



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ALLEGHENY COUNTY EXECUTIVE
LEGAL ENTITY

To operate SHUMAN CENTER
NAME OF FACILITY OR AGENCY

Located at 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15206
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Secure Detention
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 120
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 3800: Child Residential and Day Treatment Facilities
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 11, 2019 until September 11, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **414311**

Robert E. Robinson
ISSUING OFFICER

Cathy A. Utz
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

MAR 22 2019

Mr. Richard Fitzgerald, County Executive
Allegheny County Executive
7150 Highland Drive
Pittsburgh, Pennsylvania 15206

Re: Shuman Juvenile Detention Center
7150 Highland Drive
Pittsburgh, Pennsylvania 15206
License Number: 414310

Dear Mr. Fitzgerald:

The Department of Human Services (Department) conducted two Child Protective Services investigations and one complaint investigation of the above facility from June 3, 2018 to November 3, 2018 resulting in three Licensing Inspection Summaries (LIS) documents being issued. The enclosed three LIS documents provide details of the violations of the regulations at 55 Pa. Code Chapter 3800 found during the inspections. The Department approved one plan of correction (POC) on January 31, 2019, a second POC on February 4, 2019 and a third POC on February 8, 2019.

Failure to comply with the applicable regulations, as specified in detail in the enclosed LIS documents, is the basis for the revocation of your current license (# 414310) dated September 8, 2018 to September 8, 2019, and the issuance of a first provisional license (#414311) dated March 11, 2019 to September 11, 2019 (see 62 P.S. § 1008; 55 Pa Code §§ 20.54 (a) and 20.71 (a) (2) and (a) (5)). This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The Department's decision to issue a first provisional license is based on failure to comply with the Human Services Code and applicable regulations (see 62 P.S. § 1026 (b)(1)), including mistreating or abusing individuals cared for in the facility (62 P.S. §1026 (b) (5)) and 55 Pa. Code §20.71 (a) (5)), and noncompliance with the Department's applicable regulations (55 Pa. Code §20.71 (a) (2)). Your first provisional license is enclosed.

If you disagree with the decision to issue a first provisional license, you have the right to appeal through a hearing before the Department's Bureau of Hearings and Appeals, in accordance with 1 Pa. Code Part II, Chapters 31-35 (relating to General Rules of Administrative Practice and Procedure) by a petition which meets the requirements set forth at 1 Pa Code § 35.17. If you decide to appeal your provisional license, a written request for an appeal must be received at the following address within ten (10) calendar days of the date of this letter.

Amber Kalp, Regional Director
Western Region Office of Children, Youth and Families
11 Stanwix Street, Room 260
Pittsburgh, Pennsylvania 15222

MAR 22 2019

This decision is final 11 calendar days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Cathy A. Utz
Deputy Secretary

Enclosures

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY


NAME OF AGENCY/FACILITY Shuman Juvenile Detention Center #414310				TELEPHONE 412.661.6806	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS 7150 Highland Avenue, Pittsburgh, Pennsylvania 15206				COUNTY Allegheny	<i>Rebecca Lewandowski</i>	<i>2/7/19</i>
INSPECTED BY Rebecca Lewandowski				INSPECTION DATE 08/24/2018	<i>Mary Lou Waichola</i>	<i>2/7/19</i>
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	<i>Amber D. Karp</i>	<i>2/7/19</i>
		X				

During the course of a Child Protective Service (CPS) investigation at the facility the following issues of non-compliance were found.

