

Jennifer Woolard, Chair
David R. Hines, Vice-Chair
Tyren Frazier, Secretary
Michael N. Herring
Scott Kizner
Robyn Diehl McDougle
Quwanisha Hines Roman
Dana G. Schrad
Robert Vilchez



Post Office Box 1110
Richmond, VA 23218-1110
804.588.3903

COMMONWEALTH *of* VIRGINIA
Board of Juvenile Justice

BOARD MEETING

November 8, 2017

Main Street Centre, 600 East Main Street, 12th Floor Conference Room South,
Richmond, VA 23219

A G E N D A

9:30 a.m. Board Meeting

1. **CALL TO ORDER**
2. **INTRODUCTIONS**
3. **APPROVAL of September 13, 2017, MINUTES (Pages 3-16)**
4. **PUBLIC COMMENT**
5. **DIRECTOR'S CERTIFICATION ACTIONS (Pages 17-70)**
Ken Bailey, Certification Manager, Dept. of Juvenile Justice
6. **OTHER BUSINESS**
 - A. **Department of Juvenile Justice Human Research Update – James Towey, Legislative and Regulatory Affairs Manager, Dept. of Juvenile Justice (Pages 71-82)**
 - B. **Merrimac Variance Request - James Towey, Legislative and Regulatory Affairs Manager, Dept. of Juvenile Justice (Pages 83-88)**
 - C. **JCC Regulation Review and Approval -- Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice (Pages 89-166)**
7. **DIRECTOR REMARKS AND BOARD COMMENTS**
8. **2018 MEETING DATES:** January 9, April 25, June 13, September 5, and November 14. All meetings start at 9:30 a.m. at the Main Street Centre.
9. **ADJOURNMENT**

GUIDELINES FOR PUBLIC COMMENT

1. The Board of Juvenile Justice is pleased to receive public comment at each of its regular meetings. In order to allow the Board sufficient time for its other business, the total time allotted to public comment will be limited to thirty (30) minutes at the beginning of the meeting with additional time allotted at the end of the meeting for individuals who have not had a chance to be heard. Speakers will be limited to 3 minutes each with shorter time frames provided at the Chairman's discretion to accommodate large numbers of speakers.
2. Those wishing to speak to the Board are strongly encouraged to contact Wendy Hoffman at 804-588-3903 or wendy.hoffman@djj.virginia.gov three or more business days prior to the meeting. Persons not registered prior to the day of the Board meeting will speak after those who have pre-registered. Normally, speakers will be scheduled in the order that their requests are received. Where issues involving a variety of views are presented before the Board, the Board reserves the right to allocate the time available so as to insure that the Board hears from different points of view on any particular issue. Groups wishing to address a single subject are urged to designate a spokesperson. Speakers are urged to confine their comments to topics relevant to the Board's purview.
3. In order to make the limited time available most effective, speakers are urged to provide multiple written copies of their comments or other material amplifying their views. Please provide at least 15 written copies if you are able.

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COMMONWEALTH of VIRGINIA

Board of Juvenile Justice

DRAFT MEETING MINUTES

September 13, 2017

Main Street Centre, 600 East Main Street, 12th Floor, Conference Room South, Richmond, Virginia 23219

Board Members Present: Tyren Frazier, Michael Herring, Scott Kizner, Quwanisha Roman, Dana Schrad, Robert "Tito" Vilchez, and Jennifer Woolard

Board Members Absent: David Hines, Robyn McDougale

Department of Juvenile Justice (Department) Staff Present: Diane Abato (Attorney General's Office), Ken Bailey, Garry Barnes, Jill Becker, Andrew "Andy" K. Block, Jr., Valerie Boykin, Patrick Bridge, Carol Brown, Letha Brooks, Cindy Bullock, Greg Davy, Jenna Easton, Lisa Floyd, Wendy Hoffman, Joyce Holmon, Lesley Hull, Ashaki McNeil, Michael Morton, Kristen Peterson, Deron Phipps, Maurice Sessoms, Romilda Smith, and Beth Stinnett

Guests Present: Kerry Chilton (disAbility Law Center of Virginia), Michelle Justiniano (York County), Rebecca Keel (Legal Aid Justice Center), Valerie Slater (Legal Aid Justice Center/RISE for Youth), and Tom Woods (Annie E. Casey Foundation)

CALL TO ORDER

Acting Chairperson Tyren Frazier called the meeting to order at 9:36 a.m.

INTRODUCTIONS

Acting Chairperson Frazier welcomed all who were present and asked for introductions, including the recognition of the new Board members.

Board Member Quwanisha Roman introduced herself as a newly admitted attorney in the state with personal experience in the system as a juvenile. Ms. Roman said she is honored to be a part of this process.

Board Member Scott Kizner introduced himself as superintendent of schools for the City of Harrisonburg. Dr. Kizner has been working with children in different capacities (school psychologist, special education teacher) since 1981. Dr. Kizner stated that he is highly committed to helping every child and this Board seems like a good fit.

Board Member Tito Vilchez introduced himself as a Coordinator with the Arlington County Gang Prevention Task Force and Supervisor of the Detention Diversion Program that falls under the Northern Virginia Regional Gang Task Force. Mr. Vilchez is a proud native of Arlington and has worked on the front lines with vulnerable youth since 1999. Mr. Vilchez said he is honored to be here.

ELECTIONS OF OFFICERS

The Board of Juvenile Justice By-Laws mandates the Board elect a Chairperson, Vice-Chairperson, and Secretary at the beginning of every fiscal year.

- The Chairperson is the presiding officer of the Board at its meetings.
- The Vice-Chairperson presides over the Board meetings in the event of the Chair's absence, event of disability, or vacancy in the office.
- The Secretary, with the support of Department staff, has several tasks including to serve as the Board's parliamentarian (rule watcher) and to sign minutes and policy documents.

Acting Chairperson Frazier called for a discussion and asked for volunteers or recommendations for the position of Chairperson. Acting Chairperson Frazier noted that discussions could only include Board members; no staff or guests could contribute unless the Board needed information.

Board Member Michael Herring nominated Jennifer Woolard to be the Board's Chairperson. Dr. Woolard was appointed to the Board in 2015. She is an associate professor of psychology at Georgetown and a recognized scholar in juvenile justice and the justice system generally. Mr. Herring stated that if Dr. Woolard was willing to serve, she would make a great chair.

On MOTION duly made by Michael Herring and seconded by Dana Schrad, the Board of Juvenile Justice approved the nomination of Jennifer Woolard as Chairperson. Motion carried.

Acting Chairperson Frazier called for Vice-Chairperson nominations. Board Member Dana Schrad nominated current Vice-Chairperson David Hines. Colonel Hines is the Sheriff of Hanover County and is well invested in the criminal justice system, particularly services to youth.

On MOTION duly made by Dana Schrad and seconded by Michael Herring, the Board of Juvenile Justice approved the nomination of David Hines as Vice-Chairperson. Motion carried.

Acting Chairperson Frazier called for Secretary nominations. Board Member Jennifer Woolard nominated Tyren Frazier to serve as Secretary, noting that Mr. Frazier's leadership and involvement in Higher Achievement over the course of his career, along with his interest in working with juveniles, would make him an excellent Secretary.

On MOTION duly made by Jennifer Woolard and seconded by Dana Schrad, the Board of Juvenile Justice approved the nomination of Tyren Frazier as Secretary. Motion carried.

Acting Chairperson Frazier congratulated the elected officers who assume their new roles after the close of this meeting.

APPROVAL of June 28, 2017, MINUTES

The minutes of the June 28, 2017, Board meeting were provided for approval. On MOTION duly made by Dana Schrad and seconded by Michael Herring, the Board approved the minutes as presented. Motion carried.

PUBLIC COMMENT PERIOD

There was no public comment.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certification Manager, Department

Included in the Board packet were the individual audit reports and a summary of the Director's certification actions completed on August 2, 2017.

Mr. Bailey summarized the audit findings of the six Court Service Units (CSUs). Most of the audit deficiencies were from missing documentation associated with social histories and supervision plans. The CSUs are becoming accustomed to the new social history format, which has different interpretations of what information should be included in the social history. The implementation of new procedures caused audit deficiencies in the supervision plans. The Audit Team found all CSUs in compliance during their follow up visits.

Board Member Woolard said the record concerns seem like staff adjusting to new procedures and forms.

Mr. Bailey replied that staff are in an adjustment phase and continue to work hard to move to the new format and understand the new procedures.

The Crossroads Community Youth Home in York County had numerous deficiencies in its 2015 audit. The Audit Team conducted several monitoring visits and provided guidance on correcting these deficiencies. The Audit Team performed a full audit in May 2017. The Crossroads Community Youth Home received a 100% compliance and was certified for three years.

The audit on the Fairfax Boys' Probation House found six deficiencies out of 350 areas reviewed. This is almost a 98% compliance rate, which is considered a good audit. The Audit Team conducted follow up reviews and the six deficiencies were corrected. Many of the deficiencies were documentation issues. The Fairfax Boys' Probation House was certified for three years.

The audit for the Westhaven Boys' Home in Portsmouth found five areas of non-compliance, including one critical regulatory deficiency for failure to document over-the-counter medication. The Westhaven Boys' Home has implemented procedures to correct that deficiency. The Audit Team had a follow up review and the medication administration reports indicated all children were receiving their medication appropriately within the required guidelines. The Westhaven Boys' Home was certified for three years.

Board Member Schrad asked if there were any commonalities among the deficiencies, such as recordkeeping.

Mr. Bailey responded that documentation is the main audit finding, especially in the area of medication administration. Many of the medication regulations are critical and pretty strict. If, during the audit period, the facility misses one regulatory requirement, then the facility is in non-compliance. Occasionally, the Audit Team finds one or two files where the agency failed to document administration of medication. This is deemed a critical regulatory requirement since the facility did not document the incident or the measures they took to correct it. If the facility finds a mistake, it should document the actions performed and how the agency will prevent similar mistakes in the future.

Acting Chairperson Frazier asked how soon the Audit Team conducts a follow up review after a deficiency is discovered.

Mr. Bailey responded that if the Audit Team finds deficiencies, they return for an initial follow-up visit in three months and another visit in nine months. When the Audit Team performs monitoring visits, they review previous audit findings to ensure the agency is continuing with their corrective action plan.

REGULATORY UPDATE

Kristen Peterson, Regulatory and Policy Coordinator, Department

The Department typically follows the standard regulatory process to either promulgate a new regulation or revise an existing regulation. The standard regulatory process is a three stage process. The first step is to issue a Notice of Intended Regulatory Action (NOIRA) which involves notifying the general public that an agency plans to promulgate a new regulation or to revise an existing regulation. Once a NOIRA is published in the *Virginia Register*, there is a 30-day public comment period. The second step is the proposed regulation which explains the purpose of the regulatory action. A 60-day public comment period begins upon publication of the proposed regulatory action in the *Virginia Register*. The last step is the final regulation that involves the publishing of the new regulation in the *Virginia Register* with an additional 30-day public comment period. If there are no changes, then the regulation takes effect.

6VAC36-160, Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System: This regulation governs the processes that participating agencies must follow when they are either collecting, disseminating, or destroying juvenile record information. The Department initiated a NOIRA action in Dec 2015 to remove antiquated language and to ensure the regulation was consistent with the Information Technology Resource Management Standards that all state agencies must follow. The regulation is currently in the final stage of the regulatory process. The regulation was published in the *Virginia Register* on August 21, 2017, followed by a 30-day public comment period. This particular regulation will take effect on September 20, 2017. Ms. Peterson will present the revised regulation to the Board at the next meeting.

There are three types of residential facilities certified by the Department: juvenile group homes, juvenile correctional centers, and secure juvenile detention centers. The Department submitted a NOIRA action in June 2016 to the Board for approval to initiate a regulatory action to perform a comprehensive review of all three residential regulations (6VAC35-41, 6VAC31-71, and 6VAC35-101).

The Department has undergone a number of major changes, such as the consolidation, that delayed decisions on important regulatory issues and resulted in a missed deadline. The Department should have drafted and submitted the regulation language within six months of May 2017, but failed to meet that deadline. The goal is to present that information to the Board for review and approval at the November meeting.

REVISIONS TO THE BOARD OF JUVENILE JUSTICE BY-LAWS

Kristen Peterson, Regulatory and Policy Coordinator, Department

According to Article 7, § 7.01 of the Board of Juvenile Justice By-Laws, the Board shall review the by-Laws annually to ensure they are consistent with state law. This has been overlooked in previous years, but the Department will remind the Board of this requirement in the future.

The Department proposed the following amendments to the by-Laws in an effort to reflect statutory changes that have been made since the by-laws were last updated in 2012.

Article 1, § 1.01. The Department proposed amending the Board membership number because the Board now consists of nine members rather than seven. Two of those members must be experienced educators.

Article 2, § 2.04 requires that requests for continuous notifications of Board meetings be made annually in writing, and include the requester's name, address, and zip code. The Department proposed adding a daytime telephone number and email address, if available, consistent with the statutory language.

Article 3, § 3.01 lists all the specific powers and duties of the Board. The Department recommended adding a new subdivision D, which gives the Board the power to advise the Governor and Director on matters relating to youth services.

Article 3, § 3.01 in new subsection E, the Department proposed striking language that references laws "administered by the Director or the Department," as this language is no longer in the statute.

Article 3, §3.01 in new subsection H, the Department proposed adding language that authorizes the Board to adopt all necessary regulations for the management and operation of the schools in the Department, provided that any such regulations do not conflict with regulations relating to security of the institutions in which the juveniles are committed.

Article 3, § 3.02, the Department proposed removing subsection (d) in its entirety. This language gives the Board the authority to prescribe minimal standards for temporary lock up rooms and wards for juveniles under 14 years of age or under. Upon further inspection of the statutes, this authority is granted to the Board of Corrections, rather than the Department.

In addition to the proposed recommendations to reflect statutory changes, the Department made the following additional recommendations for amendments to the by-laws:

Article 3, § 3.02, old subsection K, the Department proposed a minor change to remove the specific reference to the "eight" aspects, such that if additional changes are made to the statute, the Department will not have to continuously update the number.

Article 5, § 5.04, the Department proposed adding language to allow the Secretary to serve as Chairperson in the event that the chairperson and vice-chairperson are not available to chair a meeting.

Article 5, § 5.05, the Department proposed adding this new section to address the issue the Board encountered in the current meeting, where there is no Chairperson, and both the Vice-Chairperson and Secretary are absent from the meeting. This new provision would allow the person with the longest tenure on the Board to chair the meeting, and if there are two individuals who have the same tenure on the Board, the Director would have the authority to designate the chair.

Although it is not highlighted in Article 7, § 7.04, the Department also proposed changing the effective date of the Board by-laws to September 13, 2017. The Board will review the by-laws annually and update the effective date each year going forward.

Board Member Schrad asked what would be considered a simple quorum of the Board with nine members.

Ms. Peterson responded that a quorum would be the majority of the Board, which is five members.

On MOTION duly made by Michael Herring and seconded by Jennifer Woolard, the Board of Juvenile Justice approved the revisions to the Board of Juvenile Justice By-Laws. Motion carried.

Acting Chairperson Frazier announced an adjustment to the agenda with the Student Government Association attending the Board meeting in November.

FAMILY DAY

Joyce Holmon, Deputy Director of Residential Services, Department

Ms. Holmon presented a PowerPoint presentation on Family Day. The presentation is attached.

- ☞ Family Day was held on August 27, 2017. The Department had not hosted such an event on facility grounds (Bon Air Juvenile Correctional Center) since May 19, 2009.
- ☞ Family Day was born out of the Governor's desire to attend a family engagement event at Bon Air. Formal invitations were sent to all the families the Department serves, sponsors, vendors, and stakeholders. The Governor and First Lady were our co-hosts and participated in many of the Family Day activities.
- ☞ The Department has never had a sitting Governor or First Lady attend such a special event.
- ☞ Usually, Family Day consists of Bon Air staff, but this event was a true display of teamwork and comraderie across all divisions at the Department from Central Office, to Education, to

Community Programs. It was an indicator that the Department has finally reached the pinnacle of being a team.

- ☞ The staff at Bon Air had fewer than five weeks to plan and coordinate Family Day. Usually an event of this magnitude takes six months to organize.
- ☞ The Department was very appreciative of the Annie E. Casey Foundation who sponsored this event.
- ☞ This event was an incentive for residents. Unlike regular family visitations, residents had to earn the opportunity to participate.
- ☞ One of the activities was a campus-wide talent competition. Eighteen units at Bon Air presented a talent, which was judged. The categories were step/dance, visual arts, poetry/rap, and musical. The winners of these categories performed on Family Day. The Governor presented trophies to the talent show winners and kicked off the relay of games.
- ☞ The units were also creative and made unit pride banners that were displayed along the fences.
- ☞ There was a formal program by the Student Government Association and a rousing rendition from Hamilton. The Department does not usually hear testimonies from young people after they leave the facility; however, four former residents returned to share their stories of success. These four former residents were also invited back to the Executive Mansion for lunch with the Governor and First Lady.
- ☞ This was a successful opportunity to engage with the residents and family in a different way. Plans have begun for 2018 Family Day.

Board Member Woolard was disappointed that she was not able to attend, and believes it was an amazing event. Board Member Woolard commented that she has been working with other states on their family engagement, and has not seen this type of event done in any other state. Board Member Woolard expressed hope that the Department will have the opportunity to share with other states on how this was done.

Board Member Schrad also expressed regret at not being able to attend Family Day, but said it was very inspirational.

Acting Chairperson Frazier thanked the Bon Air team and the Department staff on bringing back this type of activity and shared that he looks forward to the next event and hopes the Board members can put this date on their calendars for next year.

DIRECTOR'S COMMENTS

Andy Block, Director, Department

When the Department began its transformation efforts three and half years ago, the agency was fractured. There was no link between staff in the facility, in education, in residential, or in community

programs. They all had different work cultures. Family Day represents how far the Department has come and conveys the sense of unity among everyone. This event was great for the families, but also great for the staff.

At previous Board meetings, the Department discussed building out the continuum of services. At the end of this year, the Department's Community Programs will launch ten new evidence-based, intensive family intervention programs. These are the multi-systemic therapy or functional family therapy programs, which are the highest rated evidence-based series for working with at-risk youth successfully in the community. The ten programs will serve approximately 90 jurisdictions. The Department's goal is to create equity across the state by giving young people access to core services in their communities that will help them be successful. The fact that the Department started this work in January, and is adding this new capacity in 90 out of 130 jurisdictions within a single year is a huge accomplishment. Cumulatively, the ten programs will serve 600 youth. The services are intended to target higher risk youth that might otherwise end up in a facility.

The Department has been asked to prepare transition and sustainability plans, regardless of who will become the Commonwealth's next governor.

Director Block thanked the Board for their support and thanked Deputy Director Holmon for her hard work, not only in preparing for Family Day, but throughout the consolidation process.

BOARD COMMENTS

There were no comments by the Board.

NEXT MEETING

The next Board meeting is scheduled for November 8, 2017, at the Main Street Centre, 600 East Main Street, Richmond.

ADJOURNMENT


Acting Chairperson Frazier adjourned the meeting at 10:36 a.m.

DJJ Family Day
**Hosted by: Bon Air Juvenile
 Correctional Center**
August 27, 2017

 Virginia Department of
 Juvenile Justice One Team.
 New Ideas.
 Extraordinary Purpose.


Special Guest

- Governor Terry McAuliffe
- First Lady Dorothy McAuliffe
- Secretary of Public Safety and Homeland Security Brian Moran
- Deputy Secretary of Public Safety and Homeland Security Victoria Cochran
- Former DJJ residents who came back to share their success stories
- Individuals from facility volunteer programs


 Virginia Department of
 Juvenile Justice One Team.
 New Ideas.
 Extraordinary Purpose.


On August 27, 2017 DJJ
 relaunched an old tradition at
 Bon Air JCC, hosting for the first
 time since May 19, 2009


Family Day.


 Virginia Department of
 Juvenile Justice One Team.
 New Ideas.
 Extraordinary Purpose.


This day would not have happened except for the tremendous effort of Bon Air and the large number of DJJ staff who gave up their Sunday, or came in to work overtime, to make the day successful. The Bon Air team (residential, education, medical, mental health, maintenance and security) was out in force, with smiles on their faces, doing all they could to make sure everyone had fun and stayed safe.

