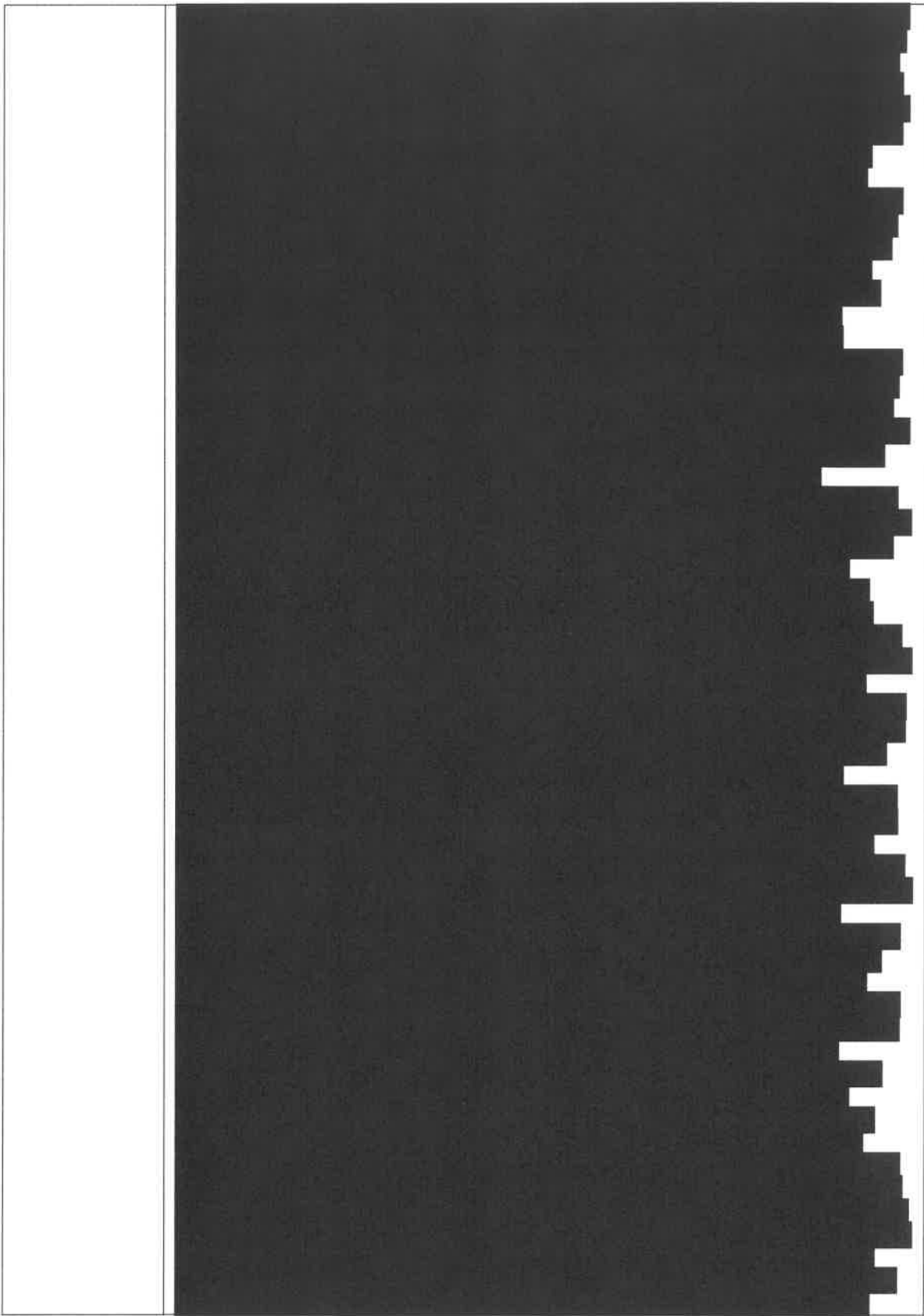
II. Allegation:

[REDACTED]

III. Investigation:

A. Statement of Child: [REDACTED]

Date	Statement
12/21/2005 10:00 A.M.	[REDACTED]



	[REDACTED]
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B. Statement of Witnesses:

Witness	Statement
[REDACTED]	[REDACTED]

Witness	Statement
[REDACTED]	[REDACTED]