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
PA Chapter 3800.16(a) (4)	This regulation requires that a reportable incident be completed when a serious injury, or trauma of a child requiring outpatient treatment at a hospital, not to include minor injuries such as sprains or cuts. The facility shall complete a written reportable incident report, on a form prescribed by the Department and send it to the appropriate Departmental regional office and contracting agency within 24 hours. An incident	The Agency must immediately submit a plan to the Department that outlines how they are going to ensure compliance with this regulation.	September 10, 2018	<i>Please see attached.</i> <i>rg</i> <i>9/4/18</i>	PLAN ACCEPTED

	<p>where a resident was injured.</p> <p>The recordable incident report that was completed by the facility did not accurately reflect the facts of how the resident received the injury nor did it reflect the seriousness of the injury therefore a reportable incident was not completed by the facility.</p>				
3800.32 (k)	<p>This regulation states that a child has a right to appropriate medical, behavioral health and dental treatment.</p> <p>A resident was injured and there was a delay in the child receiving any medical attention. He was seen the following day by in house nursing and then was seen by the local hospital. The child sustained serious trauma to his eye and a broken nasal bone.</p>	<p>The Agency must immediately submit a plan to the Department that ensures they are complying with this regulation.</p>	<p>September 10, 2018</p>	<p><i>Please see attached.</i> <i>rg</i> <i>9/4/18</i></p>	<p>PLAN ACCEPTED</p>
3800.17 (6)	<p>Recordable incidents are required when injuries, trauma and illnesses of children that do not meet the definition of a reportable incident in 3800.16 which occur at the facility. The recordable incident report that was written by the facility did not accurately reflect the incident that</p>	<p>The Agency must immediately submit a plan to the Department that ensures that they are complying with this regulation.</p>	<p>September 10, 2018</p>	<p><i>Please see attached.</i> <i>rg</i> <i>9/4/18</i></p>	<p>PLAN ACCEPTED</p>

	occurred or the injury to the child.				
3800.148 (a)	<p>This regulation requires that the facility shall identify acute conditions of a child and shall arrange for or provide appropriate medical attention.</p> <p>The resident was visibly injured and was not seen by a medical professional either at the facility or outside of the facility for almost 24 hours. The child was diagnosed with a nasal fracture and significant trauma to the eye.</p>	The Agency must immediately submit a plan to the Department that ensures that they are complying with this regulation.	September 10, 2018	<p>Please see attached.</p> <p>rg 9/4/18</p>	PLAN ACCEPTED

THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT TO YOUR REGIONAL OFFICE BY: SEPTEMBER 10, 2018	
	DIRECTOR
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	TITLE
9/4/18	412-665-4117
DATE	TELEPHONE NUMBER

Shuman Center Plan of Corrections for Licensing Inspection Summary

Regulatory Citations dated August 24, 2018

#1. Non-Compliance Area: 3800.16(a)(4) - This regulation requires that a reportable incident be completed when a serious injury, or trauma of a child requiring outpatient treatment at a hospital, not to include minor injuries such as sprains or cuts. The facility shall complete a written reportable incident report, on a form prescribed by the Department and send it to the appropriate Departmental regional office and contracting agency within 24 hours. An incident occurred at the facility where a resident was injured. The recordable incident report that was completed by the facility did not accurately reflect the facts of how the resident received the injury nor did it reflect the seriousness of the injury therefore a reportable incident was not completed by the facility.

Plan of Correction: On June 4, 2018 at approximately 3:15pm, an incident occurred which prompted facility staff to respond to a unit. Once on the unit with the situation settling, Supervisory team noticed that a more problematic resident was not involved in this incident. Knowing the resident well, feeling something was odd, Supervisors decided to look in on the resident and noticed the resident had a swollen black eye. The resident reported that the injury happened while playing basketball the night before and that they had refused treatment. To remedy the situation, the Supervisors took the resident without incident to be examined by Shuman Medical without resident approval or consent. Medical determined that the resident should be transported by Sheriffs to Children's Hospital for further examination. Only there was the resident diagnosed with a nasal fracture and treated for such. Supervisor Tamara Brumfield completed a timely and accurate reportable incident report on June 4, 2018, at approximately 10pm, within 7 hours of the acute condition being identified by Supervisors, Management, and Medical. This prompted Shuman Administration to investigate the details of the injury on June 5, 2018. It quickly became apparent through video surveillance, that two staff members failed to report the resident's acute condition timely and accurately. Shuman Center immediately ChildLined the situation and notified Allegheny County police to investigate the incident. Both staff members were immediately suspended and subsequently terminated for their actions and/or lack thereof. It is the stance of Shuman Center that the Facility followed all state regulations accurately and timely when the acute condition was identified and that the two-indicated staff acted separately and independently from standard operating procedures.