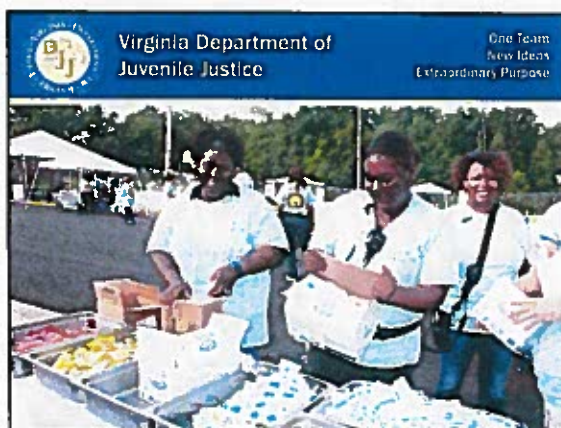
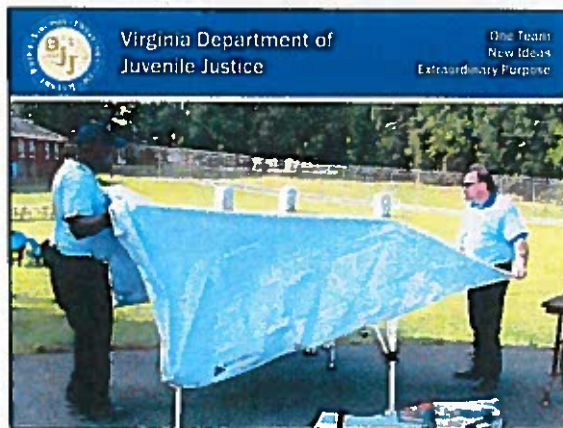
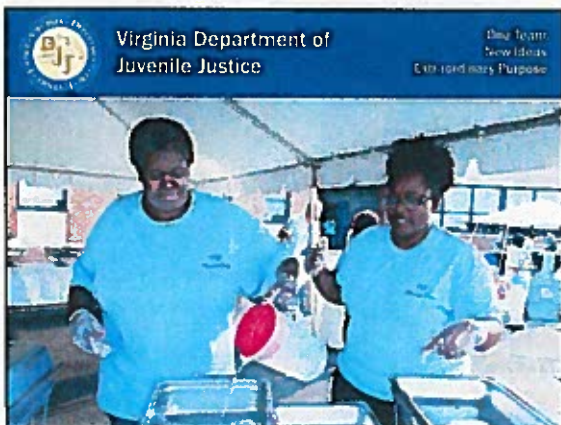
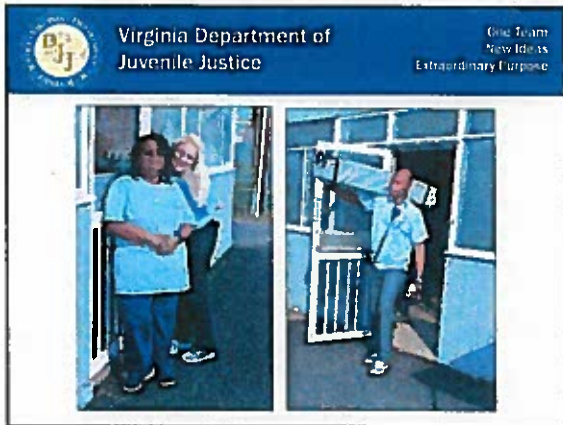
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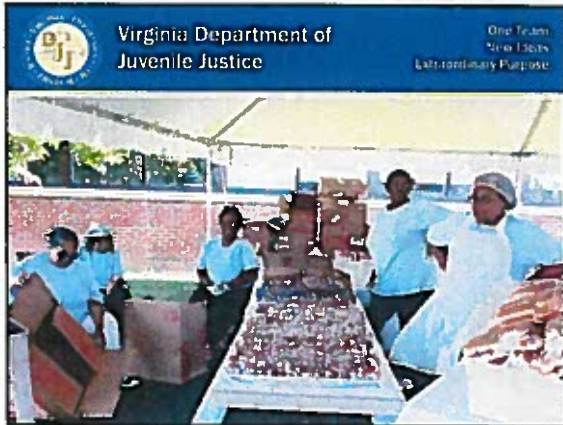
Lunch Menu

Fried Chicken	Beef Hot Dogs	Hamburgers	Baked Beans
Coleslaw	Corn on the cob	Tossed Salad	Dinner Rolls
Cookies	Pound Cake	Bottled Water	Gatorade
Fruit Juices			

Special Treats

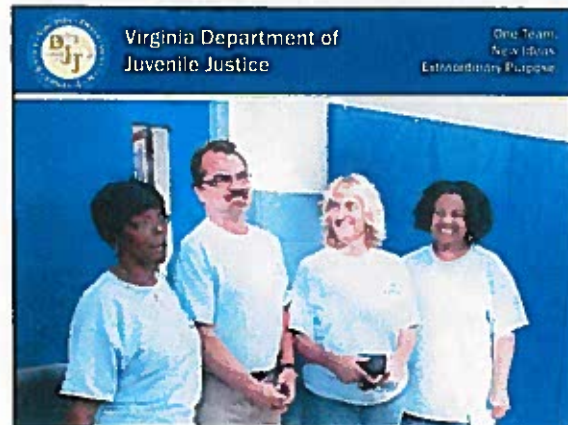
Popcorn	Funnel Cakes	Snow Cones	Cotton Candy
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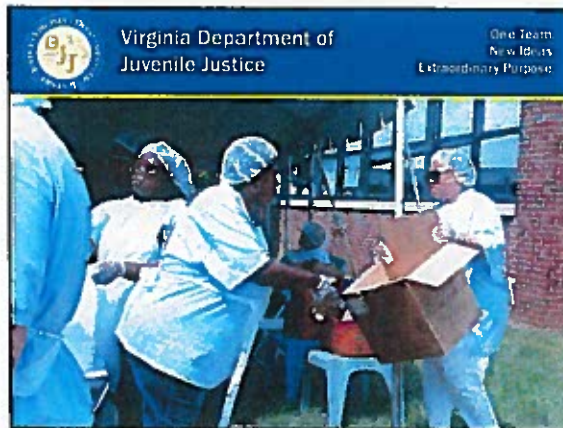
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New Ideas
Extraordinary Purpose



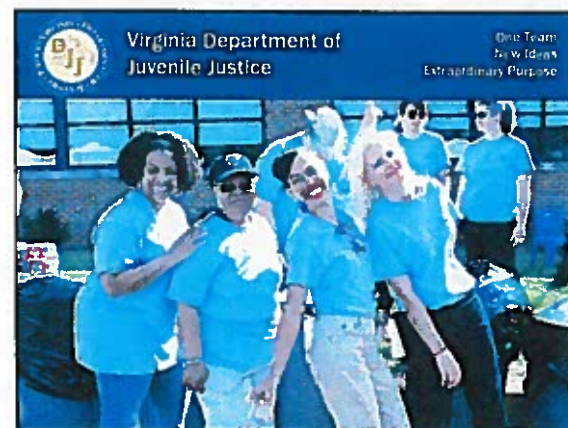
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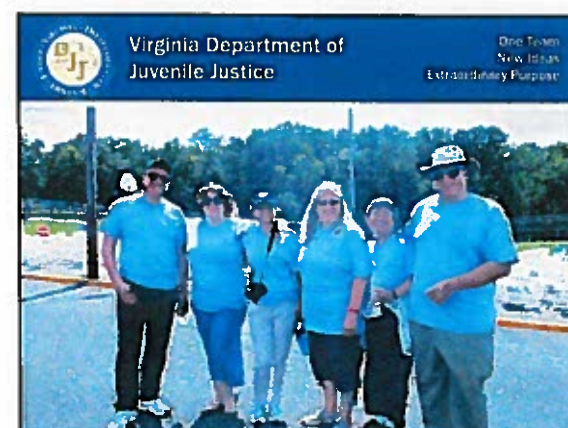
DJJ Staff Participation

- 10+ CSU represented
- 40+ Central Office and CSU staff
- 78% of Division of Education staff
- 24 Bon Air security series staff
- 126 Bon Air residential staff
- 40+ Bon Air non residential staff

Staff traveled from as far away as Arlington, VA (200 miles)

As I watched the sea of blue-shirted staff from across the agency smiling and laughing, and working together, it became clear to me how appropriate the name "Family Day" was for the event. We at DJJ are a family, too.

Andy Block



Virginia Department of Juvenile Justice

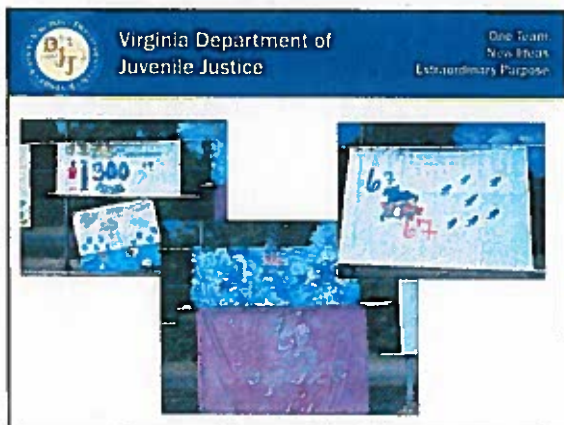
One Team
New Ideas
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Virginia Department of Juvenile Justice

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Extraordinary Purpose

Resident Participation Criteria

- No aggressive behavior
- No sexual misconduct
- Maintain appropriate behavior in school
- Compliant with community treatment model expectations
- Must be recommended by treatment team to attend

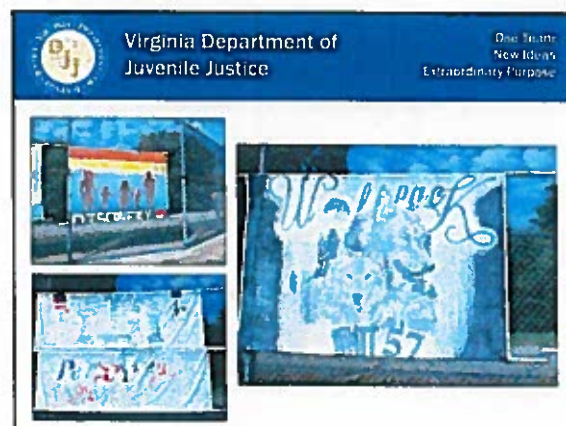
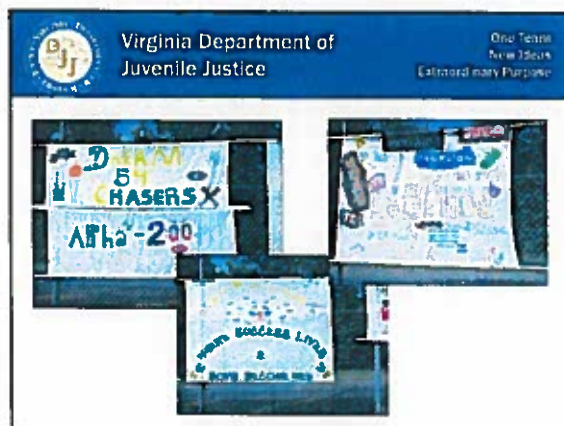


Virginia Department of Juvenile Justice

One Team
New Ideas
Extraordinary Purpose

Pre Family Day Activities

- Campus wide talent competition
 - ❖ Step/Dance
 - ❖ Visual Arts
 - ❖ Poetry/Rap
 - ❖ Musical
- Creation of unit banners

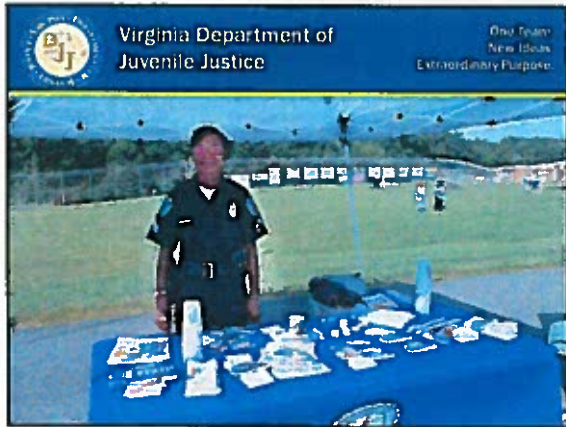


Virginia Department of Juvenile Justice

One Team
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Vendors and Sponsors

- Annie E. Casey Foundation
- Assisting Families of Inmates
- Chesterfield County Sheriff's Office
- City of Richmond Police Department
- Department of Corrections K-9 Unit
- Foster View Volunteer Rescue Squad
- Hanover County Sheriff's Office
- James River Transportation
- Vango Transportation
- Virginia State Police
- VERA Institute of Justice



Virginia Department of
Juvenile Justice

One Team,
New Ideas,
Extraordinary Purpose.

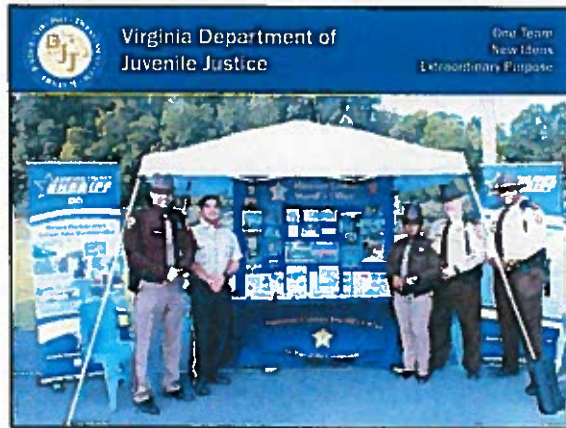
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Resident and Family Participation

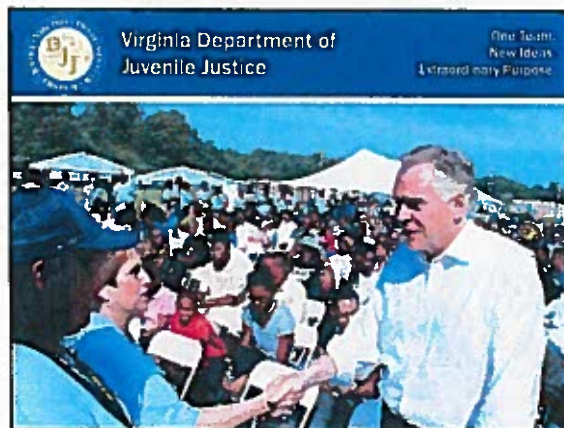
- 325 family members attended family day
- 136 residents attended family day
- 71 family members attended regular visitation
- 28 residents attended regular visitation

Families Reunited Run as
Far away as Dallas, TX



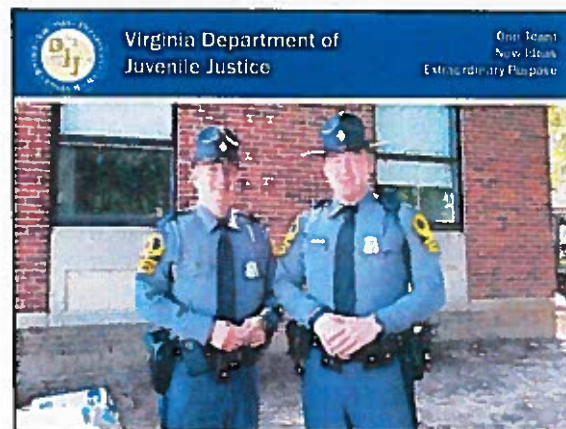
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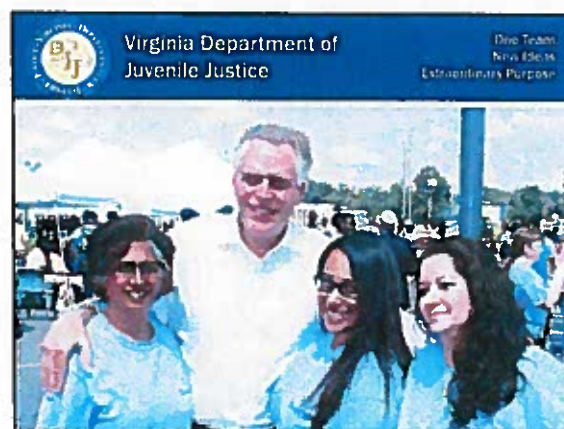
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Virginia Department of
Juvenile Justice

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Virginia Department of
Juvenile Justice


One Team,
New Ideas,
Extraordinary Purpose.


Virginia Department of Juvenile Justice
One Team
New Ideas
Extraordinary Purpose

Family Day Formal Program
Director Black, Master of Ceremony


- ◆ SGA History & Introduction
- ◆ Talent Show: Art, Poetry and Rap
- ◆ Presentation "Hamilton"
- ◆ Stories of Success - 4 former DJJ residents
- ◆ Keynote Address – Governor Terry McAuliffe
- ◆ Presentation of Talent Competition Awards – Governor & Mrs. Terry McAuliffe
- ◆ Relay Kick-Off – Corn Hole match between Governor McAuliffe, Secretary Moran and members of the SGA





Virginia Department of Juvenile Justice
One Team
New Ideas
Extraordinary Purpose

Family Day Activities

- Family Engagement
- Corn Hole
- Double Dutch
- Tug-of-War
- Sack Races




Virginia Department of Juvenile Justice
One Team
New Ideas
Extraordinary Purpose

Family Day Activities

- The four former DJJ residents and four DJJ staff accompanied the Governor and First Lady McAuliffe back to the Governor's mansion for lunch.
- Family Day concluded at Bon Air at 2:30 p.m.
- Plans have begun for the 2018 Family Day

SUMMARY
DEPARTMENT CERTIFICATION ACTION
October 24, 2017

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the 12th District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the 23-A District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the ANCHOR House Group Home for one year with monitoring visits every three months for compliance with corrective action plan.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the Andrew B. Ferrari Argus House for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified Judge Patrick D. Molinari Juvenile Shelter for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the Highlands Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

SUMMARY OF CERTIFICATION ACTIONS

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the James River Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the W.W. Moore, Jr., Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

12th District Court Service Unit
7000 Lucy Corr Boulevard
Chesterfield, VA. 23832
(804) 748-1372
James Nankervis, Director
james.nankervis@djj.virginia.gov

AUDIT DATES:

February 15-16, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

May 19, 2014 - May 18, 2017

REGULATIONS AUDITED:

6VAC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS January 22, 2014:

100% Compliance Rating

CURRENT AUDIT FINDINGS – February 16, 2017:

96% Compliance Rating

6VAC35-150-336 (A) Social histories.

6VAC35-150-420 Contacts during juvenile's commitment.

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the 12th District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Clarice Booker, Team Leader
Deborah Hayes, Central Office
Mark Lewis, Central Office
Kimberly Russo, 13th District CSU-Richmond
Michael Traylor, 11th District CSU-Petersburg

POPULATION SERVED:

The 12th District Court Service Unit serve Chesterfield County and the city of Colonial Heights.

PROGRAMS AND SERVICES PROVIDED:

The 12th District Court Service Unit provides mandated services including:

- Intake
- Probation supervision

- Direct care and parole supervision
- Investigative reports

The CSU interacts with the community in obtaining such services as:

- Mental health support, including substance abuse services, evaluations and general counseling;
 - Access to CSA funds for services and possible placement of youth;
 - Chesterfield Adolescent Reporting Center: youth on supervision are referred there as a sanction for probation or parole violations.
-

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: 12th District Court Service Unit (Chesterfield)
SUBMITTED BY: James P. Nankervis, Court Service Unit Director
CERTIFICATION AUDIT DATES: February 15-16, 2017
CERTIFICATION ANALYST: Clarice T. Booker

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-150-336 (A) Social histories.

A social history shall be prepared in accordance with approved procedures (i) when ordered by the court, (ii) for each juvenile placed on probation supervision with the unit, (iii) for each juvenile committed to the Department, (iv) for each juvenile placed in a post-dispositional detention program for more than 30 days pursuant to § 16.1-284.1 of the Code of Virginia, or (v) upon written request from another unit when accompanied by a court order. Social history reports shall include the following information:

1. Identifying and demographic information on the juvenile;
2. Current offense and prior court involvement;
3. Social, medical, psychological, and educational information about the juvenile;
4. Information about the family; and
5. Dispositional recommendations, if permitted by the court.

Audit Finding:

Social history reports were not prepared in accordance with approved procedures and were missing the following elements or the elements were placed under the wrong heading:

- The age of the juvenile was missing in five out of nine social history reports reviewed.
- There was no documentation of the date of the home visit in five out of nine social history reports reviewed.
- There was no documentation of a physical description of the residence and/or the

- length of time at the residence in four out of nine social history reports reviewed.
- The summary of current educational circumstances and an assessment of need for additional services were missing in four out of nine social history reports reviewed.
 - There was no documentation of the family and PO's view of the impact of the neighborhood on behavior in six out of nine social history reports reviewed.
 - There was no documentation of whether the juvenile was under the influence at the time of the present offense in four out of nine social history reports reviewed.
 - There was no documentation of the juvenile's self-reported career goals in nine out of nine social history reports reviewed.
-

Program Response

Cause:

Training and review issues.

Effect on Program:

No real impact on programs. While the ages were missing, the birthdates were on the reports. While not documented, all homes were visited.

Planned Corrective Action:

A formal training session was held on March 9. The audit results were reviewed. The audit check list as well as the new social history check list will be utilized.

Completion Date:

March 9, 2017

Person Responsible: social history writers, probation supervisor and director.

Status on June 30, 2017: Not compliant

There was no documentation of the family and/or PO's view of the impact of the neighborhood on behavior in four out of ten social history reports reviewed.