	[REDACTED]
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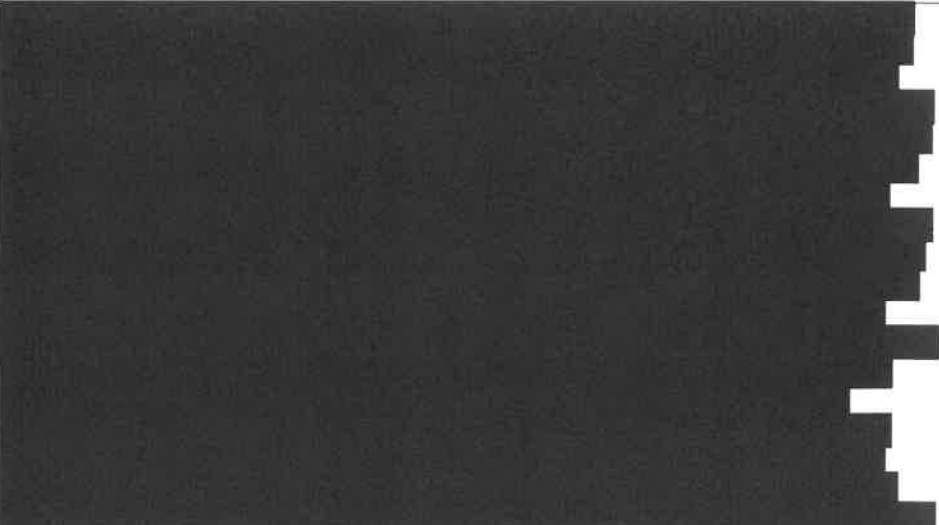
Witness	Statement
[REDACTED]	[REDACTED]

[REDACTED]	[REDACTED]
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[REDACTED]	[REDACTED]
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Witness	Statement
	

Witness	Statement
	

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C. Statement of Administrative Staff:

Name	Statement

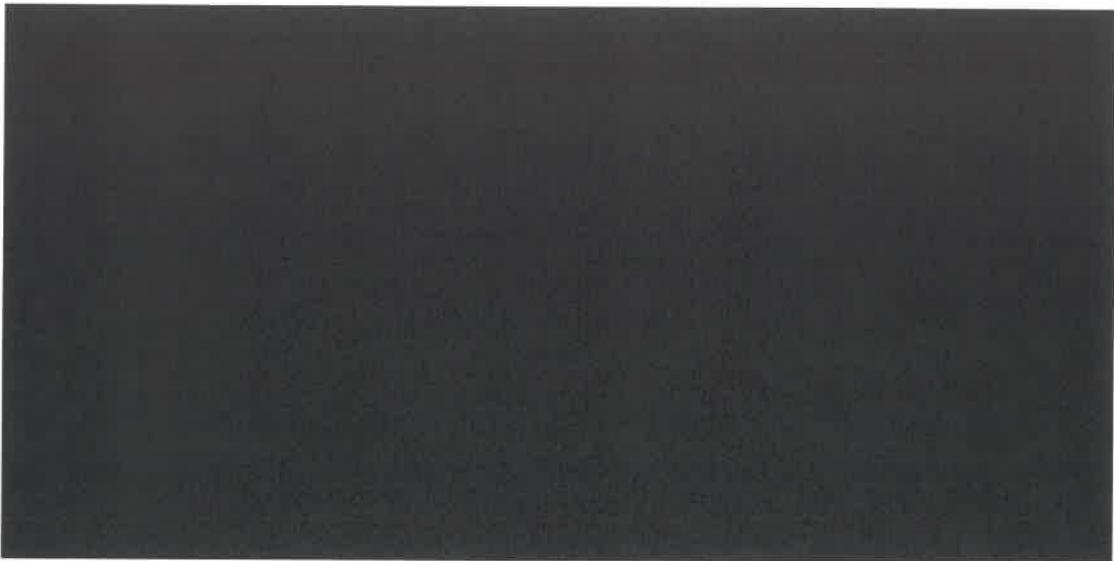
Name	Statement

D. Statement of Alleged Perpetrator:

Perpetrator	Statement

E. Overall Summary of Investigation:

[REDACTED]



IV. Determination:

A. Did the Incident Occur?

Victim	Maltreater	Findings
[REDACTED]	UNKNOWN STAFF	Maltreatment has not occurred

- B. Is the Perpetrator Culpable?**
- C. Is the Administration/Agency Culpable?**

V. Protective Action Taken:

VI. Prosecuting Attorney/Law Enforcement Involvement:

- A. Criminal proceedings have been initiated: No**
- B. Conducted jointly with law enforcement: No**

VII. Recommendations:

A. Perpetrator:

No specific person or persons were identified as an alleged maltreater. This investigation does not support a finding of child abuse/neglect by any particular staff member. However, there are concerns with respect to risk factors that impact a child's safety and well being.