A reportable incident is important to ensure all involved parties are aware of situations that may impact resident(s) safety and welfare. It is facility policy to report all acute conditions to supervisors and medical department to determine the appropriate course of treatment and action. These protocols and procedures will be reviewed with all staff during August and September 2018 monthly conferences with Supervisors and during August and September Thursday trainings with the Training Manager and Deputy Director of Operations. Staff will also sign off acknowledging that they read, know, and will implement faithfully the policy, the procedures, and the regulations cited above by October 15, 2018.



Rich Gordon - Director

9/4/2018

#2. Non-Compliance Area: 3800.32(k) - This regulation states that a child has a right to appropriate medical, behavioral health and dental treatment. A resident was injured and there was a delay in the child receiving any medical attention. He was seen the following day by in house nursing and then was seen by the local hospital. The child sustained serious trauma to his eye and a broken nasal bone.

Plan of Correction: On June 4, 2018 at approximately 3:15pm, an incident occurred which prompted facility staff to respond to a unit. Once on the unit with the situation settling, Supervisory team noticed that a more problematic resident was not involved in this incident. Knowing the resident well, feeling something was odd, Supervisors decided to look in on the resident and noticed the resident had a swollen black eye. The resident reported that the injury happened while playing basketball the night before and that they had refused treatment. To remedy the situation, the Supervisors took the resident without incident to be examined by Shuman Medical without resident approval or consent. Medical determined that the resident should be transported by Sheriffs to Children's Hospital for further examination. Only there was the resident diagnosed with a nasal fracture and treated for such. It is the stance of Shuman Center that the Facility followed all state regulations accurately and timely when the acute condition was identified. The resident was never not treated for injuries sustained, but treatment was delayed due to the two-indicated staff acting separately and independently from standard operating procedures. Shuman Center immediately ChildLined the situation and notified Allegheny County police to investigate the incident. Both staff members were immediately suspended and subsequently terminated for their actions and/or lack thereof.

Providing a child with appropriate medical, behavioral, and dental treatment is a fundamental right that Allegheny County and Shuman Center supports for each resident(s) safety and welfare. It is facility policy to report all acute conditions to supervisors and medical department to determine the appropriate course of treatment and action. These protocols and procedures will be reviewed with all staff during August and September 2018 monthly conferences with Supervisors and during August and September Thursday trainings with the Training Manager and Deputy Director of Operations. Staff will also sign off acknowledging that they read, know, and will implement faithfully the policy, the procedures, and the regulations cited above by October 15, 2018.



Rich Gordon - Director

9/4/2018

#3. Non-Compliance Area: 3800.17(6) - Recordable incidents are required when injuries, trauma and illnesses of children that do not meet the definition of a reportable incident in 3800.16 which occur at the facility. The recordable incident report that was written by the facility did not accurately reflect the incident that occurred or the injury to the child.

Plan of Correction: On June 4, 2018 at approximately 3:15pm, an incident occurred which prompted facility staff to respond to a unit. Once on the unit with the situation settling, Supervisory team noticed that a more problematic resident was not involved in this incident. Knowing the resident well, feeling something was odd, Supervisors decided to look in on the resident and noticed the resident had a swollen black eye. The resident reported that the injury happened while playing basketball the night before and that they had refused treatment. At this time there was no documentation of this incident by staff of record and Supervisors of record were not notified or aware of said injury. Supervisory team then instructed the two staff of record to document the injury. This prompted Shuman Administration to investigate the nature of the injury. It quickly became apparent through video surveillance, that two staff members failed to complete a recordable incident report documenting a resident's acute condition timely and accurately. One staff submitted a report that proved to be completely inaccurate and false, and the second staff failed to provide a report at all. It is the stance of Shuman Center that the Facility followed all state regulations accurately and timely when the acute condition was identified and that the two-indicated staff acted separately and independently from standard operating procedures. Both staff members were immediately suspended and subsequently terminated for their actions or lack thereof.