Current Status on August 30, 2017: Compliant

The Regional Program Manager reported the CSU had completed nine social histories since the previous status visit on 6/30/17. All nine social histories were reviewed and were found in compliance.

6VAC35-150-420 Contacts during juvenile's commitment.

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

Audit Finding:

- There was no documentation that the required elements were reviewed during the monthly contact with the juvenile in two out of three applicable case records

reviewed.

- There was no documentation of the monthly contact as a verbal family progress note in the Caseload Management module of BADGE in two out of three applicable case records reviewed.
 - There was no documentation that the date for the following month was determined in each monthly contact in four out of four applicable case records reviewed.
-

Program Response

Cause:

Training issue and vacancies in the parole unit.

Effect on Program:

There was no negative impact.

Planned Corrective Action:

A training session was held on March 13, which included two new parole staff. The supervisor corrected the format for entering BADGE notes to ensure all required elements are present.

Completion Date:

March 13, 2017

Person Responsible:

Parole officers, supervisor and director

Status on June 30, 2017: Not compliant

There was no documentation that one or more required elements were reviewed during the monthly contact with the juvenile in five out of eight applicable case records reviewed.

There was no documentation of the monthly contact as a verbal family progress note in the Caseload Management module of BADGE in eight out of eight applicable case records reviewed. There was no documentation that the date for the following month was determined in each monthly contact in four out of eight applicable case records reviewed.

Current Status on June 30, 2017: Compliant

The Regional Program Manager reported that the CSU provided a list of all 12 youth currently in direct care. Nine cases on the list were selected for review. I reviewed the July and August 2017 BADGE contacts for each case. All nine cases were found in compliance.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

23-A Court Service Unit (Roanoke City)
309 3rd Street, S.W., 3rd Floor
P.O. Box 112
Roanoke, Virginia 24002
(540) 853-2565
Colleen French, Director
Colleen.French@djj.virginia.gov

AUDIT DATES:

May 22-23, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

October 29, 2014 – October 28, 2017

REGULATIONS AUDITED:

6AC35-150 Regulations for Nonresidential Services Available to Juvenile and Domestic Relations District Courts

PREVIOUS AUDIT FINDINGS – April 30, 2014:

91.0% Compliance Rating
6VAC35-150-290. Intake communication with detention
6VAC35-150-300 (B). Predispositionally placed juvenile
6VAC35-150-336 (A). Social histories
6VAC35-150-336 (B). Social histories
6VAC35-150-350 (A). Supervision plans for juveniles

CURRENT AUDIT FINDINGS – May 23, 2017:

90.0% Compliance Rating
* Repeated Deficiencies from previous audit
6VAC35-150-336 (A). Social histories
*6VAC35-150-350 (A). Supervision plans for juveniles
6VAC35-150-350 (B). Supervision plans for juveniles
6VAC35-150-410 (A). Commitment Information
6VAC35-150-420 Contacts during juvenile's commitment

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the 23-A District Court Service Unit for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Shelia Palmer, Team Leader
Clarice Booker, Central Office
Mark Ivey Lewis, Central Office
Deborah Hayes, Central Office
Patricia Davis, 28th CSU (Abingdon)

Barry Meeks, 21st CSU (Martinsville)
Jeff Brintel, 29th CSU (Pearisburg)

POPULATION SERVED:

The 23-A District Court Service Unit serves the City of Roanoke.

PROGRAMS AND SERVICES PROVIDED:

- Intake Services
- Investigations and Reports
- Domestic Relations
- Probation Supervision
- Direct Care, Re-Entry and Parole supervision

Other Services:

- The Unit interacts with the community in obtaining such services as: Youth Haven Brief Intervention Center is the 23 - A CSU's primary referral source. The programs provided through this source are funded by VJCCCA funds. All services are either court ordered or utilized in lieu of court intervention. The available services are: Supervision Plan Services, Community Service; Substance Abuse Services, Outreach Detention; Electronic Monitoring; GPS Electronic Monitoring; Restitution, Project Payback (restitution); Surveillance Officers; Anger Management classes; Pro-Social Skills; Life Skills Coaching; Parenting Skills; Counseling. Additionally, emergency shelter care services can be coordinated for youth as well.
 - Referrals are also made to the City of Roanoke's Specialized Probation Counselor, a Licensed Professional Counselor whose services are made available through the Department's Mental Health Initiative with additional financial support of the City of Roanoke.
 - Blue Ridge Behavioral Health Care, the local Community Service Board, is utilized for behavioral health services that cannot be provided by the Specialized Probation Counselor. BRBH recently added Mental Health Skill Building services (04/01/17).
 - Referrals are made regularly to the Roanoke Department of Social Services for suspected abuse/neglect, foster care prevention services, and other related services.
 - The Young Adult Leadership Enhancement (Y.A.L.E.) program and Youth Build program, both operated by Total Action for Progress, a community development organization, are two programs used by probation and parole. Both provide academic support, mental health skill building, vocational education, and life skills training. Y.A.L.E. also provides Thinking for a Change, a cognitive behavioral restructuring program.
-

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: 23-A District Court Service Unit (Roanoke)
SUBMITTED BY: Colleen French, CSU Director
CERTIFICATION AUDIT DATES: May 22-23, 2017
CERTIFICATION ANALYST: Shelia L. Palmer

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-150-336 (A). Social histories.

A social history shall be prepared in accordance with approved procedures (9230) Effective 9/14/2016.

Audit Finding:

Family Environment

Three out of eight social history reports did not have documentation of the length of time at the residence.

Community and Peer Relationships

Four out of eight social history reports reviewed did not have documentation of the family's and or the PO's view of the impact of the neighbor on behavior.

Employment and Use of Free time

Four out of eight social history reports reviewed did not have documentation of the juvenile's self-reported career goals in the Employment and Use of Free Time section of the social history.

Program Response

Cause:

With regard to the cause of the finding in the Family Environment section, the probation officers completing the report interpreted "length of time at the residence" as meaning the length of time that the probation officer spent at the residence during the home visit, which is what was listed in the document.

Regarding the other two areas, given the frequent changes to the social history template and the confusion that resulted, these issues can be summed up as simple human error. There may also

be the possibility that officers were using a prior social history as the basis for the next one. This would mean that they may have been using an old template.

Effect on Program:

Minimal effects on program resulted from these errors. Staff completing the reports had sufficient information to form a recommendation and the judges used that information when entering a disposition.

Planned Corrective Action

Following the audit, supervisors immediately began using the Certification Unit's Social History Review documents as a checklist when conducting supervisory reviews of social history investigations. In addition, the CSU director will share the audit findings in writing with all staff at the June 21, 2017 staff meeting to ensure that all staff members understand the deficiencies and how they should be addressed in future reports. Staff will also be cautioned that using a prior social as a template is not acceptable. They will need to pull the template directly from the S drive. In addition, we will archive social histories to the shared drive and the director will conduct random spot checks to ensure that all required elements are addressed.

Completion Date:

6/30/17

Person Responsible:

Probation Supervisors Kim Doyle and Lloyd Merchant and CSU Director Colleen French

Current Status as of September 8, 2017: Compliant

Family Environment

Five out of five social history reports documented the length of time at the residence.

Community and Peer Relationships

One out of five social history reports reviewed did not have documentation of the family's and or the PO's view of the impact of the neighbor on behavior.

Employment and Use of Free time

Five out of five social history reports reviewed documented the juvenile's self-reported career goals in the Employment and Use of Free Time section of the social history.

350 (A) Supervision plans for juveniles. (9324)

To provide for the public safety and address the needs of a juvenile and that juvenile's family, a juvenile shall be supervised according to a written individual supervision plan, developed in accordance with approved procedures and timeframes, that describes the range and nature of field and office contact with the juvenile, with the parents or guardians of the juvenile, and with other agencies or providers providing treatment or services.

Audit Finding:

Two out of five applicable case plans reviewed did not have documentation that the case plan was developed and discussed with the juvenile and parents or guardians within 45 days following disposition.

Two out of five applicable case plans reviewed did not have documentation of the

development of goals as a joint effort involving the probation officer as facilitator and the juvenile and parents as contributors.

Two out of five applicable case plans reviewed did not have documentation of the assessment of the juvenile and family's motivation for change.

Four out of five applicable case plans reviewed did not have documentation in the case narrative indicating that the supervision plan has been discussed by all parties.

Three out of five applicable case plans reviewed did not have documentation of the review by the supervisor prior to review and signature by the family.

Five out of five applicable case plans reviewed did not have documentation in the case narrative that the case plan was jointly developed by the probation officer, juvenile and family, discussed and signed by all parties.

Program Response

Cause:

During the last year, we had a 35% turnover of staff. At one point this unit was down to only one regular PO, one senior PO, and one supervisor on the post-d side. The pre-d side was also short staffed and still had to provide coverage for Intake and meet obligations to the court with regard to pre-dispositional reports. With staffing issues such as these, human error occurs.

Effect on Program:

One of these issues was related to missing the 45-day time frame; the others were related to documentation. Though not documented, I am certain that the development of case plans in this unit is in fact a joint effort of the PO, youth and family. Therefore, the effect was minimal.

Planned Corrective Action:

A case time-line and documentation requirement checklist is being developed to use as a quick guide for new staff. In addition, staff will be encouraged to place case deadlines on their Outlook calendar with reminders set for sufficient time to meet the 45-day deadline. All staff members are required to share their Outlook calendars with their supervisor. All deficiencies and the CAP will be reviewed with all staff at the 6/21/17 staff meeting.

Completion Date:

6/30/17

Person Responsible:

Probation Supervisors Kim Doyle and Lloyd Merchant and CSU Director Colleen French

Current Status as of September 8, 2017: Compliant

Four out of four applicable case plans reviewed documented the case plan was developed and discussed with the juvenile and parents or guardians within 45 days following disposition.

Four out of four applicable case plans reviewed documented the development of goals as a joint effort involving the probation officer as facilitator and the juvenile and parents as contributors.

Four out of four applicable case plans reviewed documented the assessment of the juvenile and family's motivation for change.

Four out of four applicable case plans reviewed documented in the case narrative indicating that the supervision plan has been discussed by all parties.

Four out of four applicable case plans reviewed documented the review by the supervisor prior to review and signature by the family.

Four out of four applicable case plans reviewed documented in the case narrative the case plan was jointly developed by the probation officer, juvenile and family, discussed and signed by all parties.

350 (B). Supervision plans for juveniles. (9324)

In accordance with approved procedures, each written individual supervision plan shall be reviewed with the juvenile and the juvenile's family at least once every 90 days, and there will be a review every 180 days during the period of probation supervision shall include a reassessment using the YASI and the changes in the six-level dynamic risk classification in guiding decisions as to whether to adjust the juvenile's level of supervision;

Audit Finding:

Three out of eight applicable cases reviewed did not have documentation that the individual supervision plan was reviewed with the juvenile and the juvenile's family at least once every 90 days.

Program Response

Cause:

Similar to the issue with 350 (A), this was a staffing problem. When staff are spread thinly, things slip through the cracks.

Effect on Program:

Not reviewing the case plan every 90 days could result in a lack of focus on the goals of probation and may contribute to a youth's success. Failing to reassess a youth at a minimum of every 180 days will result in an inaccurate risk level.

Planned Corrective Action

As mentioned above, a case time-line and documentation requirement checklist is being developed to use as a quick guide for new staff. In addition, staff will be encouraged to place case deadlines on their Outlook calendar with reminders set for sufficient time to meet the 45-day deadline and 180-day reassessment deadline. All staff members are required to share their Outlook calendars with their supervisor. All deficiencies and the CAP will be reviewed with all staff at the 6/21/17 staff meeting. At the meeting, all staff will also be advised that best practice would be to conduct a reassessment every 90 days.

Completion Date:

6/30/17

Person Responsible:

Probation Supervisors Kim Doyle and Lloyd Merchant and CSU Director Colleen French

Current Status as of September 8, 2017: Compliance

Five out of five applicable cases reviewed documented the individual supervision plan was reviewed with the juvenile and the juvenile's family at least once every 90 days.

410 (A). Commitment information.

When a juvenile is committed to the Department, the juvenile may not be transported to the Reception and Diagnostic Center (RDC) until (i) the items and information required by the Code of Virginia and approved procedures have been received by RDC and (ii) the case is accepted by RDC. (RDC refers to the CAP Unit)

Audit Finding:

Two out of two applicable case files reviewed did not have documentation of the names of any codefendants or victims of the committing charge in the cover letter.

Two out of two applicable case files reviewed did not have documentation of the Court Service Unit immediately notified all parties of the commitment packet's posting on the shared drive via email.

Program Response

Cause:

After the implementation of the new re-entry procedure, this unit failed to update our commitment cover letter to include all requirements and failed to acknowledge the addition of specific staff on the email notification requirement.

Effect on Program:

This could have potentially caused a youth to be placed in a housing unit with a co-defendant or victim, although it did not. Failure to notify the CAP Manager or other counselors may have resulted in a delay in the admissions of a youth, although it did not.

Planned Corrective Action

Our commitment cover letter has been updated to include all of the elements required in the re-entry procedure. We have also noted the names of the other positions that we are required to notify by email when a commitment packet is placed on the S drive. In addition, we have suggested that these names and email addresses be compiled into a distribution list so that employees will only need to identify that particular distribution list rather than trying to remember each individual among the many DJJ employees.

Completion Date:

6/9/17

Person Responsible:

Probation Supervisors Kim Doyle and Lloyd Merchant, Office Service Supervisor Marie Smith and CSU Director Colleen French

Current Status as of September 8, 2017: Compliance

One out of one applicable case file reviewed documented the names of any codefendants or victims of the committing charge in the cover letter.

One out of one applicable case file reviewed documented the Court Service Unit immediately notified all parties of the commitment packet's posting on the shared drive via email.

420. Contacts during juvenile's commitment

During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone.

Audit Finding:

With Juvenile

Two out of four applicable case files reviewed did not have documentation of the probation officer's monthly contact with the juvenile, either in person, via telephone, or via video conferencing to discuss progress, behavioral issues, and family updates.

Two out of four applicable case files reviewed did not have documentation the probation officer during the monthly contact with the juvenile did not review family planning, progress on family domain section of CRCP, comprehensive re-entry case plan (CRCP) goals and progress; educational goals and progress; behavior and adjustment; intervention strategies; re-entry/parole placement and service needs (e.g., benefits); review and update family transportation plan; and the established regular schedule for Probation Officer, counselor and juvenile monthly contact dates.

With Family

Three out of four applicable case files reviewed did not have documentation the probation officer reviewed with the family during the monthly contact the family's progress toward planned goals of the family domain, juvenile's progress, preparation for re-entry, coordinating intervention and services, review and update family visitation plan and providing community resource linkages and crisis intervention.

Three out of four applicable case files reviewed did not have documentation of the probation officer's monthly face-to-face contact with the parent or legal guardian.

Three out of four applicable case files reviewed the family contacts were not made and the contacts that was made, was not categorized as Family Progress Report in BADGE.

With Juvenile Correctional Counselor

Four out of four applicable case files reviewed did not have documentation of the monthly contacts, either in-person, via telephone, or via video conferencing, to discuss progress, behavioral issues, and family updates.

Four out of four applicable case files reviewed did not have documentation determining the date for the following month contact with the juvenile correctional counselor.

Program Response

Cause:

The contacts that were missed were in November. This was a particularly difficult time for our unit in terms of staffing. The missed contacts can be attributed to human error, as can the documentation issues. Communication with the JCC counselors was performed via email, as our Parole Officer did not catch that email was not included in acceptable forms of communication.

Effect on Program:

These issues could have resulted in a youth feeling disconnected from his community.

Planned Corrective Action

The Senior Parole Officer will ensure that his required contacts are placed in Outlook with appropriate reminders. In addition, he, his supervisor and the CSU Director will use Community Insights to ensure that visits are conducted and properly coded in BADGE and will review the BADGE narrative to ensure that all of the required language is included. A sample Word Document will be prepared so that it can be used as a template for all documentation requirements with regard to contacts with youth, family and JCC counselors. The Sr. Parole Officer is now aware that email with JCC counselors is not an acceptable form of contact. He will document all attempts to reach the JCC counselors by phone and will follow up unsuccessful phone contacts with email. He will also ensure that both parties agree to the date/time of the next month's contact and document this information in the BADGE narrative.

Completion Date:

6/30/17

Person Responsible:

Senior Parole Officer Christopher Roberts, Probation Supervisors Kim Doyle and Lloyd Merchant and CSU Director Colleen French

**Current Status as of September 8, 2017: Compliant
With Juvenile**

Three out of three applicable case files reviewed documented the probation officer's monthly contact with the juvenile, either in person, via telephone, or via video conferencing to discuss progress, behavioral issues, and family updates.

Three out of three applicable case files reviewed documented the probation officer during the monthly contact with the juvenile did not review family planning, progress on family domain section of CRCP, comprehensive re-entry case plan (CRCP) goals and progress; educational goals and progress; behavior and adjustment; intervention strategies; re-entry/parole placement and service needs (e.g., benefits); review and update family transportation plan; and the established regular schedule for Probation Officer, counselor and juvenile monthly contact dates.

With Family

Three out of three applicable case files reviewed documented the probation officer reviewed with the family during the monthly contact the family's progress toward planned goals of the family domain, juvenile's progress, preparation for re-entry, coordinating intervention and services, review and update family visitation plan and providing community resource linkages and crisis intervention.

Three out of three applicable case files reviewed documented of the probation officer's monthly

face-to-face contact with the parent or legal guardian.

Three out of three applicable case files reviewed documented the family contacts were made and the contacts that were made, were categorized as Family Progress Report in BADGE.

With Juvenile Correctional Counselor

Three out of three applicable case files reviewed documented the monthly contacts, either in-person, via telephone, or via video conferencing, to discuss progress, behavioral issues, and family updates.

Three out of three applicable case files reviewed documented the date for the following month contact with the juvenile correctional counselor.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

ANCHOR House
312 Brown Street
Martinsville, VA 24112
Phone: (276) 634-2910
Ricky Walker, Program Director
ricky.walker@ANCHOR-services.org

AUDIT DATES:

May 2, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

October 14, 2014 – October 13, 2017

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS –March 11, 2014:

99% Compliance Rating
6VAC35-71-565 (B). Vulnerable populations
6VAC35-41-860 (B). Individual service plan.
6VAC35-41-950 (A). Work and employment.

CURRENT AUDIT FINDINGS – May 2, 2017:

93.62% Compliance Rating
*One non-compliance from previous audit.
6VAC35-41-90 (B). Serious incident reports.
6VAC35-41-180 (A). Employee and volunteer background checks. CRITICAL
6VAC35-41-190 (A). Required initial orientation.
6VAC35-41-200 (A). Required initial training.
6VAC35-41-210 (A). Required retraining
6VAC35-41-210 (E). Required retraining.
6VAC35-41-210 (H). Required retraining.
6VAC35-41-310 (B). Personal records.
6VAC35-41-340 (A). Face sheet.
6VAC35-41-810 (D). Discharge procedures
6VAC35-41-860 (D). Individual service plan.
6VAC35-41-870 (C). Quarterly reports
*6VAC35-41-950 (A). Work and employment
6VAC35-41-1170 (B). Health care procedures.
6VAC35-41-1210 (A). Tuberculosis screening. CRITICAL
6VAC35-41-1280 (A). Medication. CRITICAL

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the ANCHOR House Group Home for one year with monitoring visits every three months for compliance with corrective action plan.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed

prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice Booker, DJJ Central Office
Mark Lewis, DJJ Central Office
John Adams, DJJ Central Office
Lavelle Stokes, Danville Juvenile Detention Home
Tom Keating, Chaplin Youth Group Home

POPULATION SERVED:

ANCHOR House is a community-based group home for at-risk adolescent males between the ages of 13 and 17. It has a capacity of ten residents. The facility is operated by ANCHOR Commission and serves residents and families from the City of Martinsville and the counties of Henry and Patrick.

PROGRAMS AND SERVICES PROVIDED:

There are some adolescents who will not be able to function in their family environment and will need a community residential placement. The ANCHOR Group Home Program is designed to give 13-17-year-old male adolescents a chance for success without having to leave this locality.

ANCHOR House has expressed its intent to provide group home services to shelter care placements to better utilize the facility. Applicable procedures have been written and reviewed. Certification Unit staff will monitor regulations applicable to shelter care services.

The program is designed with a variety of components aimed at different aspects of treatment. These components all revolve around several basic concepts: (1) Community safety as the primary concern; (2) a change of the resident's thinking process which involves learning to get needs met within structure (self-discipline and accountability); (3) A positive environment where there is a balance between imposed structure and elements of resident autonomy; and (4) a group approach with individualized counseling based on the resident's needs. We have designed the specific components of this program based on these tenets, to meet the complex needs of this population.

The solution-focused approach, which forms the therapeutic basis of this program, can be seen in the programmatic flow from admission to completion.