B. Administration/Agency:

Allredge Academy's administration needs to verbally share the outcome of this investigation with staff. Further, Allredge Academy should consider taking corrective action with respect to risk reduction as it relates to child safety and supervision and children's rights. Prior to admission, supervision should be specifically defined to families placing children at Allredge Academy (i.e. eyes on, periodic checks, night time arrangements, etc...). Children need to have adequate shelter from natural elements (i.e. winter temperatures, snow, rain, etc...). Sanitation issues should be addressed (i.e. access to a port-a-potty and toilet paper, clean water collection devices, etc...). Equipment needs to be kept in working condition (clothing should be free of holes, sleeping bags zip the entire way, etc...). Nutrition should meet the recommended daily

dietary allowance. Child isolation should not be permitted (i.e. solo shelters, prohibiting verbal communication for extended time frames, prohibiting peer interactions, etc.) Children have a right to communicate with significant others outside of the program including the rights to request assistance if he/she feels unsafe and/or believes his/her rights have been violated. Alldredge may want to consider providing clients with a list of their rights and responsibilities. Finally, Alldredge Academy has a duty to inform parents of any and all incidents of aggression, restraint, injury (regardless of self infliction), AWOL, etc. in a timely manner. In closing, Alldredge Academy displayed poor judgement with respect to their treatment and assessment of [REDACTED]. Following two known attempts at self harm (AWOL and self inflicted wound) [REDACTED] was still placed in an unsupervised situation. The person(s) making this decision did not consult with others familiar with [REDACTED] such as his family, physician, mental health provider or even the person who referred [REDACTED] to the program. (see Inv. Notes)

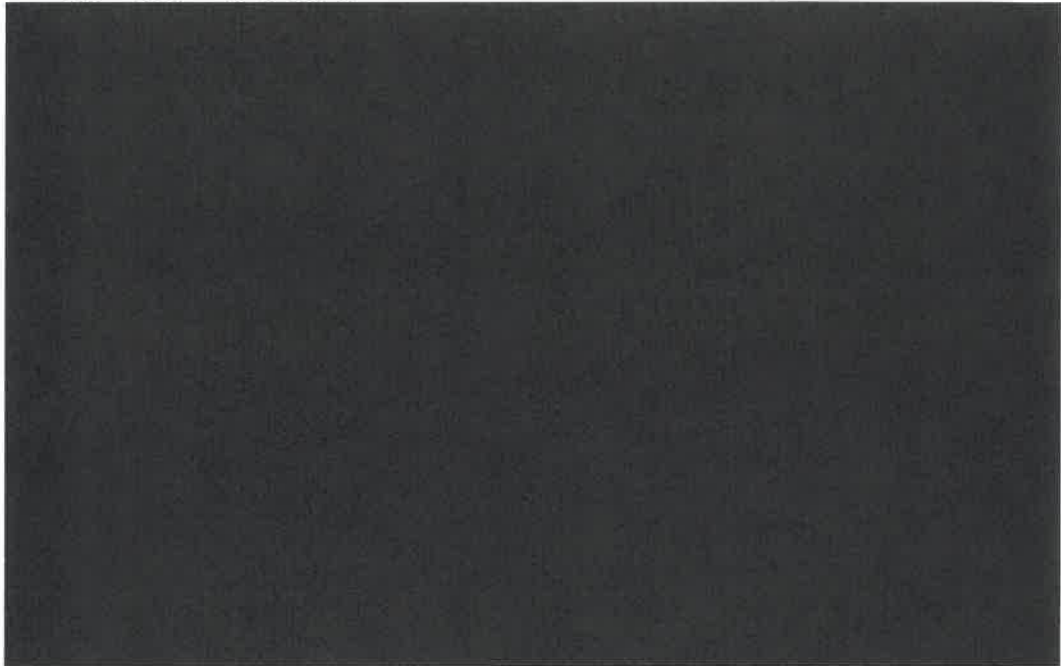
C. Programmatic:

[REDACTED] was moved outside where he was laid flat and checked for vitals. Staff provided emergency care and transport including back board, 4 wheeler and truck to reach the road and meet the ambulance. Staff members went to the hospital and stayed with [REDACTED] until his parents arrived.

D. Licensing:

Alldredge Academy is legally exempted from child welfare licensing. The findings of this investigation will be shared with OHFLAC.