Having a record of incidents from staff detailing incidents is key to providing a safe and secure environment. As in this case, it helps to establish accurate timeframes for resident and staff safety and welfare. It allows there to be transparency for the protection of all parties involved. These protocols and procedures will be reviewed with all staff during August and September 2018 monthly conferences with Supervisors and during August and September Thursday trainings with the Training Manager and Deputy Director of Operations. Staff will also sign off acknowledging that they read, know, and will implement faithfully the policy, the procedures, and the regulations cited above by October 15, 2018.



Rich Gordon – Director

9/4/2018

#4. Non-Compliance Area: 3800.148(a) - This regulation requires that the facility shall identify acute conditions of a child and shall arrange for or provide appropriate medical attention. The resident was visibly injured and was not seen by a medical professional either at the facility or outside of the facility for almost 24 hours. The child was diagnosed with a nasal fracture and significant trauma to the eye.

Plan of Correction: On June 4, 2018 at approximately 3:15pm, an incident occurred which prompted facility staff to respond to a unit. Once on the unit with the situation settling, Supervisory team noticed that a more problematic resident was not involved in this incident. Knowing the resident well, feeling something was odd, Supervisors decided to look in on the resident and noticed the resident had a swollen black eye. The resident reported that the injury happened while playing basketball the night before and that they had refused treatment. To remedy the situation, the Supervisors took the resident without incident to be examined by Shuman Medical without resident approval or consent. Medical determined that the resident should be transported by Sheriffs to Children's Hospital for further examination. Only there was the resident diagnosed with a nasal fracture and treated for such. It is the stance of Shuman Center that the Facility followed all state regulations accurately and timely when the acute condition was identified. The resident was never not treated for injuries sustained, but treatment was delayed due to the two-indicated staff acting separately and independently from standard operating procedures.

Providing a child with appropriate medical, behavioral, and dental treatment is a fundamental right that Allegheny County and Shuman Center supports for each resident(s) safety and welfare. It is facility policy to report all acute conditions to supervisors and medical department to determine the appropriate course of treatment and action. These protocols and procedures will be reviewed with all staff during August and September 2018 monthly conferences with Supervisors and during August and September Thursday trainings with the Training Manager and Deputy Director of Operations. Staff will also sign off acknowledging that they read, know, and will implement faithfully the policy, the procedures, and the regulations cited above by October 15, 2018.




Rich Gordon – Director

9/4/2018

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Allegheny County Executive Shuman Center				TELEPHONE 412.661.6806	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS 7150 Highland Avenue Pittsburgh, Pennsylvania 15206				COUNTY: Allegheny		
INSPECTED BY Keith Witt				INSPECTION DATE 10/29/2018	<i>Bonnie J. Studer</i>	<i>2-04-19</i>
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	<i>Amber D. Kaep</i>	<i>2/6/19</i>
		X				
During the course of a complaint investigation at the facility, the following issues of non-compliance were found.						
1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION	
PA Chapter 3800.16 (C) Reportable Incidents	This regulation states the facility shall complete a written reportable incident report, on a form prescribed by the department, and send it to the appropriate Departmental regional office and the contracting agency within 24 hours. During the course of the investigation, the Department identified there to be a violation of child rights on Friday, October 26, 2018, and Saturday,	The facility shall devise and implement a plan of correction to ensure that reportable incidents, as defined by PA Chapter 3800.16 (a 1-11), are reported to the appropriate departmental regional office within 24 hours of an incident occurring.	December 21, 2018	<i>* PLEASE SEE ATTACHED.</i> <i>rg</i> <i>1/11/19</i>	PLAN ACCEPTED	