In addition to all mandated services ANCHOR House provides the following at the facility:

- Individual counseling
- Group counseling
- Outdoor experimental education
- Socialization skills
- Daily structure and supervision
- Recreation services.
- ANCHOR Group Home residents attend local schools according to their home address and their educational needs. When services are needed that ANCHOR does not provide, the resident is referred to Piedmont Community Services or a private provider to get them the help that they need.

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: ANCHOR House Group Home
SUBMITTED BY: Ricky Walker, Director of Operations
CERTIFICATION AUDIT DATES: May 1-2, 2017
CERTIFICATION ANALYST: Shelia L. Palmer

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-41-90 (B). Serious incident reports.

The provider shall notify the director or designee within 24 hours of any events detailed in subsection A of this section and all other situations required by the regulatory authority of which the facility has been notified.

Audit Finding:

Two out of two serious incident reports reviewed did not have documentation of notifying the director or designee within 24 hours.

Program Response

Cause:

I was not aware that a Serious Incident Report had to be completed for a runaway from the Group Home if they returned in a timely manner.

Effect on Program:

DJJ staff were not made aware of the incidents (involving the same resident within a 3-day period) in a timely fashion and that hampered their ability to respond appropriately if needed.

Planned Corrective Action:

The policy on Serious Incident Reports (SIR) will be checked each time there is an incident of any kind in the Group Home to see if that incident falls within the reporting guidelines (complete SIRS report is now attached to that policy). If the incident is reportable under the SIR guidelines the SIR will be completed the same day to keep the timeline well within the 24-hour requirement.

Completion Date:

May 23, 2017 (Date of next ANCHOR Staff meeting where change will be covered in policy including the complete SIRS report form in policy).

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

Three out of three serious incident reports reviewed were reported to the director or designee within 24 hours.

6VAC35-41-180 (A). Employee and volunteer background checks. CRITICAL

A. Except as provided in subsection B, all persons who (i) accept a position of employment at, (ii) volunteer on a regular basis and will be alone with a resident in the performance of their duties, or (iii) provide contractual services directly to a resident on a regular basis and will be alone with a resident in the performance of their duties in a juvenile residential facility shall undergo the following background checks, in accordance with § 63.2-1726 of the Code of Virginia, to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of residents in the facility:

1. A reference check;
2. A criminal history check;
3. A fingerprint check with the Virginia State Police and Federal Bureau of Investigations (FBI);
4. A central registry check with Child Protective Services; and
5. A driving record check if applicable to the individual's job duties

Audit Finding:

One of two new employees' files reviewed did not have documentation that references were checked prior to employment.

Program Response

Cause:

There is an ANCHOR employee who was already working full-time in a North Carolina Juvenile detention facility that started his part-time probationary employment one day prior to his last reference being checked.

Effect on Program:

Although I felt very comfortable with the status of this employee and that he had been employed several years in a detention facility in Greensboro, North Carolina I did not check and document his last reference until the day after he started work at ANCHOR. There could have been information uncovered in that last reference check that could have adversely affected his employment at ANCHOR.

Planned Corrective Action:

I will watch more closely and make certain that I have completed all reference checks before the employee is allowed to start employment with ANCHOR.

Completion Date:

May 11, 2017

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

One of one new employee file reviewed the references were checked prior to employment.

6VAC35-41-190 (A). Required initial orientation.

A. Before the expiration of the employee's seventh work day at the facility, each employee shall be provided with a basic orientation on the following:

- 1. The facility;**
- 2. The population served;**
- 3. The basic objectives of the program;**
- 4. The facility's organizational structure;**
- 5. Security, population control, emergency preparedness, and evacuation procedures in accordance with 6VAC35-41-490 (emergency and evacuation procedures);**
- 6. The practices of confidentiality;**
- 7. The residents' rights; and**
- 8. The basic requirements of and competencies necessary to perform in the positions.**

Audit Finding:

Two of two employee files reviewed did not have documentation that the required initial orientation was conducted.

Program Response

Cause:

We used a copy of the standard (6VAC35-41-190A) to document the initial orientation by the instructor/trainer initialing each standard but there was no follow-up to ensure that copy made it into the files and the documentation was not in the two employee's personnel files.

Effect on Program:

Therefore, we were not able to prove compliance with this standard.

Planned Corrective Action:

We have created a new form that includes everything required in the standards and some additional requirements of ANCHOR. This form will be a part of the employee's training records and will be checked to insure it is in the personnel file from this point forward. This form documents the date of the orientation, who was the instructor/trainer and the employee and must be initialed and/or signed by both.

Completion Date:

May 10, 2017

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

One of one new employee file reviewed the required initial orientation was conducted before the expiration of the employee's seventh work day at the facility.

6VAC35-41-200 (A). Required initial training.

A. Each full-time and part-time employee and relief staff shall complete initial, comprehensive training that is specific to the individual's occupational class, is based on the needs of the population served, and ensures that the individual has the competencies to perform in the position.

1. Direct care staff shall receive at least 40 hours of training, inclusive of all training required by this section, in their first year of employment.

2. Contractors shall receive training required to perform their position responsibilities in a juvenile residential facility.

Audit Finding:

Two out of two new employee files reviewed did not have documentation that the employee completed the initial comprehensive training that is specific to the employee's occupational class.

Program Response

Cause:

We used a copy of the standard (6VAC35-41-200A) to document the required initial training, by the instructor/trainer initialing each standard. But there was no follow-up to ensure that copy made it into the files and the documentation was not in the two employee's personnel files.

Effect on Program:

Besides the time sheets and log book entries we have no documentation of the required training for these two employees.

Planned Corrective Action:

We have created a new form that includes everything required in the standard (6VAC35-41-200A) and some additional requirements of ANCHOR. This form will be a part of the employee's training records and will be checked to insure it is in the personnel file from this point forward. This form documents the date of the initial training, who was the instructor/trainer the employee, the number of hours and it must be initialed and/or signed by both.

Completion Date:

May 10, 2017

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

One of one new employee file reviewed the employee completed the initial comprehensive training that is specific to the employee's occupational class.

6VAC35-41-210 (A). Required retraining.

A. Each employee, relief staff, and contractor shall complete retraining that is specific to the individual's occupational class and the position's job description and addresses any

professional development needs.

Audit Finding:

Two out of five employee files reviewed did not have documentation of staff retraining for fiscal year 2014- 2015 and fiscal year 2015-2016.

Program Response

Cause:

There was no documentation for all of retraining for the 40 hours required by this standard for fiscal year 2014- 2015 and fiscal year 2015-2016. Poor record keeping and/or documentation of training.

Effect on Program:

Although the employees recall the training that they did each year and we were able to go back and find invoices for which some of the training was paid, there is no documentation of that training in the personnel records and we cannot prove all of the retraining occurred.

Planned Corrective Action:

Since my tenure started at ANCHOR in 2016, we have been keeping training records, of all training conducted, in the employee's personnel files and keep a log of this training as well on a standardized form for all employees.

Completion Date:

May 15, 2017

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

Four out of four employee files reviewed have documentation of staff retraining for fiscal year 2016- 2017.

6VAC35-41-210 (E). Required retraining.

E. Employees who administer medication shall complete an annual refresher training on the administration of medication.

Audit Finding:

There were five of six occasions that employees who administer medication did not complete annual refresher training on the administration of medication.

Program Response

Cause:

There was no documentation of an annual refresher training on the administration of medication in past fiscal years required by this standard. Poor record keeping and/or documentation of training.

Effect on Program:

Although the employees recall the training that they did each year and we were able to go back and find invoices for which some of the training was paid, there is no documentation of that training in the personnel records and we cannot prove annual refresher training on the administration of medication in several past fiscal years.

Planned Corrective Action:

Since my tenure started at ANCHOR in 2016, we have been keeping training records, of all training conducted, in the employee's personnel files and keep a log of this training as well on a standardized form for all employees.

Completion Date:

May 15, 2017

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

Two out of two employee files reviewed had documentation that the employee completed annual refresher training on administration of medication.

6VAC35-41-210 (H). Required retraining.

H. Staff who have not timely completed required retraining shall not be allowed to have direct care responsibilities pending completion of the retraining requirements

Audit Finding:

Four out of four staff files reviewed did not have documentation of staff completing required retraining.

Program Response

Cause:

There was no documentation of staff completing required annual retraining, in past fiscal years, required by this standard. Poor record keeping and/or documentation of training.

Effect on Program:

Although the employees recall the training that they did each year and we were able to go back and find invoices for which some of the training was paid, there is no documentation of that training in the personnel records and we cannot prove staff completed the required annual refresher training.

Planned Corrective Action:

Since my tenure started at ANCHOR in 2016, we have been keeping training records, of all training conducted, in the employee's personnel files and keep a log of this training as well on a standardized form for all employees.

Completion Date:

May 15, 2017

Person Responsible:

Ricky Walker. Director of Operations

Current Status on August 2, 2017: Compliance

Three out of three applicable employee files reviewed have documentation of the employee completing the required retraining.

6VAC35-41-310 (B). Personal records.

B. The records of each employee shall include:

1. A completed employment application form or other written material providing the individual's name, address, phone number, and social security number or other unique identifier;
2. Educational background and employment history;
3. Documentation of required reference check;
4. Annual performance evaluations;
5. Date of employment for each position held and date of separation;
6. Documentation of compliance with requirements of Virginia law regarding child protective services and criminal history background investigations;
7. Documentation of the verification of any educational requirements and of professional certification or licensure if required by the position;
8. Documentation of all training required by this chapter and any other training received by individual staff; and
9. A current job description.

Audit Finding:

Four out of six occasions the annual performance evaluation had not been completed.

Program Response

Cause:

There was no documentation of performance evaluations being performed every year and on every employee. They were not done or records were not kept on the evaluations for these employees.

Effect on Program:

There is no proof that performance evaluations, and employee development and counseling as part of that process, were completed for those employees during that time period.

Planned Corrective Action:

Performance evaluations are now done each year, generally in the month of April, in compliance with this policy.

Completion Date:

May 15, 2017

Person Responsible:

Ricky Walker. Director of Operations

Current Status on August 2, 2017: Not Determined

The annual performance evaluation due date is April 2018.

6VAC35-41-340 (A). Face sheet.

A. At the time of admission each resident's record shall include, at a minimum, a completed face sheet that contains the following:

- 1. The resident's full name, last known residence, birth date, gender, race, unique numerical identifier, and admission date; and**
- 2. Names, addresses, and telephone numbers of the resident's placing agency, emergency contacts, legal guardians, and parents, as applicable and appropriate.**

Audit Finding:

Thirteen out of 15 case files reviewed had face sheets missing the address for the court service unit.

Program Response

Cause:

The old Face sheet form used by the ANCHOR Group Home staff did not have a space for the address of the Court Service Unit.

Effect on Program:

The address would have to be obtained if trying to contact the referring agency and there could some questions about which Court Service Unit was involved.

Planned Corrective Action:

The Face sheet form now used by ANCHOR Staff has been updated to include the address of the Court Service Unit.

Completion Date:

September 14, 2016

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

Three out of three applicable case files reviewed had documentation on the face sheet the address for the court service unit.

6VAC35-41-810 (D). Discharge procedures.

D. As appropriate and applicable, information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care shall be provided to the legal guardian or legally authorized representative, as appropriate.

Audit Finding:

Five out of 13 case files reviewed did not have documentation that the parent was provided

information concerning current medication, need for continuing therapeutic interventions, educational status and other items important to the resident's continuing care.

Program Response

Cause:

No signature and/or indication that parent/guardian was given a copy of the discharge report, most were in case files of residents discharged prior to February 2016. In at least one case, Discharge report was woefully inadequate not listing the necessary information (above)

Effect on Program:

No continuity of care established and no proof that parent/guardian was made aware of any treatment concerns or issues, medications needed, therapy needed or educational needs of the resident at discharge.

Planned Corrective Action:

We have changed our discharge form and in addition, we will now mail a copy of the discharge report to the last known address of the client and parent/guardian in the future if we cannot hand deliver them a copy.

Completion Date:

May 15, 2017

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

Four out of four applicable case files reviewed had documentation that the parent was provided information concerning current medication, need for continuing therapeutic interventions, educational status and other items important to the resident's continuing care.

6VAC35-41-860 (D). Individual service plan.

D. The service plan shall be reviewed within 60 days of the development of the plan and within each 90-day period thereafter. The individual service plan shall be revised as necessary. Any changes to the plan shall be made in writing. All participants shall receive copies of the revised plan.

Audit Finding:

Three out of five applicable case files reviewed the individual service plan were either missing or late.

Program Response

Cause:

Poor record keeping and/or documentation of the service plan in the past.

Effect on Program:

Without the service plan, there is no way to measure the resident's progress towards goals or to even know for sure what those goals were at the time. For the one that was late, the service plan is the heart of the program and the service plan being late sets the program back as well.

Planned Corrective Action:

We now do the service plans on a 30-day schedule set at the intake of the new resident as per the Initial Strategies and Objectives form. The service plan is reviewed when preparing the monthly team meeting report every 30 days.

Completion Date:

May 15, 2017

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

One out of one applicable case file reviewed the service plan was reviewed within 60 days of the development of the plan.

6VAC35-41-870 (C). Quarterly reports.

C. All quarterly progress reports shall be distributed to the resident; the resident's family, legal guardian, or legally authorized representative; the placing agency; and appropriate facility staff.

Audit Finding:

Three out of six quarterly progress reports reviewed did not have documentation that the quarterly progress reports had been distributed to either the placing agency or the resident's family.

Program Response

Cause:

Lack of documentation that it was done (signature) and/or failure to distribute quarterly progress reports to the placing agency or the resident's family.

Effect on Program:

No way to show that the quarterly progress reports were distributed to the placing agency or the resident's family. They will not know what progress the resident has made and what their needs may be as they change.

Planned Corrective Action:

The quarterly progress reports are now done in conjunction with the corresponding monthly team meeting reports. They are discussed, signed and distributed at the end of the corresponding monthly team meeting.

Completion Date:

May 15, 2017 (we have been doing it this way since September 2016)

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

Five out of five applicable case files reviewed had documentation the quarterly progress reports had been distributed to either the placing agency or the resident's family.

6VAC35-41-950 (A). Work and employment.

A. Assignment of chores that are paid or unpaid work assignments shall be in accordance with the age, health, ability, and service plan of the resident.

Audit Finding:

Four out of 11 applicable case files reviewed did not have documentation of assignment of chores that are paid or unpaid work assignments in accordance with age, health, ability and service plan of the resident.

Program Response

Cause:

No standardized way of recording this information on the service plan. It had been hand written in on the service plan and in some cases were left out of service plan as a result.

Effect on Program:

Some residents never had documentation of the assignment of chores that are paid or unpaid work assignments shall be in accordance with the age, health, ability, and service plan of the resident to meet the requirements of this regulation (6VAC35-41-950 [A] Work and employment).

Planned Corrective Action:

This information will now be added to the service plan of all residents and to the Initial Strategies and Objectives completed at intake to the Group Home.

Completion Date:

May 15, 2017

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

Two out of two applicable case files reviewed had documentation of assignment of chores that are paid or unpaid work assignments in accordance with age, health, ability and service plan of the resident.

6VAC35-41-1170 (B). Health care procedures.

B. The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency:

- 1. Name, address, and telephone number of the physician and dentist to be notified;**
- 2. Name, address, and telephone number of a relative or other person to be notified;**
- 3. Medical insurance company name and policy number or Medicaid number;**

4. Information concerning:

- a. Use of medication;
 - b. All allergies, including medication allergies;
 - c. Substance abuse and use;
 - d. Significant past and present medical problems; and
- 5. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent.**

Audit Finding:

Thirteen out of 15 case files reviewed did not have documentation of the resident's substance abuse use.

Program Response

Cause:

Our old forms only identified substances used when the intake screening was completed. It did not address, or have space for any, history, or levels, of substance use.

Effect on Program:

Except for any verbal communications with the resident, there were no written documentations made, on a routine basis, of the levels of substance use as well as the substances used. In other words, how often and how much they used each substance. Without this information, it is hard to make a determination of the severity of their substance use and what should be their level of treatment.

Planned Corrective Action:

We have changed our forms to include frequency and amount of substance(s) used as well as listing all of the substances used.

Completion Date:

May 15, 2017

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

Three out of three case files reviewed had documentation of the resident's substance abuse use.

6VAC35-41-1210 (A). Tuberculosis screening. CRITICAL

A. Within seven days of placement each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.

Audit Finding:

One out of 15 applicable case files reviewed did not have documentation of a tuberculosis screening being completed.

Program Response

Cause:

No documentation of a Tuberculosis screening being completed on a resident, at the time of his physical, when he was brought into the Group Home by ANCHOR personnel. In this case, even if the TB screening had been done with the physical, completed 15 days after his admission, it would have been past the seven days limit for the TB screening required by this standard.

Effect on Program:

The medical professional conducting the physical exam marked "NA" on the TB screening form but did not mark any of the TB screening questions on the previous page. There is no way from the file to show that the TB screening was done (and it would have been outside the 7- day requirement anyway) and if it was not done, and in a timely fashion, then that could potentially cause an exposure in the Group Home.

Planned Corrective Action:

The personnel responsible for insuring the TB screen was done at that time are no longer employed with ANCHOR. It has been the policy of the ANCHOR Group Home to have a TB screening done in the first 7 days of intake at the group home for many years and has been done for every resident since February 2, 2016, when I started here.

Completion Date:

May 15, 2017

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

Two out of two applicable case files reviewed had documentation of a tuberculosis screening being completed.

6VAC35-41-1280 (A). Medication. CRITICAL

A. All medication shall be properly labeled consistent with the requirements of the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia). Medication prescribed for individual use shall be so labeled.

Audit Finding:

There were four occasions where over the counter medication were not properly labeled consistent with the requirements of the Virginia Drug Control Act for individual use. Allergy tables for one resident did not have the proper label. Goody's, Freezeaway and Permethrin Cream did not have a proper label consistent with the requirements of the Virginia Drug Control Act.

Program Response

Cause:

Staff was under the mistaken impression that OTC (Over The Counter) medications did not have to be properly labeled for that resident (labeled by the pharmacy with a doctor's orders for that resident) and they didn't check the "standing orders" form to see that these OTC medications were not on those standing orders.

Effect on Program:

We had OTC medicines in the group home that were not on our standing orders from the doctor and were not prescribed to a specific resident by a doctor's orders and so properly labeled as well. This was in violation of this standard and normal practices in the administration of medication.

Planned Corrective Action:

We have corrected this situation by removing the above listed medications from the Group Home and covering with staff the standard more thoroughly and making sure they understand that no medications, prescription or OTC, can be in the Group Home without being on the standing orders (for OTC's) or being prescribed by a doctor's orders to a specific resident and so properly labeled for that resident.

Completion Date:

May 23, 2017 (Date of ANCHOR Staff meeting)

Person Responsible:

Ricky Walker, Director of Operations

Current Status on August 2, 2017: Compliance

The over the counter medication was properly labeled consistent with the requirements of Virginia Drug Control Act for individual use.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Andrew B. Ferrari Argus House
1527 Clarendon Boulevard
Arlington, VA 22209
(703) 228-3944
Christopher Edmonds, Group Home Manager
cedmonds@arlingtonva.us

AUDIT DATES:

April 10-11, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

October 1, 2014 – September 30, 2017

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS March 11, 2014:

99.38% Compliance Rating
6VAC35-41-110 (A) Grievance procedure
6VAC35-41-850 (B) Daily Log

CURRENT AUDIT FINDINGS April 11, 2017:

97.86% Compliance Rating
6VAC35-41-340 (B) Face sheet
6VAC35-41-870 (A) Quarterly reports
6VAC35-41-950 (A) Work and employment
6VAC35-41-1210 (A) Tuberculosis screening **CRITICAL**
6VAC35-41-1280 (F) Medication
6VAC35-41-1280 (H) Medication **CRITICAL**
6VAC35-41-1280 (J) Medication **CRITICAL**

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the Andrew B. Ferrari Argus House for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Clarice T. Booker, Team Leader
John Adams, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
Shelia Palmer, Central Office
Carol Williams, Molinari Juvenile Shelter
Nicholas Williams, Fairfax Boys Probation House

POPULATION SERVED:

Andrew B. Ferrari Argus House is a community-based group home for at-risk adolescent males between the ages of 13 and 17. It has a capacity of 12 residents. The facility is operated by Arlington County and serves residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

The program emphasizes leadership, personal accountability, competency development, and positive functioning in the community. In order to achieve the objectives stated above, the program includes daily peer group sessions based on the Positive Peer Culture model and a study hall. Throughout the week residents also participate in psycho-educational groups to develop skills in anger management, decision making, moral reasoning, and handling common social situations. Each week, residents participate in therapeutic recreation where they learn about positive ways to spend their leisure time.