E. Overall Recommendations:



Worker's Signature: _____

Title: IIU Investigator

Date: August 2, 2021

Approved by:

Supervisor's Signature: _____

Date: August 2, 2021

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

INVESTIGATION OF ALLEGED ABUSE OR NEGLECT IN CHILD CARE AGENCY

I. Identifying Information:

Child Name	DOB
[REDACTED]	[REDACTED]

Parent Name	DOB	Relation	Address

- A. **Placing Office:** State Office
- B. **Date of Incident:**
- C. **Agency:** ALLDREDGE ACADEMY
- D. **Agency's Address:**
davis West Virginia
- E. **Location of Child:**

Lewis?

II. Allegation:

[REDACTED]

III. Investigation:

A. Statement of Child: [REDACTED]

[REDACTED]

B. Statement of Witnesses:

[REDACTED]

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Witness	Statement
[Redacted]	

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Witness	Statement
[Redacted]	

Witness	Statement
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[REDACTED]	
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Witness	Statement
[REDACTED]	

Witness	Statement
[REDACTED]	

C. Statement of Administrative Staff:

Name	Statement
[REDACTED]	[REDACTED]

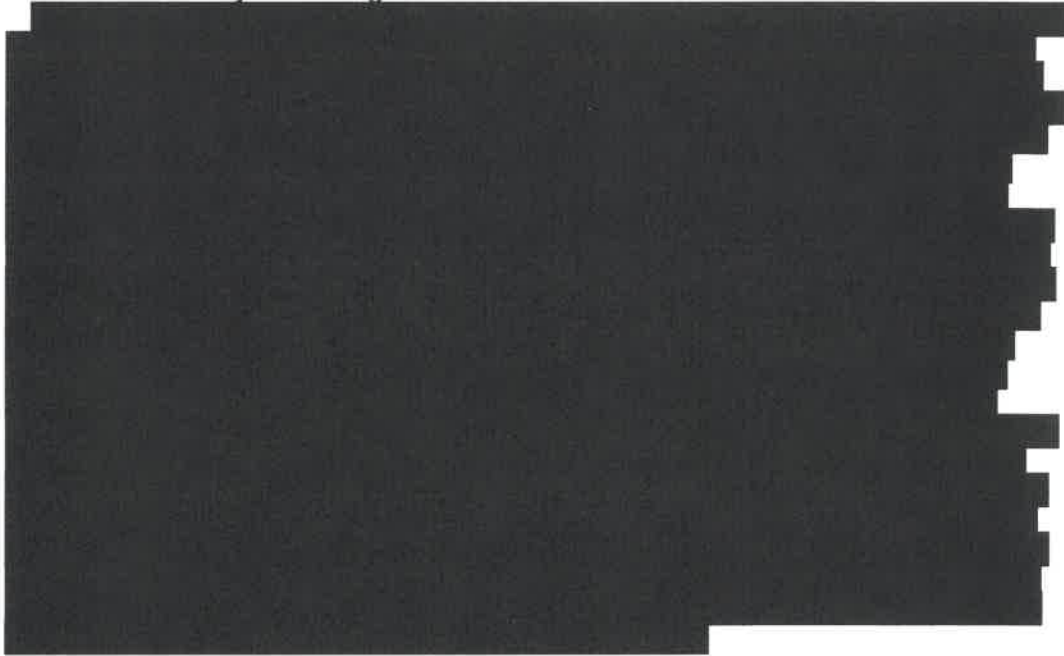
[REDACTED]	[REDACTED]
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D. Statement of Alleged Perpetrator:

Perpetrator	Statement

E. Overall Summary of Investigation:



IV. Determination:

A. Did the Incident Occur?

Victim	Maltreater	Findings

B. Is the Perpetrator Culpable?

C. Is the Administration/Agency Culpable? Agency Culpability-Corrective Action Plan required, Provider Culpability-Corrective Action Plan required

V. Protective Action Taken:

MDT notified of allegations

VI. Prosecuting Attorney/Law Enforcement Involvement:

A. Criminal proceedings have been initiated: No

B. Conducted jointly with law enforcement: No

VII. Recommendations:

A. Perpetrator:

[REDACTED] should be made aware of the results of this investigation.