	<p>October 27, 2018. The facility did not notify the Department of the incident that occurred on October 27, 2018 within 24 hours, and the Department was not made aware of the incident that had occurred on October 26, 2018, until the Department responded to the complaint allegations.</p>				
<p>3800.32 (b) (c) Specific Rights</p>	<p>This regulation states that a child may not be abused, mistreated, threatened, harassed or subject to corporal punishment. In addition, a child has the right to be treated with fairness, dignity, and respect.</p> <p>During the course of the investigation, the Department observed video surveillance of the incident which included the staff member throwing water at the resident and striking the resident in the side of the head on October 27, 2018. There were reports that a verbal exchange occurred between the two on October 26, 2018, in which the staff member was instructed to leave the unit by a coworker when it appeared the exchange between the identified resident and identified staff member was</p>	<p>The facility shall develop and implement a plan of correction to ensure that staff are treating the residents with fairness, dignity and respect. In addition, the facility shall devise a plan of correction to ensure residents are not being abused, mistreated, threatened, or harassed by staff of the facility.</p>	<p>December 21, 2018</p>	<p>* PLEASE SEE ATTACHED. rg - 1/11/19</p>	<p>PLAN ACCEPTED</p>

	<p>becoming escalated. It was reported the staff member and resident were being disrespectful of each other's deceased relatives.</p>				
<p>THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT TO YOUR REGIONAL OFFICE BY: DECEMBER 21, 2018.</p>					
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE			TITLE		
 - Rich Gordon			Director		
DATE			TELEPHONE NUMBER		
1/11/19			412-665-4117		

Shuman Center Plan of Corrections for Licensing Inspection Summary

Regulatory Citation dated December 7, 2018

#1 Non-Compliance Area: 3800.16(c) – The facility shall complete a written reportable incident report, on a form prescribed by the Department, and send it to the appropriate Departmental regional office and contracting agency within 24 hours.

#2. Non-Compliance Area: 3800.32(b, c) – (b) A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment. (c) A child has the right to be treated with fairness, dignity and respect.

Plan of Correction: On October 27, 2018, a Shuman staff member and a resident engaged in mutual horseplay that escalated into a threatening verbal exchange, and then a physical altercation. Neither the resident nor the staff were injured or marked from the incident. The Staff involved reported and documented the incident with supervisory staff. Supervisory staff then submitted a Childline Report, a HCSIS, and a Safety plan to the state on October 27, 2018, at 10:53am, which was received by [REDACTED] and given the number 393. The staff directly involved was consequently and immediately taken off the schedule indefinitely. During the investigation, it was noted that a less aggressive but similar incident took place the night prior on Friday October 26, 2018 at approximately 6:45pm. It was determined that the staff and resident engaged in mutual horseplay that escalated into a threatening verbal exchange, with staff poking at and squirting water at the resident.

At the end of the investigation and the union disciplinary process, the staff involved was officially terminated on December 27, 2018.

Western Region Administrative Staff and Allegheny County/Shuman Center Administrative Staff met on December 4 and 19, 2018, to discuss Licensing and Regulatory compliance. Shuman Center Training Manager, Supervisors, and Administrators are developing a new multi-layered Quality Improvement Program and Staff Development program. These programs will be ongoing with no end date which will include:

- Developing a Root Cause Mapping process to review incidents with supervisors and staff.
- Direct supervisor observation documents to include coaching and staff development for each staff.
- Continuation of all monthly individual and team supervisory meetings.
- Re-organizing supervisory locations, duties, and roles.
- Partnership with the National Center for Juvenile Justice for Performance Based Standards.
- Through our partnership with UPMC and the Heinz Endowment, [REDACTED] of YogaRoots will be providing a leadership, anti-racism, undoing racial oppression, trauma wellness, and self-awareness trainings through 2021.
- Staff satisfaction and retention surveys.
- Refresh mandated reporting, Safe Crisis Management, child's rights, physical intervention decision making, crisis model and crisis cycle.
- Begin the process of creating a stakeholder's quality improvement committee partnering with professionals from State Department of Human Services, State Bureau of Juvenile Justice, Juvenile

Detention Centers and Alternative Placements, Allegheny County Juvenile Probation, Allegheny County Department of Human Services, UPMC Adolescent Medicine, and other members as identified.

- Utilizing a new relationship with the Black Girls Equity Alliance to allow us to collaborate and develop trauma informed care with residents we serve.
- Continue to provide trainings to staff such as Family Links' Afrocentric Approaches to Social Services, Trauma in Families, Emotional Intelligence, Conflict Resolution, and Dealing with Difficult Emotions.