In addition to all mandated services Andrew B. Ferrari Argus House provides the following at the facility:

- Individual, group, and family counseling
- Community service work
- Anger management
- Social skills
- Decision making
- Study hall and tutoring
- Parent groups
- Aftercare services
- Recreation

Andrew B. Ferrari Argus House interacts with the community in obtaining education through Arlington County Public Schools

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Andrew B. Ferrari Argus House
SUBMITTED BY: Christopher Edmonds, Director
CERTIFICATION AUDIT DATES: April 10-11, 2017
CERTIFICATION ANALYST: Clarice T. Booker

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-41-340 (B) Face sheet

Upon discharge, the date of and reason for discharge, names and addresses of persons to whom the resident was discharged, and forwarding address of the resident, if known,

shall be recorded on the face sheet.

Audit Finding:

The date and/or reason for discharge were missing from the face sheet of two out of five applicable case records reviewed.

Program Response

Cause:

The Case Manager is responsible for documenting the date and the reason for discharge and the Residential Supervisor reviews case files for completeness per DJJ Regulations. There was a failure in the system to adequately complete the file.

Effect on Program:

This has minimal impact on the program, but is important for tracking performance measures and evaluating programmatic impact on the youth we serve.

Planned Corrective Action:

All staff was made aware of Certification results and their documentation responsibilities for their assigned cases. Files will be reviewed at case closure by the Residential Supervisor to insure file completeness and accuracy per DJJ Regulations. Argus House will conduct a mock audit of applicable case files to insure compliance in September or October of 2017. It is of note, that the program has a new Residential Supervisor who has demonstrated an excellent grasp of the documentation requirements DJJ requires.

Completion Date:

On-Going (5/5/2017)

Person Responsible:

All Group Home Counselor II's and Jessica Cabrera (Residential Supervisor)

Current Status on August 28, 2017: Compliant

Two applicable case records were reviewed and discharge information was compliant on face sheets.

6VAC35-41-870 (A) Quarterly reports

Except when a resident is placed in a shelter care program, the resident's progress toward meeting his individual service plan goals shall be reviewed and a progress report shall be prepared within 60 days of the development of the plan and within each 90-day period thereafter and shall review the status of the following:

1. Resident's progress toward meeting the plan's objectives;
2. Family's involvement;
3. Continuing needs of the resident;
4. Resident's progress towards discharge; and
5. Status of discharge planning.

Audit Finding:

There was no documentation of continuing needs in four out of four applicable quarterly

reports reviewed. The resident's progress toward meeting the plan's objectives was not addressed in two out of four applicable quarterly reports reviewed.

Program Response

Cause:

Case Management staff used an outdated Service Plan form that did include Quarterly Report Elements, Chore Elements and Employment Elements required per DJJ Regulations.

Effect on Program:

There was no impact on health or safety of the residents, but we were not documenting all the required elements in Quarterly Reports, and therefore, we were not properly documenting the residents, needs, progress, family involvement, and discharge progress properly. Since the resident is provided a copy of his quarterly report, he was not able to follow and see his progress in writing.

Planned Corrective Action:

A new form was created in 2014 that meets the required elements. All old copies have been archived and Case Managers have been trained on the appropriate form to be used and the Residential Supervisor will monitor compliance at regular intervals at 60 days and every 90 days thereafter. Argus House will conduct a mock audit of applicable case files to insure compliance in September or October of 2017

Completion Date:

This was corrected prior to certification, but for reporting purposes it has been completed effective today 5/5/2017 - Current service plan form is attached to Corrective Action Plan

Person Responsible:

All Group Home Counselor II's, Jessica Cabrera (Residential Supervisor), Chris Edmonds (Group Home Manager)

Current Status on August 28, 2017: Compliant

Four applicable case records were reviewed and the required elements were included.

6VAC35-41-950 (A) Work and employment

Assignment of chores that are paid or unpaid work assignments shall be in accordance with the age, health, ability, and service plan of the resident.

Audit Finding:

The assignment of chores was not addressed in four out of five applicable service plans reviewed.

Program Response

Cause:

Case Management staff used an outdated Service Plan form that did include Quarterly Report Elements, Chore Elements and Employment Elements required per DJJ Regulations.

Effect on Program:

Failing to document chore assignments/employment the Argus House failed to show that chores, unpaid work, and employment we appropriate for age, health, ability and the service plan of each individual resident.

Planned Corrective Action:

A new form was created in 2014 that meets the required elements. All old copies have been archived and Case Managers have been trained on the appropriate form to be used and the Residential Supervisor will monitor compliance at regular intervals at 60 days and every 90 days thereafter. Argus House will conduct a mock audit of applicable case files to insure compliance in September or October of 2017

Completion Date:

This was corrected prior to certification, but for reporting purposes it has been completed effective today 5/5/2017 - Current service plan form is attached to Corrective Action Plan

Person Responsible:

All Group Home Counselor II's, Jessica Cabrera (Residential Supervisor), Chris Edmonds (Group Home Manager)

Current Status on August 28, 2017: Compliant

Four applicable case records were reviewed and chores were included on the service plans.

6VAC35-41-1210 (A) Tuberculosis screening CRITICAL

Within seven days of placement each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.

Audit Finding:

There was no documentation of a tuberculosis screening in one out of five medical records reviewed.

Program Response

Cause:

It is the Group Home Manager's responsibility to insure all incoming residents undergo a TB Screening prior to entering the program and Argus House Staff maintains the appropriate documentation that validates this has occurred. I know it was done prior to intake, but we do not have the documentation that proves that is the case.

Effect on Program:

The impact could be very serious by failing to have the appropriate TB screening we are failing to insure that we are keeping communicable diseases out of the program.

Planned Corrective Action:

Group Home Manager and Residential Supervisor will insure all incoming clients have undergone all necessary medical pre-placement requirements including a TB screening. Group Home Counselor II's are required to make sure the Resident medical files have all required forms once a youth has completed intake which includes proper placement and preservation of all medical

forms provided by the client and their parents. Argus House will conduct a mock audit of applicable case files to insure compliance in September or October of 2017

Completion Date:

On-Going (5/5/2017)

Person Responsible:

Chris Edmonds (Group Home Manager), Jessica Cabrera (Residential Supervisor) and Group Home Counselor II.

Current Status on August 28, 2017: Compliant

Four applicable medical records were reviewed and TB screenings were completed.

6VAC35-41-1280 (F) Medication

All medications shall be administered in accordance with the physician's or other prescriber's instructions and consistent with the requirements of § 54.2-2408 of the Code of Virginia and the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).

Audit Finding:

Medication was not administered as prescribed in two out of four applicable medical records reviewed.

Program Response

Cause:

Staff did not properly administer medication and did not complete the appropriate medication incident form in these cases. It was a failure to follow Argus House Policies and Procedures in regards to medication administration. I believe the medication was given correctly, but it was a documentation error.

Effect on Program:

This could have a detrimental impact on the health and safety of a resident if he is given an incorrect medication, an incorrect dosage, or an OTC that he has not been approved to take.

Planned Corrective Action:

All staff is medication administration certified by the State of Virginia therefore these situations should be eliminated. The Administrative Staff (Group Home Manager/Residential Supervisor) will review the medical logs daily to insure that all medications ordered by a physician are being administered as prescribed. Medication Refreshers will occur annually, and staff will be coached, trained, and held accountable for failure to follow established protocols. Argus House will conduct a mock audit of applicable case files to insure compliance in September or October of 2017

Completion Date:

On-Going (5/5/2017)

Person Responsible:

Chris Edmonds (Group Home Manager) and Jessica Cabrera (Residential Supervisor)

Current Status on August 28, 2017: Compliant

Four applicable medical records were reviewed and were compliant.

6VAC35-41-1280 (H) Medication CRITICAL

In the event of a medication incident or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. A medical incident shall mean an error made in administering a medication to a resident including the following: (i) a resident is given incorrect medication; (ii) medication is administered to an incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at a wrong time or not at all; and (v) the medication is administered through an improper method. A medication error does not include a resident's refusal of appropriately offered medication.

Audit Finding:

There were no medication incident reports for a resident who was given incorrect dosages of Benadryl and Neomycin, and for a resident who was given Guanfacin after the medication was discontinued by the physician.

Program Response

Cause:

Staff did not properly administer medication and did not complete the appropriate medication incident form in these cases. It was a failure to follow Argus House Policies and Procedures in regards to medication administration.

Effect on Program:

This could have a detrimental impact on the health and safety of a resident if he is given an incorrect medication, an incorrect dosage, or an OTC that he has not been approved to take.

Planned Corrective Action:

All staff is medication administration certified by the State of Virginia therefore these situations should be eliminated. The Administrative Staff (Group Home Manager/Residential Supervisor) will review the medical logs daily to insure that all medications ordered by a physician are being administered as prescribed and medication incident reports will be completed when required. Medication Refreshers will occur annually, and staff will be coached, trained, and held accountable for failure to follow established protocols. Argus House will conduct a mock audit of applicable case files to insure compliance in September or October of 2017

Completion Date:

On-Going (5/5/2017)

Person Responsible:

Chris Edmonds (Group Home Manager) and Jessica Cabrera (Residential Supervisor)

Current Status on August 28, 2017: Compliant

One applicable case record was reviewed and was compliant.

6VAC35-41-1280 (J) Medication CRITICAL

Medication refusals shall be documented including action taken by staff. The facility shall follow procedures for managing such refusals that shall address:

- 1. Manner by which medication refusals are documented, and**
- 2. Physician follow-up, as appropriate.**

Audit Finding:

There was no documentation of action taken by staff or physician follow up in an incident of medication refusal.

Program Response

Cause:

Staff did not properly document a medication refusal and did not complete the appropriate medication incident form in this case. It was a failure to follow Argus House Policies and Procedures in regards to medication administration.

Effect on Program:

This could have had an impact on health and welfare of the resident by not conferring with the pharmacist or doctor on the refusal and the possible impacts to the resident's health.

Planned Corrective Action:

All staff is medication administration certified by the State of Virginia therefore these situations should be eliminated. The Administrative Staff (Group Home Manager/Residential Supervisor) will review the medical logs daily to insure that all medications ordered by a physician are being administered as prescribed and medication incident reports will be completed when required and that medication refusals are documented per policy and procedures. Medication Refreshers will occur annually, and staff will be coached, trained, and held accountable for failure to follow established protocols. Argus House will conduct a mock audit of applicable case files to insure compliance in September or October of 2017

Completion Date:

On Going (5/5/2017)

Person Responsible:

Chris Edmonds (Group Home Manager) and Jessica Cabrera (Residential Supervisor)

Current Status on August 28, 2017: Compliant

Three applicable medical records were reviewed and appropriate documentation was found.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Judge Patrick D. Molinari Juvenile Shelter
8642 Wellington Road
Manassas, VA 20109
(703) 792-8261
William L. Jackson, Shelter Supervisor
wjackson@pwcgov.org

AUDIT DATES:

June 5-6, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

November 13, 2014 – November 12, 2017

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS – June 23-24, 2014:

98.2% Compliance Rating

6VAC35-41-110 (A) Grievance procedure

6VAC35-41-180 (A) Employee and volunteer background checks (Critical)

6VAC35-41-230 Code of ethics

6VAC35-41-280 (C) Selection and duties of volunteers or interns

6VAC35-41-565 (A) Vulnerable populations

6VAC35-41-1300 (A) Behavior support

CURRENT AUDIT FINDINGS – June 6, 2017:

98.11% Compliance Rating

*One repeat deficiency from the previous audit.

6VAC35-41-90 (A). Serious incident reports. CRITICAL

*6VAC35-41-180 (A). Employee and volunteer background checks. CRITICAL

6VAC35-41-210 (C). Required retraining.

6VAC35-41-350 (B). Buildings and inspections. CRITICAL

6VAC35-41-1280 (H). Medication. CRITICAL

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified Judge Patrick D. Molinari Juvenile Shelter for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice Booker, DJJ Central Office
Mark Lewis, DJJ Central Office
John Adams, DJJ Central Office

Ricky Walker, Anchor Youth Group Home
Teresa Vaughan, Aurora House

POPULATION SERVED:

The Judge Patrick D. Molinari Juvenile Shelter is a non-secure facility designed to house up to 15 at-risk adolescent co-ed residents, between the ages of 10 and 17. The facility is operated by Prince William County, and serves residents and families from that jurisdiction, including Manassas City and Manassas Park.

PROGRAMS AND SERVICES PROVIDED:

The program is based on a Positive Peer Culture model and designed to provide crisis intervention, individual and group counseling, and evaluation services for up to 30, 60, 90 days. Although there are many contributing factors, the overall theme of the therapeutic program is that the youth is ultimately responsible for his or her behavior and that by thinking and acting correctly, they will begin to feel better about themselves. The objectives of the program are to: assist the youth in gaining insights into their thinking, feeling and behavior; enhance inter-family communication and understanding of personal relations dynamics; provide proper evaluations of the youth's needs and make appropriate placement recommendations; and minimize further involvement with the Juvenile Justice system.

SERVICES PROVIDED:

- Facility: Services offered are by the staff; 24 hours' intake, In-house academic instructions, Group and Family counseling, Life skills, Recreation, Religion services, Cultural activities and Community Service projects.
- Community: Prince William County Public Schools provides an educational component to the Molinari Juvenile Shelter. The juveniles are expected to attend school daily. They are taught by two Prince William County Public School teachers and one teacher aide. The school also provides a Behavior Specialist when available. Upon conclusion of the juvenile stay at the Shelter, their grades are transferred back to their appropriate base school where credits earned are issued.

**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Judge Patrick D. Molinari Juvenile Shelter
SUBMITTED BY: William Jackson, Shelter Care Manager
CERTIFICATION AUDIT DATES: June 5 and 6, 2017
CERTIFICATION ANALYST: Shelia L. Palmer

Under Planned Corrective Action indicate; 1) The cause of the identified area of non-compliance. 2) The effect on the program. 3) Action that has been taken/will be taken to correct the regulation cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-41-90 (A). Serious incident reports. CRITICAL

A. The following events shall be reported within 24 hours to: (i) to the placing agency, (ii) to the parent or legal guardian, or both, as applicable and appropriate, and (iii) the director or designee:

- 1. Any serious incident, accident, illness, or injury to the resident;**
- 2. Any overnight absence from the facility without permission;**
- 3. Any runaway;**
- 4. Any fire, hostage or emergency situation, or natural disaster that jeopardizes the health, safety, and welfare of the residents; and**
- 5. Any suspected case of child abuse or neglect at the facility, on a facility event or excursion, or involving facility center staff as provided in 6VAC35-41-100 (suspected child abuse or neglect).**

The 24-hour reporting requirement may be extended when the emergency situation or natural disaster has made such communication impossible (e.g., modes of communication are not functioning). In such cases, notice shall be provided as soon as feasible thereafter.

Audit Finding:

Five of five serious incident reports reviewed did not have documentation of the serious incident being reported to the placing agency, parent or legal guardian and the director or designee within the 24-hour reporting requirement.

Program Response

Cause:

The serious incident reports in question were reported by Molinari Juvenile Shelter (MJS) staff to the parties delineated in 6VAC35-41-90 (A) within 24 hours and documented on the *initial internal incident report*. However, the DJJ certification unit was not consistently notified of these incidents within 24 hours or the next business day. Additionally, the *Incident Notification Form for NON-SECURE RESIDENTIAL FACILITIES*, did not consistently include times when the relevant parties were notified and generally identified these parties only by relationship to the youth involved and not by name.

Effect on Program:

No direct effect on the program.

Planned Corrective Action:

MJS staff will report serious incident reports to the parties delineated in 6VAC35-41-90 (A) within 24 hours. Additionally, the DJJ Certification Unit will consistently be notified of these incidents within 24 hours. If an incident occurs on a weekends, holidays or afterhours the *Incident Notification Form for NON-SECURE RESIDENTIAL FACILITIES* will be completed within 24 hours by the appointed designee and will consistently include times that the relevant parties were notified and identify these parties both by relationship to the youth involved and by name. The Shelter Manager will review all Serious Incident reports and ensure the reports are completed and submitted within 24 hours as required.

Completion Date:

June 30, 2017

Person Responsible:

William Jackson, Shelter Manager
David Lawless, Residential Program Therapist and
Senior Shelter Worker

Current Status on September 19, 2017: Compliant

Two of two serious incident reports reviewed documented the serious incident being reported to the placing agency, parent or legal guardian and the director or designee within the 24-hour reporting requirement.

6VAC35-41-180 (A). Employee and volunteer background checks. CRITICAL

A. Except as provided in subsection B, all persons who (i) accept a position of employment at, (ii) volunteer on a regular basis and will be alone with a resident in the performance of their duties, or (iii) provide contractual services directly to a resident on a regular basis and will be alone with a resident in the performance of their duties in a juvenile residential facility shall undergo the following background checks, in accordance with § 63.2-1726 of the Code of Virginia, to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of residents in the facility:

1. A reference check;
2. A criminal history check;
3. A fingerprint check with the Virginia State Police and Federal Bureau of Investigations (FBI);
4. A central registry check with Child Protective Services (CPS); and
5. A driving record check if applicable to the individual's job duties

Audit Finding:

One of three new employees' files reviewed did not have documentation of a central registry check with Child Protective Services prior to employment. The new employee was hired April 3, 2017 and the Child Protective Services check was completed April 17, 2017.

Program Response

Cause:

One of three new employee's files reviewed did not have documentation of a central registry check with Child Protection Services prior to employment. The employee did not supervise any juveniles one on one. The first two weeks were mandated training days for the employee who shadowed a fully trained employee at all times within the facility. The employee was not working alone without a fully trained staff member

Effect on Program:

No direct effect on the program.

Planned Corrective Action:

No employee will begin working at the Molinari Shelter without undergoing a thorough background check in accordance with § 63.2-1726 of the Code of Virginia. Once the background checks are returned to the Molinari Juvenile Shelter, the Shelter Manager will ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of residents in the facility. All background checks will be placed in employee's personnel files as verification.

Completion Date:

June 30, 2017

Person Responsible:

William Jackson, Manager

Current Status on September 19, 2017: Not Determined

There were no applicable new staff files during the status review period.

6VAC35-41-210 (C). Required retraining.

C. All direct care staff and staff who provide direct supervision of the residents while delivering services, with the exception of workers who are employed by contract to provide behavioral health or health care services, shall complete at least 40 hours of training annually that shall include training in the following areas:

- 1. Suicide prevention;**
- 2. Child abuse and neglect;**
- 3. Mandatory reporting;**
- 4. Residents' rights, including, but not limited to, the prohibited actions provided for in 6VAC35-41-560 (prohibited actions);**
- 5. Standard precautions; and**
- 6. Behavior intervention procedures.**

Audit Finding:

Three of three new employee files reviewed did not have documentation of the employee receiving the required re-training in Residents' Rights.

Program Response

Cause:

The employees Residents Rights re-training was documented as Prohibited Actions 6VAC35-41-560 and did not include Resident's Rights as specified in standard 6VAC35-41-210 (C).

Effect on Program:

No direct effect on the program.

Planned Corrective Action:

Molinari' training roster and policy has been updated to make clear that standard 6VAC35-41-560 Prohibited Actions will include Resident's Rights as required re-training to satisfy standard 6VAC35-41-210 (C).

Completion Date:

June 30, 2017

Person Responsible:

William Jackson, Manager

Current Status on September 19, 2017: Compliant

Two of three new employee files reviewed documented the employee receiving the required re-training in Residents' Rights.

6VAC35-41-350 (B). Buildings and inspections. CRITICAL

B. A current copy of the facility's annual inspection by fire prevention authorities indicating that all buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51) shall be maintained. If the fire prevention authorities have failed to timely inspect the facility's buildings and equipment, documentation of the facility's request to schedule the annual inspection as well as documentation of any necessary follow-up with fire prevention authorities shall be maintained.

Audit Finding:

The facility did not have documentation of a fire inspection being conducted annually. A fire inspection was conducted on April 1, 2014 and the next fire inspection was completed on September 2, 2015 which was three months late.

Program Response

Cause:

Documentation was given to the auditors during a previous Monitoring Visit. Documentation presented that several attempts were made to the Fire Marshal's office to conduct an annually fire inspection at the Molinari Juvenile Shelter.

Effect on Program:

No direct impact on the program. *Resulting in non-compliance with a critical regulation. The Fire Marshal's office referred a letter to Molinari, explaining of their major personnel turnover and did not have sufficient number of Fire Marshalls, to conduct fire inspections throughout the County in*

a timely manner. The letter was provided to the auditors submitted by the Fire Marshal in 2016. The facility was sited a Critical in 2016 as a result of not having a fire inspection done annually.

Planned Corrective Action:

The facility will reach out to Prince William County's Public Works within 60 days prior to a fire inspection being conducted, to assure a fire inspection will be conducted in a timely manner. The Residential Services Director and the Department of Social Services Director will be notified within 30 days if Public Works and the Fire Marshal confirming an annual fire inspection date have not notified the facility.

Completion Date:

June 30, 2017

Person Responsible:

William Jackson, Manager

Current Status on September 19, 2017: Compliant

The facility had documentation of a fire inspection being conducted annually. A fire inspection was conducted on September 9, 2016. A fire inspection was conducted on September 20, 2017.