B. Administration/Agency:

(1) Administration needs to develop a more comprehensive policy and procedure manual that encompasses and anticipates many of the behaviors of the children placed in their program. Such behaviors would include (but not be limited to): suicide attempts, physically acting out toward staff and/or children, verbal threats, psychiatric diagnoses, medication side effects, etc. (2) Administration should begin working immediately with all necessary licensing entities to bring their program under total compliance to guidelines mandated by West Virginia law. (3) Administration needs to develop training that encompasses the more extensive policy and procedure manual directed in B1 and assure ALL staff are trained fully before they begin working with these youth. (4)

Administra-
tion should immediately begin cooperating fully with law enforcement by filing runaway petitions (as directed by law enforcement) when youth are on runaway (staff have apparently refused to do this in the past because they don't want any sort of "record" for these kids. However, this is against Alldredge policy, since in the forms signed by the parents, it states that the agency will do whatever is necessary to assist law enforcement in apprehending these runaways). (5) Administration needs to develop a policy to assure that law enforcement is notified (when a child has pending charges) BEFORE the child is discharged from the program

C. Programmatic:

Alldredge Academy currently lacks specific program components and corresponding procedures which are required by WV Code for any "facility" which "means a place or residence, including personnel, structure, grounds and equipment used for the care of a child or children on a residential or other basis for any number of hours a day in any shelter or structure maintained for that purpose." Such a "facility" is required to have a Child Care License.

D. Licensing:

See part "C - PROGRAMMATIC" above - Alldredge Academy should immediately comply with all applicable Child Care Licensing requirements.

E. Overall Recommendations:

Worker's Signature: _____

Title: IIU Investigator

Date: August 2, 2021

Approved by:

Supervisor's Signature: _____

Date: August 2, 2021

INVESTIGATION OF ALLEGED ABUSE OR NEGLECT IN CHILD CARE AGENCY

I. Identifying Information

Child Name	DOB
[REDACTED]	[REDACTED]

- A. **Placing Office:** State Office
- B. **Date of Incident:** 12/08/2000
- C. **Agency:** ALLDREDGE ACADEMY
- D. **Agency's Address:** P.O.Box: 310
DAVIS West Virginia 26260-
- E. **Location of Child:** ALLDREDGE ACADEMY

Giannone

II. Allegation:

[REDACTED]

III. Investigation

A. **Statement of Child:** [REDACTED]

Date	Statement
05/17/2001 04:15 P.M.	

B. Statement of Witnesses:

Witness	Statement
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

C. Statement of Administrative Staff:

Name	Statement
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Additional Information:

The following is also a part of the investigation that will compiled in the "hard copy" of the file:

[REDACTED]

[REDACTED]

[REDACTED]

IV. Determination:

A. Did the Incident Occur?

The incident involving [REDACTED] receiving a foot injury while at Alldredge Academy did occur.

B. Is the Perpetrator Culpable?

[REDACTED] are found to hold some culpability as it relates to the extent of the injury because neither staff appear to have the medical background to make a determination about the extent of any injury, and should have had the child seen by an appropriate medical person once any abnormality (puffiness, discolorization, consistent complaining of pain, etc.) occurred. I also believe that [REDACTED] holds some culpability in regard to this injury because she failed to seek a medical specialist as directed by the family (especially with [REDACTED] continual complaint of pain and crawling on the floor which she determined to be manipulation) and did not fill or administer prescriptions given by the local doctor.

C. Is the Administration/Agency Culpable?

The Administration/Agency is also culpable in that they have failed to develop policies and implement procedures to adequately and safely respond to medical situations, both emergent and routine.

V. Protective Action Taken:

MDT notified of the allegations.

VI. Prosecuting Attorney/Law Enforcement Involvement.

- A. **Criminal proceedings have been initiated:** No
- B. **Conducted jointly with law enforcement:** No

VII. Recommendations

- A. **Perpetrator:** 1. [REDACTED] should be made aware of the results of this investigation.

B. Administration/Agency: 1. Administration should review with [REDACTED] that they should have reported the puffiness and discolorization immediately to the appropriate medical person to have his foot evaluated. (2) Alldredge needs to develop a written policy regarding notification of parents concerning any medical condition/treatment affecting their child. Staff responsibilities must also be defined and designated. (3) Policies and Procedures should also be developed and implemented pertaining to the immediate referral of medical situations to the appropriate medical specialist.. (4) Administration should review with staff their need to allow access of the children to their parents when requested and assure that such access is granted. (According to Mr. Wells, parents are never denied access to their children. However, this seems to have occurred at one point when [REDACTED] requested to speak with her son and it was quite a bit of time before she was finally allowed to speak with him.)

C. Programmatic:

The administration needs to develop detailed, written, specific policies and procedures for their program that encompasses all aspects of the program and anticipates issues (both medical and non-medical)that may arise within the program and the procedure to deal with such issues.

A. Licensing:

This report will be shared with the Office of Health Facility Licensure and Certification for the oversight, direction and monitoring of an adequate and appropriate Corrective Action Plan which Alldredge Academy is directed to develop.

Worker's Signature: _____

Title: IIU Investigator _____

Approved by:

Supervisor's Signature: _____