A handwritten signature in black ink, appearing to read "Rich Gordon". The signature is fluid and cursive, with a long horizontal stroke at the end.

Rich Gordon – Director

1/11/19

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY Shuman Juvenile Detention Center				TELEPHONE 412.661.6806	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS 7150 Highland Avenue, Pittsburgh, Pa 15206				COUNTY Allegheny	Rebecca Lewandowski	1/29/19
INSPECTED BY Rebecca Lewandowski				INSPECTION DATE 11/16/2018	Mary Ann Marchese	1/31/19
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	Amelia S. Kaep	2/6/19
		X				
During the course of a Child Protective Service (CPS) investigation at the facility the following issue of non-compliance was found.						
1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDERS PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION	
Pa Chapter 3800.32 (b)	This regulation requires that a child may not be abused, mistreated, threatened, harassed or subject to corporal punishment. An incident occurred at the facility where a resident was pushed into his room by a staff person. The resident complained of pain. The staff admitted to becoming frustrated and pushing the child.	The Agency must immediately submit a plan to the Department that ensures that children in the facility will not be abused, mistreated, threatened, harassed or subject to corporal punishment.	December 21, 2018	PLEASE SEE ATTACHED rg 1/11/19	PLAN ACCEPTED	
THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT WHEN COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN DECEMBER 21, 2018.						
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE				TITLE		
[Signature] - Rich Gordon 1/11/19				Director		
DATE				TELEPHONE NUMBER		
				412-665-4117		

Shuman Center Plan of Corrections for Licensing Inspection Summary

Regulatory Citation dated December 7, 2018

#1. Non-Compliance Area: 3800.32(b) – A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

Plan of Correction: During Saturday morning chores, residents take turns completing common area cleaning duties and cleaning their individual rooms. On November 3, 2018, a resident was to be doing his room portion of clean up but was rudely refusing staff directives by using inappropriate language, inappropriate gesturing, and not staying in his room. At this point staff admittedly became frustrated and pushed resident into his room causing the resident to fall on his back side. Resident was not injured or harmed in anyway and participated in all daily activities without restriction.

For this incident, staff involved will be subject to the progressive disciplinary process, retrained on the non-compliance area, and moved to the non-active 11p-7a shift February 2019.

Western Region Administrative Staff and Allegheny County/Shuman Center Administrative Staff met on December 4 and 19, 2018, to discuss Licensing and Regulatory compliance. Shuman Center Training Manager, Supervisors, and Administrators are developing a new multi-layered Quality Improvement Program and Staff Development program. These programs will be ongoing with no end date which will include:

- Developing a Root Cause Mapping process to review incidents with supervisors and staff.
- Direct supervisor observation documents to include coaching and staff development for each staff.
- Continuation of all monthly individual and team supervisory meetings.
- Re-organizing supervisory locations, duties, and roles.
- Partnership with the National Center for Juvenile Justice for Performance Based Standards.
- Through our partnership with UPMC and the Heinz Endowment, [REDACTED] of YogaRoots will be providing a leadership, anti-racism, undoing racial oppression, trauma wellness, and self-awareness trainings through 2021.
- Staff satisfaction and retention surveys.
- Refresh mandated reporting, Safe Crisis Management, child's rights, physical intervention decision making, crisis model and crisis cycle.
- Begin the process of creating a stakeholder's quality improvement committee partnering with professionals from State Department of Human Services, State Bureau of Juvenile Justice, Juvenile Detention Centers and Alternative Placements, Allegheny County Juvenile Probation, Allegheny County Department of Human Services, UPMC Adolescent Medicine, and other members as identified.
- Utilizing a new relationship with the Black Girls Equity Alliance to allow us to collaborate and develop trauma informed care with residents we serve.
- Continue to provide trainings to staff such as Family Links' Afrocentric Approaches to Social Services, Trauma in Families, Emotional Intelligence, Conflict Resolution, and Dealing with Difficult Emotions.



Rich Gordon – Director

1/11/19