6VAC35-41-1280 (H). Medication. CRITICAL

H. In the event of a medication incident or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. A medical incident shall mean an error made in administering a medication to a resident including the following: (i) a resident is given incorrect medication; (ii) medication is administered to an incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at a wrong time or not at all; and (v) the medication is administered through an improper method. A medication error does not include a resident's refusal of appropriately offered medication.

Audit Finding:

One of two applicable medical files reviewed did not have documentation of a medication incident report.

Program Response

Cause:

Medication Aides administering the medication did not alert the parent nor the Facility Nurse that the medication was running low and then out. The Facility Nurse did not insure that a Medication Incident Report was sent to the prescribing doctor after the youth subsequently missed two doses of his psychotropic medication while waiting for the parent to bring in a refill.

Effect on Program:

- 1) The resident unnecessarily missed two doses of his psychotropic medication, which could have had a negative physical and psychological effect on the youth.
- 2) The prescribing physician was not notified of the missed medication, resulting in non-

compliance with a critical regulation.

Planned Corrective Action:

1) A Medication Aide or the Facility Nurse will notify the parent and or guardian of medications that are within 10 - 14 days of running out and notify again when a medication is within 5 -7 days of running out. These parent and guardian notifications will be documented at the top right of the resident's Medical Administrative Report.

2) A Medication Incident Notification Form will be faxed to the prescribing professional as soon as possible but no longer than 48 hours after a missed medication.

Completion Date:

Plan put in place now and July 19, 2017 next staff meeting, when staff are trained on above.

Person Responsible:

Mary Johns, Public Health Nurse 1

William Jackson, Shelter Manager

Current Status on September 19, 2017: Compliant

Two of two applicable medical files reviewed had documentation of a medication incident report.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Highlands Juvenile Detention Center
2105 Shakesville Road
Bristol, VA 24201
(276) 466-7800
Tim Dotson, Executive Director
tdotson@hjudc.org

AUDIT DATES:

August 21-22, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

January 13, 2015 – January 12, 2018

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS: July 30, 2014:

100% Compliance Rating

CURRENT AUDIT FINDINGS: August 22, 2017:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the Highlands Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Taneka Wortham, Central Office
Pam Jeffries, Lynchburg Juvenile Detention Center
Michelle Johnson, WW Moore Juvenile Detention Home
Jack Scott, Crater Juvenile Detention Center
Richard Banks, Roanoke Juvenile Detention Center
Cindy Hauschildt, New River Valley Juvenile Detention Center

POPULATION SERVED:

The Highlands Juvenile Detention Center is a 35 bed one level structure detention center which houses both male and female residents ages 13-17. The original structure of the facility contains two pods of ten rooms, a control room, a class room, a dining area, an infirmary and several offices. A renovation of the building was completed in January 2002 and included an additional pod of ten rooms, a gym, an office area, a multipurpose area, a laundry room, a processing (Intake) area, and a small enclosed recreation area. In January 2005 three rooms at the facility were converted into living units; thus increasing the approved population to 35.

PROGRAMS AND SERVICES PROVIDED:

Highlands Juvenile Detention Center has a pre and post dispositional program for residents placed by Juvenile Courts. The facility focus is to ensure safety and security for the residents, community, and staff while meeting the educational, nutritional, mental health, medical, and recreational needs of the residents. Highlands Juvenile Detention Center operates a three level behavior management program that provides residents with the opportunity to earn privileges for positive behavior or consequences for negative behavior.

SERVICES PROVIDED

- Direct
 - Medical Services
 - Supervision
 - Anger Management (provided by mental health)
 - Recreational Activities
 - Individualized Counseling (provided by mental health)
 - Group Counseling (provided by mental health)

- Community
 - Mental Health by Frontier Health
 - Teachers and Educational Programs provided by the Bristol City Public School System
 - Religious Programs provided by the Jail Ministry
 - Classes are taught by:
 - Virginia Health Department,
 - Abuse Alternatives,
 - Local Law Enforcement Agencies,
 - Children's Advocacy Center,
 - People Incorporated, and
 - Local Department of Social Services.

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

James River Juvenile Detention Center
3650 Beaumont Road
P.O. Box 880
Goochland, Virginia 23063
(804) 397-5371
Mike Martin, Superintendent
mar15@co.henrico.va.us

AUDIT DATES:

June 12-13, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

November 17, 2014 – November 16, 2017

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS June 9-10, 2014:

6VAC35-101-870.B – Written Communication; Daily Log

CURRENT AUDIT FINDINGS – June 12-13, 2017:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the James River Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Deborah Hayes, Central Office
Cindy Hauschildt, New River Valley Juvenile Detention Center
Jack Scott, Crater Juvenile Detention Center
Spring Johnson, Piedmont Juvenile Detention Center
James Joyner, Richmond Juvenile Detention Center
Jay Bolard, Blue Ridge Juvenile Detention Center
Darrell Jones, Chesterfield Juvenile Detention Center
John Adams, Central Office

POPULATION SERVED:

James River is a 47, 884-square-foot, 60 bed regional detention center which houses both pre-disposition and post disposition male and female residents ages 11-17. The facility has two 20-bed housing units and two additional 10-bed units. It includes an intake/release section, medical, administration, visitation, program, education and indoor/outdoor recreation areas. The facility is

located in Powhatan County adjacent to Beaumont Juvenile Correctional Center. The facility has two video conferencing setups, one for general population, and one for post dispositional residents. The facility underwent a security system upgrade in 2012 which included improvements to the digital recording system, camera system, security servers and software.

A second security upgrade occurred in 2016 adding an additional 20 cameras, upgrading DVR memory and installation of new security software in support of PREA. The facility became PREA certified in 2016. The facility is preparing application to DJJ for participation in the Re-Entry Program.

PROGRAMS AND SERVICES PROVIDED:

The Behavior Management and Handle with Care system are utilized for all residents in detention. Psycho-Social Groups are conducted daily on a variety of topics to promote coping and anger management skills, as well as teamwork and a sense of accomplishment. The post-adjudicated program seeks to provide an alternate to long-term state commitment, emphasizing the balanced approach philosophy through secure confinement, victim restitution, and community service work, family involvement in youths' treatment and by increasing the educational, vocational and pro-social skills of youths to reduce recidivism. The same core services identified for pre-adjudicated youths apply to the post adjudication program; however, the latter program's services are more in depth. Additional services are provided based on available funding and the development of interagency agreements. These typically include:

- Daily recreational services;
- Weekly health education groups;
- Religious services;
- Baby Think-It-Over Program w/electronic babies
- Weekly criminal thinking error training to reduce criminal thought patterns and behavior;
- Monthly community service projects

James River is more focused on rehabilitative services than confinement, and holds residents accountable for their actions. Its goal is to teach young people better skills for coping with situations they face in their communities. The belief is most residents will return home and if they have acquired positive alternative coping mechanisms in service programs while incarcerated, they will more likely achieve successful reintegration.

SERVICES PROVIDED:

- Direct
 - Psycho-educational Groups
 - Anger Management
 - Substance Abuse Educational
 - Moral Reconciliation (MRT)
 - Post-Dispositional Program
 - Medical Services
 - Recreational Programs
- Community:
 - Educational Program to include GED program
 - Chaplain services by Gospel Jail Ministry
 - Mental Health Services

**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

W.W. Moore, Jr., Juvenile Detention Center
603 Colquhoun Street
Danville, VA 24541
Phone # (434)799-5295
Michelle Johnson, Superintendent
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AUDIT DATES:

May 15-16, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

October 14, 2014 – October 13, 2017

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS - May 7, 2014:

95% Compliance Rating

*One repeat deficiency from previous audit.

6VAC35-101-340 (C). Face sheet.

6VAC35-101-350 (B). Fire inspections. (Critical)

6VAC35-101-870 (B). Written communication between staff; daily log.

6VAC35-101-990 (A). Tuberculosis screening. (Critical)

6VAC35-101-1060 (E). Medication. (Critical)

*6VAC35-101-1060 (J). Medication. (Critical)

6VAC35-101-1180 (B). Placements in post dispositional detention programs.

CURRENT AUDIT FINDINGS – May 15-16, 2017:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION October 24, 2017: Certified the W.W. Moore, Jr., Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader

Clarice Booker, Central Office

Deborah Hayes, Central Office

Mark Lewis, Central Office

John Adams, Central Office

Dushawn Wiggins, Chesterfield Juvenile Detention Center

Spring Johnson, Piedmont Juvenile Detention Center

Doedy Fitzgerald, Lynchburg Juvenile Detention Center

POPULATION SERVED:

W. W. Moore Juvenile Detention Center is a secure custody facility operated by the City of Danville. The facility serves a capacity of 60 male and female residents ages ten through 18. There is also a post-dispositional detention program for 12 male and female residents ages 14 through 18 included in the rated capacity. The primary users of the facility include the cities of Danville and Martinsville and the counties of Halifax, Henry, Mecklenburg, Patrick, and Pittsylvania.

PROGRAMS AND SERVICES PROVIDED:

An array of services is provided in the detention facility to include arts and crafts; social skills development; and basic reading, writing, and math. Counseling, case management, and mental health are made available to all residents.

Within the scheduled and structured environment, the primary focus is on behavioral management and teaching appropriate behaviors and positive reinforcement. Residents earn privileges by participating within the program and following staff directions.

Another important concept for the behavioral management program is relationship building. Staff are encouraged to develop professional relationships with the residents. These relationships encourage open communication and have prevented many behaviors from escalating to more serious behaviors.

In situations where a resident is unable to function within the boundaries of the normal program, a special behavior program is developed. Special behavior programs are designed to meet the individual needs of the resident. Alternatives to the normal program are designed to meet the needs of the resident while providing opportunities to participate in the program as much as possible. This is primarily the responsibility of the Program Coordinator and direct care staff.

Residents in the Post-Dispositional Program have specific service plans developed in coordination with the court service units. These plans may include employment outside the facility.

The City of Danville School System operates the educational program. The school has nine full-time teachers. Each resident is tested to determine reading and math levels. The resident's home school is contacted to determine the academic work in relationship to the school's curriculum. In addition, teachers update and follow the students' individualized education plan or 504 plan as required by state law for residents with special needs. Academic services are under the direction of the school's principal. There is also a secretary who provides administrative support.

Department of Juvenile Justice
Human Research
FY 2016-2017

Minimum Standards

On February 9, 2005, 6 VAC 35-170, *Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice*, adopted by the Board of Juvenile Justice, became effective. These standards include the establishment of a Human Research Review Committee and the conditions required for approval of external research proposals. Select sections of the standards are included below to provide an overview of the review process:

6 VAC 35-170-130. Human Research Review Committee.

A. In accordance with § 32.1-162.19 of the *Code of Virginia*, the department shall establish a human research review committee composed of persons of various backgrounds, to ensure the competent, complete and professional review of human research activities conducted or proposed to be conducted or authorized by the department. No member of the committee shall be directly involved in the proposed human research or have administrative approval authority over the proposed research except in connection with his role on the committee.

6 VAC 35-170-150. Committee review of human research proposals.

In reviewing the human research proposal, the committee will consider the potential benefits and risks to the human subjects, and shall recommend approval only when the benefits outweigh the risks. In addition, the committee shall recommend approval only when:

1. The methodology is adequate for the proposed research;
2. The research, if non-therapeutic, presents no more than a minimal risk to the human subjects;
3. The rights and welfare of the human subjects are adequately protected;
4. Appropriate provisions have been made to get informed consent from the human subjects, as detailed in 6 VAC 35-170-160;
5. The researchers are appropriately qualified;
6. The criteria and means for selecting human subjects are valid and equitable; and
7. The research complies with the requirements set out in this regulation and in applicable department policies and procedures.

6 VAC 35-170-50. Conditions for department approval of external research.

A. The department will approve research projects only when it determines, in its sole discretion, that:

1. The department has sufficient financial resources and staff to support the research project, and that on balance the benefits of the research justify the department's involvement;
2. The proposed research will not interfere significantly with department programs or operations, particularly those of the operating units that would participate in the proposed research; and
3. The proposed research is compatible with the purposes and goals of the juvenile justice system and with the department's organization, operations, and resources.

6 VAC 35-170-190. Committee reports required.

A. In accordance with *Code of Virginia* § 66-10.1, the committee shall submit to the Governor, the General Assembly, and the director at least annually a report on human research projects approved by the committee, and the status of such research, including any significant deviations from the proposals as approved.

B. The committee shall also annually submit to the Board of Juvenile Justice the same report as required by paragraph A. The report to the board shall also include a summary of human research proposals that were not approved.

Human Research Review Committee

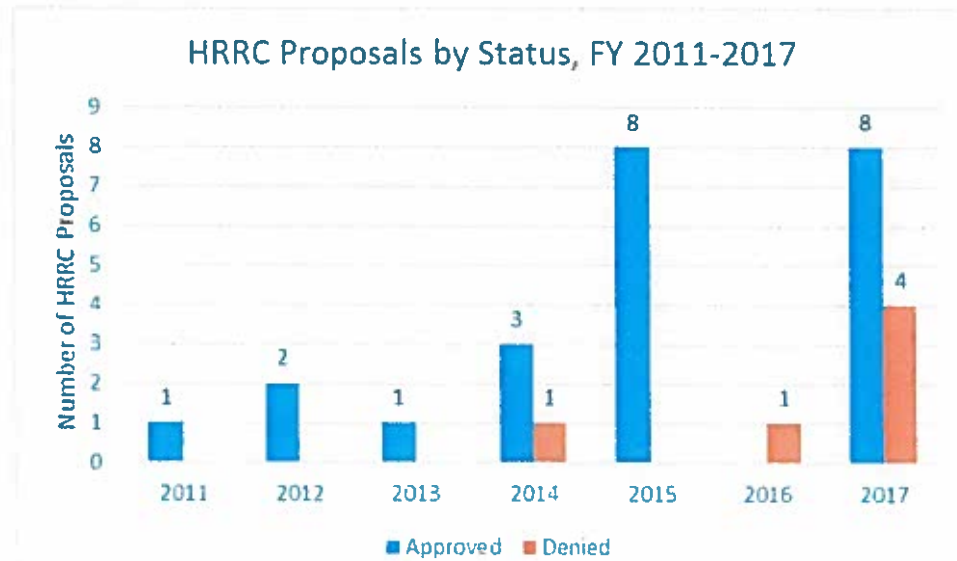
The Department of Juvenile Justice's (DJJ) Human Research Review Committee (HRRC) was comprised of nine members from various backgrounds.

- Janet Van Cuyk, Chair – Manager, DJJ Legislative and Research Unit
- Joan Neff, Ph.D. – Provost and Vice President for Academic Affairs, Longwood University
- Robin Binford-Weaver, Ph.D. – Director, DJJ Behavioral Services Unit
- Kate Agnelli – Research Associate, Virginia Criminal Sentencing Commission
- Marilyn Brown – Director, Chesterfield Juvenile Detention
- Barbara Myers, Ph.D. – Emeritus Professor of Developmental Psychology, Virginia Commonwealth University
- Deron Phipps – Director, DJJ Policy and Planning Unit
- Will Egan – Policy Analyst, Virginia Commission on Youth
- Vince Butaitis – Director, DJJ 15th Court Service Unit

Jessica Schneider (DJJ Legislative and Research Unit) served as the Coordinator of External Research.

FY 2016-2017 Human Research Proposals

In fiscal year (FY) 2016-2017, DJJ received and reviewed 21 research proposals, of which the HRRC approved 11 and denied 5. Five proposals were still pending at the time of this report. There were 16 active research studies in FY 2016-2017, which included five studies approved in previous years.



* Studies were counted by the most recent submission date, including amendments.

* There were five research proposals submitted in FY 2017 that have neither been approved or denied at the time of this report. These studies are not included in the graph above.

I. Active Studies

Evaluation of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) FY 2010 Second Chance Act Juvenile Offender Re-Entry Demonstration Projects

Researchers: Akiva Liberman

Institution: Urban Institute

Approval Date: July 21, 2014 (first); May 5, 2015 (most recent)

The purpose of this study is to evaluate the implementation and outcome of five OJJDP FY 2010 Second Chance Act juvenile demonstration programs, including the Tidewater, Virginia Re-Entry Initiative. The researchers are conducting implementation and cost analyses through process evaluations of program materials, evaluations of the use of evidence-based practices, interviews with staff and stakeholders, and focus groups with program participants and their parents. They are evaluating the impact of the program by conducting interviews with approximately 300 youth within 45 days of release from a juvenile correctional center and again within eight months of release. Outcome measures, including satisfaction levels, recidivism, and school data, are used to evaluate program impact and performance. As of May 2017, the researchers have surveyed 127 individuals and requested recidivism data from DJJ. OJJDP granted the researchers an extension; therefore, the project, which was originally scheduled to end in October 2017, will conclude in April 2018.

Development and Validation of an Actuarial Risk Assessment Tool for Juvenile Sex Offenders

Researchers: KiDeuk Kim

Institution: Urban Institute

Approval Date: February 9, 2015

The purpose of this study is to develop and validate a risk assessment tool for juvenile sex offenders and to examine the effects of sex offender intervention services provided in the juvenile correctional centers (JCCs). The researchers are requesting demographic, criminal history, treatment services, and Youth Assessment Screening Instrument (YASI) data from DJJ. Using this data, the researchers hope to identify factors predictive of sexual offending among juvenile offenders and eventually develop a risk assessment. As of August 2016, the researchers have developed preliminary risk models to predict sexual recidivism among juveniles with a history of sexually offending. DJJ provided the researchers with updated data to allow for a longer follow-up time for the recidivism analysis. The anticipated completion date for this project is December 2017.

Case File Research on Disproportionate Minority Contact in Charlottesville

Researchers: Gretchen Ellis, Dick Reppucci, Martha Carroll, Tammi Walker (student), and Todd Warner (student)

Institution: City of Charlottesville, University of Virginia, and DJJ

Approval Date: April 3, 2015 (first); January 12, 2016 (most recent)

The purpose of this study is to examine risk and protective factors among juveniles on probation as well as disproportionate minority contact in relation to probation violations in Charlottesville, Virginia. The study has since been expanded to examine disproportionality at other contact points, including intake, adjudication, disposition, detention, probation, commitment, parole, and discharge. Since the studies inception, the researchers have found significant disproportionality in the filing of probation violations. As of February 2017, the researchers finished collecting data and are in the process of analyzing and summarizing the data. The researchers have submitted a draft report to the Charlottesville Disproportionate Minority Contact Task Force and anticipate finalizing the report after receiving feedback. Preliminary findings suggest significant disparity in the filings of probation violations.

Cognitive Behavioral Interventions for Medium- and High-Risk Juvenile Offenders:

Practitioner-Researcher Partnership Project

Researchers: KiDeuk Kim

Institution: Urban Institute

Approval Date: April 17, 2015

The purpose of this study is to examine the implementation and impact of two treatment modalities, Aggression Replacement Therapy and modified Dialectical Behavior Therapy, on committed juveniles' attitudes, behaviors, and recidivism. Juveniles designated as having an aggression management treatment need are randomly assigned to participate in one of the two treatment modalities. Staff members providing treatment participate in interviews regarding their

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experiences and perceptions of the treatment modalities. As of August 2016, approximately 100 juveniles were assigned to a treatment modality.

Probation Violations Ending in Juvenile Detention

Researchers: Katherine Williams, Courtney Porter, and Kimberly Meyer
Institution: George Mason University and Fairfax Court Service Unit (CSU)
Approval Date: June 16, 2015

The purpose of this study is to investigate probation officers' decision-making regarding violations of probation. The researchers will conduct qualitative analysis of running records, offense history, and detention information for juveniles in the 19th CSU who received a violation of probation and no other criminal charges in FY 2014. In order to carry out this analysis, the researchers are requesting administrative data and running records on all juveniles in the 19th CSU who received a violation of probation and no other criminal charges in FY 2014.

Juvenile Justice Decision-Making in Juvenile Detention Alternative Initiative (JDAI) and Non-JDAI CSUs: A Multi-Site Evaluation

Researchers: Scott Maggard and Allison Chappell
Institution: Old Dominion University
Approval Date: October 1, 2015

The purpose of this study is to examine juvenile justice decision-making in the context of the Theory of Law theoretical framework, which includes five aspects of social life: stratification, morphology, culture, organization, and alternative forms of social control. The researchers are using juveniles' YASI scores to measure the five aforementioned aspects of social life to better understand disproportionate minority contact in the juvenile justice system. DJJ provided additional data to the researchers on January 26, 2017.

Examining Probation Outcomes and Changes in Risk

Researchers: JoAnn Lee, Faye Taxman, and Mark Murphy
Institution: George Mason University and DJJ
Approval Date: March 7, 2016

The purpose of this proposed study is to examine the effects of juveniles' risk-need profiles, changes in risk-need profiles, and services provided on juveniles' probation outcomes. Juveniles' risk-need profiles will be constructed based on YASI risk and protective scores and legal, family, and substance use domain scores. The researchers will examine probation outcomes in the form of recidivism data for one full year. Following a period of inactivity, the researchers reconnected with DJJ to obtain the data. DJJ delivered data to the researchers on July 20, 2017.

Neural Correlates of Adolescent Preferences and Perceptions of Risk

Researchers: Brooks King-Casas and Nina Lauharatanahirun (student)
Institution: Virginia Tech Carilion Research Institute
Approval Date: December 1, 2016

The purpose of the present study is to examine how adolescents perceive risk and make decisions about risky behavior. The researchers will recruit youth involved in any capacity with CSUs 23 and 23A. This sample will be compared to a sample of non-justice-involved youth of the same ages. Youth will complete a series of psychological/behavioral questionnaires and undergo an fMRI by trained technicians. While receiving the fMRI, youth will complete risk perception and risky decision-making tasks. The fMRI will detect cerebral blood flow to different brain regions during these tasks. Physiological recordings such as respiratory, cardiac, and/or skin conductance activity may also be monitored during the fMRI. Youth who are not eligible to undergo an fMRI due to medical or psychological reasons will complete all research activities outside of the fMRI machine.

FY 2014 Evaluation of the Office of Victims of Crime Vision21: Linking Systems of Care for Children and Youth State Demonstration – Service Provider Survey

Researchers: Sara Debus-Sherrill and Mary Spooner

Institution: ICF

Approval Date: January 19, 2017

The purpose of the present study is to evaluate the implementation Virginia's Vision21: Linking Systems of Care for Children and Youth project. In order to obtain baseline data regarding the nature of needs and services prior to the implementation of the Vision21 project, the researchers are surveying child-serving frontline staff at CSUs 16 and 28. The researchers will again administer these surveys after the project has been fully implemented, which is anticipated for 2020. The researchers will email the online survey to a contact person at each pilot site, asking the contact person to share the survey with staff that provide direct services to children, youth, and families. The Service Provider Survey will take approximately 10 to 15 minutes to complete and asks questions about the types of services provided by the organization, the demographics of the clients the organization serves, screening tools, interagency collaborations, and areas for improvement.

Toward a Pedagogy of Possibility: Justice System Involved Youth Read and Write Alternative Texts

Researchers: Judith Dunkerly-Bean

Institution: Old Dominion University

Approval Date: March 20, 2017

The purpose of the present study is to qualitatively examine how justice-involved youth living at the Tidewater Youth Services Crisis Center read, respond to, and create alternative texts, while also improving youth's reading and writing skills and motivations. In the present study, the researchers administer informal reading inventories to assess juveniles' reading level and interests and then assign select readings intended to improve reading comprehension, fluency, and vocabulary. The researchers provide reading support and intervention to youth as needed. The researchers and juveniles then participate in group-based discussions about the reading. Finally, the juveniles respond to the text by creating their own alternative text, specifically a 'zine (magazine), or another self-selected representation of self-expression. The researchers will focus on helping juveniles improve written literacy proficiencies as well as developing their identities as writers. The researchers will again administer reading inventories to obtain post-

intervention data for those juveniles that remained at the Crisis Center for a sufficient amount of time to collect post-data.

Resident and Staff Perceptions of Safety and Engagement with the Community Treatment Model (CTM)

Researchers: Sarah Jane Brubaker and Hayley Cleary

Institution: Virginia Commonwealth University

Approval Date: March 23, 2017; amended July 14, 2017

The purpose of the present study is to conduct an outcome evaluation of DJJ's CTM program in its two juvenile correctional centers. The researchers will conduct focus groups with residents, grouped by housing unit, and staff, grouped by rank, to learn about their perceptions of safety and levels of engagement under the new CTM program. Questions focus on engagement, perceptions of safety, barriers to implementation, and any concerns residents or staff may have. The researchers will use information gleaned from the focus groups to develop survey measures for residents and staff. The surveys will allow the researchers to quantify and expound on resident and staff perceptions of safety and levels of engagement. The present study will be funded by the Annie E. Casey Foundation.

FY 2014 Evaluation of the Office of Victims of Crime Vision21: Linking Systems of Care for Children and Youth State Demonstration – Network Provider Survey

Researchers: Sara Debus-Sherrill and Mary Spooner

Institution: ICF

Approval Date: March 27, 2017

The purpose of the present study is to evaluate the implementation Virginia's Vision21: Linking Systems of Care for Children and Youth project. In order to obtain baseline data regarding the nature of needs and services prior to the implementation of the Vision21 project, the researchers will send the Network Provider Survey to a primary point of contact at both CSU 16 and CSU 28. The primary point of contact (or designee) will complete the survey, answering questions related to their agency's experience with the Vision 21 project (e.g., has your agency had regular meetings, do the benefits of participating in this project outweigh the drawbacks, does your agency provide/receive referrals from Vision 21 project partner agencies). This survey will be administered annually in order to examine changes in agency collaboration throughout the lifetime of the project.

Social and Psychological Predictors of Delinquency in Youth in the DJJ System

Researchers: Aradhana Bela Sood and Mark Murphy

Institution: Virginia Commonwealth University Health System and DJJ

Approval Date: May 18, 2017

The purpose of this study is to examine the demographic, social, and psychological characteristics that relate to juvenile delinquency and recidivism. The researchers are investigating the extent to which mentoring relationships mitigate and mental health issues exacerbate juvenile delinquency. The researchers are collecting data through case file reviews of

committed juveniles and through data requests to DJJ. The researchers will use the provided data to develop predictive models of delinquency.

Vision21: Linking Systems of Care for Children and Youth

Researchers: Jared Keeley and Jenna Foster

Institution: Virginia Commonwealth University

Approval Date: May 26, 2017

The purpose of the present study is to pilot the Virginia Victimization Screen (VVS), a screening tool to assess victimization, associated symptomatology, and protective factors, at CSUs 16 and 28. DJJ staff will be selected by the CSU directors to participate in training to become a VVS administrator. As part of standard practice, VVS administrators will administer the screening tool to all juveniles with a moderate or high risk score on the YASI, which is already administered as part of DJJ's standard practice, who are diverted or placed on probation. The VVS administrators will make referrals to appropriate partner agencies as needed. The researchers hope to validate this screening tool by requesting case specific, de-identified data from other standard screening tools (i.e., YASI, Substance Abuse Subtle Screening Instrument, Adverse Childhood Experiences Questionnaire). VVS administrators will meet with researchers for regular meetings that will include ongoing technical assistance. During these meetings, the researchers will invite DJJ staff to participate in pre- and post-surveys. The staff surveys will focus on perceptions of cross-system collaborations.

A Preliminary Analysis of Juvenile Length of Stay (LOS) and Recidivism

Researchers: Patrick Lowery

Institution: Virginia Commonwealth University

Approval Date: June 12, 2017

The purpose of the present study is to evaluate what characteristics influence whether a juvenile is placed on probation, committed to DJJ with an indeterminate sentence, or committed to DJJ with a determinate/blended sentence, as well as his/her LOS. The study will also examine the relationship between LOS and placement type on recidivism. The researcher will pay special attention to differences in the outcome variables as they relate to the change in LOS Guidelines, which went into effect on October 15, 2015. To conduct this study, the researcher is requesting existing de-identified, case specific data for demographic information, most serious offense(s), placement decision, commitment type, LOS, YASI risk and protective scores, a subset of specific YASI items, and recidivism data. He will construct a model using regression to create a predicted LOS based on characteristics of the case and the juvenile as well as a model to predict recidivism based on placement type, commitment type, and LOS. DJJ delivered data to the researcher on July 7, 2017.

Validation of Virginia's Juvenile Risk Assessment Instrument

Researchers: Hayley Cleary and Jessica Schneider (student)

Institution: Virginia Commonwealth University

Approval Date: July 6, 2017

The purpose of the present study is to validate Virginia's juvenile risk assessment instrument, YASI. The researchers are requesting de-identified, case specific data for all YASI items for juveniles placed on probation or released from direct care between FY 2013 and FY 2016 in order to assess the validity, interrater reliability, and usability of the screening instrument. The researchers hope this information will better inform DJJ and allow them to make adjustments to the scoring, initiate focused trainings, and better utilize YASI data for analysis and planning.

II. Proposed/Pending Studies

FY 2014 Evaluation of the Office of Victims of Crime Vision21: Linking Systems of Care for Children and Youth State Demonstration – Youth Victim Survey

Researchers: Sara Debus-Sherrill and Mary Spooner

Institution: ICF

Approval Date: N/A

The purpose of the present study is to evaluate the implementation Virginia's Vision21: Linking Systems of Care for Children and Youth project. In order to obtain baseline data regarding the nature of needs and services prior to the implementation of the Vision21 project, the researchers proposed to conduct surveys of children who have been victimized or who have witnessed victimization of others. The researchers will again administer these surveys after the project has been fully implemented, which is anticipated for 2020. The HRRC reviewed and recommended changes to the proposal. The researchers have not submitted a revised proposal since receiving the feedback.

Voices Unheard: How African American Males at a Juvenile Justice School Narrate Their Experience

Researchers: Michael Nakkula and Victor Martin (student)

Institution: University of Pennsylvania

Approval Date: N/A

The purpose of this proposed study is to examine the alternative education experiences of African American males detained at the Northern Virginia Juvenile Detention Center (NVJDC). In the proposed study, the researchers hope to interview seven African American high school males at NVJDC who were previously enrolled in Alexandria Public Schools. The interviews will include open-ended questions about participants' educational and overall experience at NVJDC, including interactions with various staff members, feelings of support from staff and teachers, and adequate resources to be successful. DJJ provided feedback to the researchers on their research proposal; however, the researchers have not submitted a revised proposal since receiving the feedback.

Chesterfield/Colonial Heights Juvenile Drug Court Evaluation

Researchers: Tara Kunkel

Institution: National Center for State Courts

Approval Date: N/A

Virginia Department of Juvenile Justice
Human Research, FY 2016-2017

The purpose of this proposed study is to evaluate the effectiveness of drug court. To do so, the researcher will compare the outcomes of juveniles who completed drug court in Chesterfield or Colonial Heights against juvenile offenders who were released from probation supervision between FY 2008 and FY 2011. The researcher is requesting demographic information, YASI items related to drug and alcohol use, and YASI items related to legal history in order to match juveniles on probation with juveniles from drug court. After matching, the recidivism rates for each group will be compared. The results of this study will be used to make recommendations regarding the use of juvenile drug courts.

Evaluation of a Comprehensive Community-Level Approach to Youth Violence

Researchers: Saba Masho and Diane Bishop

Institution: Virginia Commonwealth University

Approval Date: N/A

The purpose of this proposed study is part of a larger project aimed at learning more about youth violence in low-income neighborhoods of Richmond, Virginia. In the proposed study, the researchers will examine retrospective, de-identified data for juveniles between the ages of 10 and 24 who were associated with an intake case at CSU 13 between 2012 and 2016. The researchers are requesting data on intake decisions, juvenile demographics, offense information, DAI ranking, select YASI items, length of stay (if applicable), and recidivism rates. Since the researchers are interested in low-income neighborhoods of Richmond, such as Mosby Court, Gilpin Court, and Creighton Court, they are requesting individual block-level geographical data. The researchers will train DJJ Research Unit staff, free of charge, how to manually clean and geocode data. Then, DJJ staff can provide aggregate block-level data to the researchers.

Multi-State Validation of Youth Risk and Needs Assessments

Researchers: Zachary Hamilton

Institution: Washington State University

Approval Date: N/A

The purpose of this proposed study is to first validate Virginia's juvenile risk assessment instrument, YASI, and then compare the tool's validity across multiple states who use the same or similar instruments. The researcher will differentially weigh YASI fields and/or scores based on locality in order to improve the tool's predictability. To do so, the researcher is requesting de-identified, case specific data for all YASI items for juveniles placed on probation or released from direct care between FY 2013 and FY 2016, as well as demographic information, treatment information, and recidivism rates at multiple follow-up periods. The researcher hopes this information will better inform DJJ and allow them to make adjustments to the scoring, initiate focused trainings, and better utilize YASI data for analysis and planning.

III. Denied Proposals

Black Male Masculinity: Exploring the Relationship Between Adjudicated, Black, Male Adolescents' Self-Concept, Numbers of Incarcerations, and Perceptions of Masculinity

Researchers: Courtland Lee and Alexandra Daniel (student)

Institution: The Chicago School of Professional Psychology

Denial Date: March 31, 2017

The purpose of the present study was to investigate the relationship between adjudicated Black males' self-concept, number of incarcerations, and perceptions of masculinity. The researchers proposed to administer a survey to Black, male juveniles currently or previously detained or incarcerated in a juvenile detention center or juvenile correctional center. The survey would include questions about demographics, male role norms, and self-concept. Eligible participants would be recruited through an initial study information meeting, then the researchers would contact parents/guardians via phone or mail to obtain consent. This proposal was denied because DJJ cannot provide contact information for juveniles' families to the researchers, thereby making the consent process infeasible.

Connection, Safety, Fairness, and Purpose: A Follow-Up Study

Researchers: Ryan Shanahan

Institution: Vera Institute

Denial Date: April 18, 2017

The purpose of the present study was to provide a follow-up to the surveys administered by the researcher to committed juveniles in 2015. In the proposed study, the researcher would administer surveys related to connection, safety, fairness, and purpose to juveniles and staff in the juvenile correctional centers. Juveniles would be asked to provide the contact information for a family member whom the researcher could contact and potentially recruit to participate in a phone interview.

Juvenile Offenders and Financial Decision-Making Under Risk and Uncertainty

Researchers: Kai Ruggeri and Patrick McClanahan (student)

Institution: Cambridge University

Denial Date: May 3, 2017

The purpose of the present study was to evaluate the relationship between decision-making, risk, and uncertainty among justice-involved juveniles and non-justice-involved juveniles. In the proposed study, juveniles were considered justice-involved if they were involved with the CSU for any intake, probation, or parole cases including any delinquent, status, and technical offenses regardless of intake decision (e.g., diversion), adjudication, or disposition. The receptionist at the 23rd CSU would hand out study information sheets to eligible justice-involved participants (i.e., juveniles between the ages of 14 and 18 with access to the internet). The study information sheet described the study and provided a link to access the survey online. Non-justice-involved juveniles would be recruited from a high school in Roanoke, and they would complete the same survey. The survey would include questions about demographic information and decision-making in various hypothetical situations. This proposal was denied because of concerns about the recruitment and consent/assent processes as well as concerns about whether the data would yield any meaningful results.

Disproportionate Minority Contact: An Examination of the Assessments of Risk and Protective Factors on Recidivism Risk Levels Among African American and Caucasian Male Juvenile Offenders at the Probation Point of Contact

Virginia Department of Juvenile Justice
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Researchers: Rowena Wilson and Tracey Keaton-Johnson
Institution: Norfolk State University
Denial Date: June 27, 2017

The purpose of the present study was to examine assessments on risk and protective factors on overall risk scores between African American and Caucasian male juvenile offenders. The researchers requested de-identified, case specific data regarding demographic information, and select YASI fields for male offenders of each race who were placed on probation supervision between 2012 and 2014. The researchers hoped this research will contribute to the body of knowledge regarding risk/needs assessments in the context of disproportionate minority contact. This proposal was denied because of inappropriate study measures and a lack of a clear and appropriate methodology.

Understanding Youth Engagement in the Plea Process

Researchers: Allison Redlich
Institution: George Mason University
Denial Date: July 21, 2017

The purpose of this proposed study was to examine the juveniles' understanding and engagement in the plea bargain process. In the proposed study, the researcher would interview juvenile and adult offenders who accepted a plea bargain about their experiences. Juveniles would be eligible to participate if they were 14 years of age or older and originally charged with a felony, and they must have pleaded guilty to a crime within the past month. CSU 31 would assist the researchers by notifying them when plea hearings were being held for eligible juveniles (i.e., over age 14 and charged with a felony) so that the researcher could attend and recruit participants. After obtaining consent and assent, the researcher would schedule interviews. For detained juveniles, the interview would take place in the detention center. This proposal was denied because CSU 31 cannot release juveniles' personal information to the researcher.



Andrew K. Block, Jr.
Director

COMMONWEALTH OF VIRGINIA

Department of Juvenile Justice

MEMORANDUM

TO: Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

DATE: November 8, 2017

SUBJECT: Variance Request for Local Juvenile Detention Center Regarding Behavior Management Programs and Disciplinary Protocol

I. Summary of Action Requested

The Department of Juvenile Justice (the Department) respectfully requests that the Board of Juvenile Justice (Board) consider issuing a variance to the Merrimac Secure Juvenile Detention Center (Merrimac) in accordance with 6VAC35-20-92 of the *Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities*. Merrimac is requesting variances to the regulatory requirements set out in 6VAC35-101-1070(B)(3) and 6VAC35-101-1080(B), (C), and (D) regarding behavior management programs and the required disciplinary process applicable to rule infractions for which room confinement may be imposed as a sanction. Merrimac is submitting this request in order to continue the successful and effective operation of the Cognitive Behavioral Training Program (CBT Program) that has been in effect in the facility for 10 years and for which prior variances have been issued. The CBT Program seeks to reduce criminogenic behaviors by modifying individual thought patterns that drive such behavior. Under the CBT Program, there is a specific protocol for addressing these behaviors that conflicts with the aforementioned regulatory provisions.

The Department is requesting that the Board consider whether to issue a variance similar to those previously issued to Merrimac in 2008 and 2014 and, if so issued, whether the variance should remain in effect permanently, for a minimum period of five years, or for some other specified period.

II. Background

The Board's *Regulation Governing Juvenile Secure Detention Centers* requires such facilities to implement a behavior management program in order to help residents achieve positive behaviors and to address and correct a resident's inappropriate behavior constructively and safely. The regulation mandates that all secure juvenile detention centers adopt written procedures governing these programs that identify available sanctions. The sanctions may include a brief "cooling off" period capped at 60 minutes, as set forth below:

6VAC35-101-1070. Behavior Management.

...(B) – Written procedures governing this program shall provide the following: ...3) The definition and listing of a system of privileges and sanctions that is used and available for use. Sanctions (i) shall be listed in the order of their relative degree of restrictiveness; (ii) may include a "cooling off" period where a resident is placed in a room for no more than 60 minutes; and (iii) shall contain alternatives to room confinement.

In addition to this provision, the regulation addresses the disciplinary process that detention centers must implement and follow in order to ensure that due process protections are in place for residents who fail to adhere to the rules of the facility and are subject to room confinement as a sanction. Among the components of the disciplinary process, detention centers must: i) complete a disciplinary report on residents alleged to have violated any rule for which room confinement may be imposed; ii) ensure that an impartial party conducts a review of the report; iii) allow for an appeal from the impartial party's decision; and iv) ensure that the report for a resident deemed guilty of the offense is retained in the resident's case record. The relevant portions of the regulation are set forth below:

6VAC35-101-1080. Disciplinary Process.

(A). Procedures. Written procedures shall govern the disciplinary process that shall contain the following:

- 1. Graduated sanctions and progressive discipline;*
- 2. Training on the disciplinary process and rules of conduct; and*
- 3. Documentation on the administration of privileges and sanctions as provided in the behavior management program.*

(B). Disciplinary report. A disciplinary report shall be completed when it is alleged that a resident has violated a rule of conduct for which room confinement, including a bedtime earlier than that provided on the daily schedule, may be imposed as a sanction.

- 1. All disciplinary reports shall contain the following:*
 - a. A description of the alleged rule violation, including the date, time, and location;*
 - b. A listing of any staff present at the time of the alleged rule violation;*
 - c. The signature of the resident and the staff who completed the report; and*
 - d. The sanctions, if any, proposed.*
- 2. A disciplinary report shall not be required when a resident is placed in his room for a "cooling off" period, in accordance with written procedures, that does not exceed 60 minutes.*

(C). Review of rule violation. A review of the disciplinary report shall be conducted by an impartial person. After the resident receives notification of the alleged rule violation, the resident shall be provided with the opportunity to admit or deny the charge.

1. The resident may admit the charge, in writing, and accept the sanction (i) prescribed for the offense or (ii) as amended by the impartial person.

2. The resident may deny the charge and the impartial person shall:

- a. Meet in person with the resident;*
- b. Review the allegation with the resident;*
- c. Provide the resident with the opportunity to present evidence, including witnesses;*
- d. Provide, upon the request of the resident, for an impartial staff member to assist the resident in the conduct of the review;*
- e. Render a decision and inform the resident of the decision and rationale supporting this decision;*
- f. Complete the review within 12 hours of the time of the alleged rule violation, including weekends and holidays, unless the time frame ends during the resident's scheduled sleeping hours; and*
- g. Document the review, including any statement of the resident, evidence, witness testimony, the decision, and the rationale for the decision; and*

(D). Appeal. The resident shall have the right to appeal the decision of the impartial person.

1. The resident's claim shall be reviewed by the facility administrator or designee and shall be decided within 24 hours of the alleged rule violation, including weekends and holidays, unless the time frame ends during the resident's scheduled sleeping hours. In such circumstances, the delay shall be documented and the review shall be conducted within the same time frame thereafter. The review by the facility administrator may be conducted via electronic means.

2. The resident shall be notified in writing of the results immediately thereafter.

(E). If the resident is found guilty of the rule violation, a copy of the disciplinary report shall be placed in the case record. If a resident is found not guilty of the alleged rule violation, the disciplinary report shall be removed from the resident's case record and shall be maintained as required by 6VAC35-101-330.

These regulatory requirements took effect on January 1, 2014, as a result of a comprehensive overhaul of the residential regulations. The Board approved Merrimac's request for a variance to the aforementioned regulatory requirements on April 9, 2014, for a period of three years. The Board had previously granted Merrimac a variance, on January 9, 2008, to the now repealed 6VAC35-140-550, which preceded the current regulations and contained substantially similar requirements.

The Director has approved Merrimac's request for a temporary waiver to these regulatory requirements. This waiver will expire when the Board rules on Merrimac's variance request.

III. Rationale

Under Merrimac's CBT Program, residents who fail to adhere to behavioral expectations are subject to a "disciplinary response" rather than a punishment. The response involves removing the resident from any reinforcing stimuli and having him serve a temporary "time-out" or "cooling-off" period. Residents may

be required to serve, (1) a “5-minute timeout” in the program area for inappropriate behavior, (2) a “30-5,” which consists of a 30-minute room confinement period followed by a five-minute timeout period served outside of the room, or (3) a “30-30-5,” which consists of 60 minutes of room confinement, followed by a five-minute timeout period served outside the room. For the latter, which is imposed in response to actual, attempted, or verbal threats to the physical safety and security of the staff, other youth, or the facility, the resident is required to spend the last 30 minutes of the 60-minute confinement period completing a written self-analysis report in which he considers the impact of his behavior, accepts responsibility for failing to meet facility expectations, and explores other alternatives for addressing the trigger situation. If, while serving any timeout period, the resident fails to meet the behavioral expectations that are mandated, such as sitting quietly, remaining awake, or completing the report when applicable, the timeout period may be extended, in some instances beyond 60 minutes.

The regulations limit “cooling off” periods to no more than 60 minutes, require alternatives to room confinement, and require detention centers to provide residents who may be subjected to room confinement with due process protections. This includes completing a disciplinary report, having the report reviewed by an impartial person, affording the resident an opportunity to admit or deny the charge, and providing the resident with an opportunity to appeal the final decision.

Merrimac contends that these regulatory requirements directly conflict with the provisions and goals of its CBT Program. The facility does not perceive its responses to disciplinary issues as “sanctions” and residents are not charged with offenses. Protections are in place to ensure that decisions to impose room confinement are reviewed and the resident is provided an opportunity to object to the confinement. All room confinements of any duration require the Supervisor on Duty to be notified immediately. A room confinement of 60 minutes or more is required to be reviewed immediately by an impartial shift supervisor and, additionally, by a director within 24 hours. Residents are authorized to file a grievance if they deem the confinement unfair.

IV. Proposed Variance

The proposed variance would apply solely to Merrimac and would enable the facility to continue to implement the CBT Program. In order to accomplish this objective, the Department recommends the following regulatory revisions, applicable only to Merrimac, to 6VAC35-101-1070(B):

6VAC35-101-1070. Behavior Management.

...(B) Written procedures governing this program shall provide the following:...3) The definition and listing of a system of privileges and ~~sanctions~~ consequences that is used and available for use. ~~Sanctions~~ Consequences ~~(i) shall be listed in the order of their relative degree of restrictiveness;~~ (ii) may include a “cooling off period” where a resident is placed in a room for the time period necessary to address the failure to adhere to behavioral expectations ~~no more than 60 minutes;~~ and ~~(iii) shall contain alternatives to room confinement.~~

In addition, the Department recommends substituting 6VAC35-101-1080 in its entirety with the following language, which would be applicable only to Merrimac:

6VAC35-101-1080. Disciplinary Process.

- A. Written procedures shall govern the disciplinary process and shall contain the following:
 - 1. Training on the disciplinary process and rules of conduct; and
 - 2. Documentation on the administration of privileges and consequences as provided in the behavior management program.

- B. If a juvenile is required to serve a “cooling off” period, the resident shall be authorized to file a grievance addressing any confinement he feels is unfair or is in violation of program policy. The grievance shall be reviewed immediately by the shift supervisor and by a director within 24 hours. The review shall include an examination of any recordings and interviews with any staff and residents with direct knowledge of the incident. The supervisor shall document the findings and the report shall be forwarded to the Assistant Director of Programs.

- C. The Assistant Director or designee will review the results of the Supervisor’s report and approve the findings or request additional information.

- D. Documentation of confinements that are deemed to violate the program guidelines shall be removed from the resident’s record.

V. Outcome Requested

DJJ respectfully requests the Board to consider whether to issue to Merrimac a variance, pursuant to 6VAC35-20-92 of the *Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities*, in order to allow Merrimac to continue its CBT Program.

VI. Requested Duration of Variance

The Department requests that, if granted, the variance remain in effect until such time as any or all of the regulatory provisions set forth in 6VAC35-101-1070(B)(3) and 6VAC35-101-1080(B), (C), and (D) are amended or for five years, whichever occurs first.



COMMONWEALTH OF VIRGINIA

Department of Juvenile Justice

October 18, 2017

Andrew K. Block, Jr.
Director

Gina Mingee
Executive Director, Merrimac Center
9300 Merrimac Trail
Williamsburg, VA 23185

VIA ELECTRONIC MAIL

Dear Ms. Mingee:

This letter responds to your request for a waiver to the regulatory requirements in 6VAC35-101-1070(B)(3), related to a juvenile detention center's authority to impose a temporary "cooling-off period," as part of its behavior management program, as well as 6VAC35-101-1080(B),(C), and (D), which govern the disciplinary process detention centers must follow when a resident is alleged to have committed a rule violation for which room confinement may be imposed. On behalf of the Merrimac Juvenile Detention Center, you are requesting that I grant a waiver to these regulatory requirements pursuant to my authority under 6VAC35-20-93, pending the outcome of a formal variance request submitted to the State Board of Juvenile Justice (Board) pursuant to 6VAC35-20-92.

The basis for your request involves a Cognitive Behavioral Training (CBT) program administered in the Merrimac Detention Center to address resident behavioral issues and reduce the use of room confinement in the facility. The program imposes graduated time-out periods for residents that fail to adhere to facility expectations. Certain tenets of the CBT program arguably are in conflict with the standard disciplinary process that is mandated in 6VAC35-101-1080(B),(C), and (D). You contend that compliance with the prescribed disciplinary process under the above-referenced regulations will make it impossible for the juvenile detention center to continue to operate the CBT program. The Board previously issued a variance to these regulatory requirements, which expired on April 19, 2017.

The Director of the Department of Juvenile Justice, pursuant to 6VAC35-20-93, has the authority to issue a waiver to a noncritical regulatory requirement, provided: i) the requirement is not mandated by statute or by federal or state regulations other than those issued by the board; ii) noncompliance with the regulatory requirement will not result in a threat to the health, welfare, or safety of residents, the community, or staff; iii) enforcement of the regulatory requirement will create an undue hardship; and iv) juveniles' care or services would not be adversely affected. Based on my review of the program, it appears that your facility is presented with such circumstances. Given the reduction in behavioral issues and room confinement since the inception of the CBT program, it does not appear that noncompliance with the regulatory requirement will result in a threat to the health, welfare, or safety of the residents in your facility, nor will it create any undue hardship or adversely impact services. I find that your request meets the regulatory criteria for the issuance of a waiver, and I grant your request accordingly. I am granting this waiver retroactive to the April 19, 2017 date on which the previous variance expired. The waiver will terminate when the Board makes a determination on your variance request at the November 8, 2017 meeting.

I will forward your variance request to the Board for consideration at the meeting. I look forward to working with you on this issue and on other matters involving juvenile justice in the future.

Sincerely,

Andrew K. Block
Director, Department of Juvenile Justice



Andrew K. Block, Jr.
Director

COMMONWEALTH OF VIRGINIA

Department of Juvenile Justice

TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

SUBJECT: Request Authorization for Submission of Amendments to the Regulation Governing Juvenile Correctional Centers (6VAC35-71) to the Proposed Stage of the Regulatory Process

DATE November 8, 2017

I. SUMMARY OF ACTION REQUESTED

The Department of Juvenile Justice (the Department) is requesting that the State Board of Juvenile Justice (Board) authorize the submission of a portion of amendments to the Regulation Governing Juvenile Correctional Centers (6VAC35-71) to the Proposed stage of the regulatory process pursuant to the Administrative Process Act in § 2.2-4000 et. seq. of the *Code of Virginia*. The proposed amendments are intended to impact the Bon Air Juvenile Correctional Center as well as any other juvenile correctional center (JCC) that may be constructed in the Commonwealth in the future, including any privately operated JCC or boot camp.

The Department respectfully requests the Board to approve the submission of the amendments to the Regulation Governing Juvenile Correctional Centers to the Proposed stage of the regulatory process.

II. BACKGROUND OF THE REVIEWS

Pursuant to §66-10 of the *Code of Virginia*, the Board has the authority to “promulgate such regulations as may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by the Director or the Department.” This includes the authority to promulgate regulations governing the operation of juvenile correctional centers. The Department assists the Board by facilitating the review of existing, as well as the promulgation of new, regulations and submitting them to the Board for review and approval.

In June 2016, the Board authorized the submission of a Notice of Intended Regulatory Action (NOIRA) to initiate the regulatory process for a comprehensive review of this regulation. The NOIRA completed Executive Branch review in September 2016, and the notification was

published in the *Virginia Register* on October 3, 2016. The NOIRA was subject to a 30-day public comment period which ended on November 2, 2016. No public comments were received.

To complete the comprehensive review and revisions to this regulation, a committee was convened consisting of representatives from the Department's Division of Operations, Health Services Unit, Certification Unit, Training Unit, and Legislative and Regulatory Unit. The committee conducted a line-by-line review of the existing regulation and proposed additions, deletions, and modifications with the goal of streamlining the regulation, clarifying ambiguous provisions, and imposing new requirements that align with changes in the Department's philosophy regarding juvenile justice.

III. BACKGROUND OF CONTENT

Community Treatment Model: Since the Department last amended the Regulation Governing Juvenile Correctional Centers in January 2014, the Department has undergone a change in its approach to the operation of JCCs housing state-responsible juvenile offenders. The Department has adopted and implemented a "Community Treatment Model" (CTM) in the JCC, similar to a successful program operated in Missouri. The model uses a relationship-oriented approach to help residents identify and resolve negative behaviors that contribute to their criminogenic risk. Among its tenets, the CTM encourages: i) the assignment of residents to a permanent community with consistent staffing where residents generally remain until released from the JCC; ii) highly structured, planned group activities that encourage constant interaction and engagement among staff and residents; and iii) therapeutic structured activities that build interpersonal skills and promote positive behavior change. The Department is proposing several amendments to this regulation to reflect the shift to this therapeutic model.

Prison Rape Elimination Act (PREA): In 2003, Congress enacted the Prison Rape Elimination Act of 2003 (Public Law No. 108-79) to "provide for the analysis of the incidence and effects of prison rape in federal, state, and local institutions and to provide information, resources recommendations, and funding to protect individuals from prison rape." Additionally, the law sought to develop and implement national standards to detect, prevent, and reduce rape incidents in correctional facilities.

Although the Department has adopted written procedures to incorporate the provisions of PREA, a handful of the existing JCC regulatory provisions conflict with the PREA standards. The Department is proposing amendments to these provisions to comply with the mandates in PREA.

Variations: Pursuant to the authority granted in 6VAC35-20-92, the Board is authorized to approve a juvenile correctional facility's written request for a variance to any noncritical regulatory requirement. Each variance is issued according to the scope and duration set out by the Board.

Since the last review of the Regulation Governing Juvenile Correctional Centers, the Board has approved several variance requests submitted on behalf of the JCCs. The Department recommends incorporating the language from these existing variances into the regulation in order

to ensure the continued availability of needed services for the juveniles' rehabilitation and to contribute to the ongoing effective operation of the juvenile correctional facilities.

IV. DEFINITION CHANGES (SECTION 10)

State agencies must follow the *Form, Style, and Procedure Manual for Publication of Virginia Regulations* when promulgating regulations. The Department proposes a number of changes to the definitions section (Section 10) of the regulation to align with this manual regarding definition placement. Additionally, the Department proposes revisions to several existing definitions and the addition of new terms to add clarity to the regulation. A summary of the proposed definitional changes follows:

- Move the following definitions embedded in other sections of this regulation into Section 10 (definitions): aversive stimuli, boot camp, human research, legal mail, mechanical restraint, medication incident, physical restraint, protective custody, rest day, sick call, and vulnerable population.
- Add definitions for the following terms that are used in the regulation but are not defined: active supervision or actively supervise, assistant superintendent, community manager, contractor, direct supervision employee, gender identity, grievance, housing unit, immediate family member, medical record, natural support, and security staff.

V. SUMMARY OF SUBSTANTIVE RECOMMENDATIONS – HIGH IMPORTANCE

The Department proposes a number of major substantive changes to various sections of the Regulation Governing Juvenile Correctional Centers, as described in the summaries below.

Section 160 – Required initial training

The existing regulation outlines each category of employees in a JCC and specifies the required number of training hours for each category, as set out in the table below.

Training Requirements under Existing Regulatory Provisions

Category of Staff	Position Example	Required Training Hours	Required Training Topics
Administrative and managerial	Superintendent	40 hours during first year of employment	Unspecified
Clerical and support staff	Office service assistants	16 hours	Unspecified
Medication administration employees	Nurses	Unspecified	Board of Nursing-approved medication program

Category of Staff (cont.)	Position Example (cont.)	Required Hours (cont.)	Required Training Topics (cont.)
Medical service employees	Physicians; nurses; nurse practitioners	Unspecified	Tuberculosis control – *Note – Confirmation of licensure for contract employees satisfies the requirements for training.
Direct care and direct supervision staff	Juvenile correctional officers	120 hours before being responsible for the direct supervision of residents	1) Emergency preparedness; 2) first aid/CPR; 3) behavior management; 4) rules of conduct; 5) behavior interventions; 6) child abuse/neglect; 7) mandatory reporting; 8) appropriate relationships; 9) appropriate staff and resident interactions; 10) suicide prevention; 11) residents' rights; 12) standard precautions; 13) signs and symptoms; 14) adolescent development; 15) position procedures; and 16) other DJJ, federal, or state-required topics

In November 2014, the Board approved the JCCs' request for a variance to the regulatory requirements regarding initial training for non-security staff. The JCCs requested the variance in order to address the logistical challenges associated with scheduling training for teachers and other staff who work directly with students and have rolling start dates. Under the variance, employees responsible for the direct supervision of residents may receive 40 hours of initial training in the 16 enumerated topics before assuming direct supervision responsibilities, provided they receive the remaining 80 hours before the expiration of their first year of employment. The variance will remain in effect until November 2019 or until the regulation is revised, whichever occurs first. The variance did not impact training requirements for administrative and managerial staff, clerical and support staff, medical service providers, and professionally-licensed contractors.

For the three years in which this variance has been in effect, the Department has monitored its impact on facility operations and has concluded that non-security staff would benefit from additional training prior to being responsible for the direct supervision of residents outside the presence of direct care staff. Accordingly, the Department is recommending that "direct supervision staff" be required to complete 80 rather than 40 initial hours of training in the 16 enumerated topics before assuming direct supervision responsibilities. The remaining 40 hours may be completed prior to the end of the employee's first year.

In contrast, employees providing medical services are constantly in the presence of direct care staff. Some of the training and skills needed to respond to disciplinary issues and to address rule violations arguably are not necessary for these employees. Even so, several of the topics required for direct care and direct supervision staff would improve the medical providers' understanding of the population they serve and enhance their ability to respond to incidents in the facility.

Proposal:

- Retain the existing initial training requirements for direct care and security staff.
- Require "direct supervision" employees to receive 80 hours of initial training in the 16 topics prior to assuming direct supervision responsibilities, with the remaining 40 hours of agency-approved training completed before the end of their first year.

- Require employees providing medical services to receive 40 hours of initial training in 12 enumerated topics prior to working directly with residents, with the remaining 80 hours of agency-approved training completed before the end of their first year of employment.

The table below outlines the requirements for training under the proposed amendments to the regulation.

Training Requirements Pursuant to 2014 Variance

Category of Staff	Position Examples	Required Training Hours	Required Training Topics
Direct care staff/ security staff	Resident Specialists I and II	120 before assuming direct care/security responsibilities	Same as under existing regulation
Employees responsible for direct supervision of residents	Teachers Therapists Counselors	80 hours in 16 modules before assuming direct supervision responsibilities; 40 hours before expiration of first year.	1) Emergency preparedness; 2) first aid/CPR; 3) behavior management; 4) rules of conduct; 5) behavior interventions; 6) child abuse/ neglect; 7) mandatory reporting; 8) appropriate relationships; 9) appropriate staff and resident interactions; 10) suicide prevention; 11) resident's rights; 12) standard precautions; 13) signs and symptoms; 14) adolescent development; 15) position procedures; and 16) other DJJ, federal or state-required topics
Employees providing medical services	Nurses	40 hours in 12 modules before working with residents; 80 hours before expiration of first year.	1) Behavior interventions; 2) emergency preparedness; 3) standard precautions; 4) child abuse and neglect; 5) mandatory reporting; 6) residents' rights; 7) appropriate relationships; 8) appropriate interactions; 9) suicide prevention; 10) adolescent development; 11) position procedures; and 12) other DJJ, federal, or state-required topics.

Section 170 – Retraining:

Proposal: Revise this section to align with the changes made in Section 160.

Section 185 – Employee tuberculosis screening and follow-up

Currently, all JCC employees must submit the results of a tuberculosis screening by their start dates and annually thereafter. Although the chapter consistently distinguishes between contractors and employees, contractors are omitted from this section's requirements.

Proposal: Expand the tuberculosis screening requirement to include contractors who regularly provide services directly to residents. Primarily, this provision would impact contractors providing physical and mental health services in the JCC facilities.

Section 215 – Physical or mental health of personnel

Proposal:

- Add a new section prohibiting employees and contractors from direct care or direct supervision roles if they pose a significant risk of harm to the health and safety of others in the facility or are unable to perform job-related functions.
- Enable the facility to require medical or mental health evaluations before the individual may return to his direct care or direct supervision responsibilities, consistent with current practice in the JCCs.

Section 480 – Searches of residents

Currently, the Department's written procedures provide the process for conducting resident searches. The existing regulation permits manual or instrumental searches of genital areas upon written authorization by the facility administrator or by court order. In all cases, a qualified medical professional must conduct the manual or instrumental search.

Proposal:

- Expand the provisions required in written procedures to include a prohibition against searches or physical examinations of a transgender or intersex resident solely to determine the resident's genital status. This is consistent with PREA, which prohibits searches for such purposes.
- Mandate that the resident be transported to a local medical facility for manual or instrumental searches of the genital areas.
- Add a strict prohibition against such manual or instrumental searches in the absence of a search warrant.

Section 630 – Nutrition

Currently, JCCs must provide residents with three nutritionally-balanced meals and an evening snack; however, the facility may accommodate special diets and alternative dietary schedules if: i) prescribed by a physician; ii) necessary to observe religious dietary practices, or iii) necessary for managing maladaptive behavior. Menus of served meals must be retained for six months. Additionally, the regulations prohibit the facility from allowing more than 15 hours to pass between dinner and the next day's breakfast, except during weekends and holidays, when the superintendent may approve an extension for up to 17 hours.

Proposal:

- Narrow exception (iii) to apply only when food or culinary equipment has been used inappropriately resulting in a threat to facility security.
- Replace the 6-month menu retention requirement with a requirement that menus be retained in accordance with applicable federal requirements.
- Decrease the maximum time permitted between dinner and breakfast from 15 to 14 hours in accordance with the American Correctional Association standards and remove the superintendent's authorization to extend during weekends and holidays.

Section 805 – Suicide prevention: Currently, this section imposes a requirement upon direct care staff only to receive initial and annual training in the implementation of the Department's suicide prevention and intervention program. This is inconsistent with both the existing and proposed regulatory requirements set out in Section 160 (required initial training).

Proposal: Expand the requirement for training in suicide prevention set out in Section 805 to include direct supervision staff, security staff, and staff providing medical services.

Sections 820 and 830 – Staff supervision of residents: Staffing pattern

Currently, Section 820 of the regulation prohibits direct care staff from being on duty more than six consecutive days without a rest day, except in an emergency. "Rest day" is defined as a period of at least 24 consecutive hours during which the staff person has no responsibility to perform duties related to the **operation of a JCC**. The Department's certification unit interprets these duties broadly, to include training and administrative meetings.

Additionally, Section 820 requires at least one trained direct care staff on duty and actively supervising residents at all times that one or more residents are present. Section 830 requires JCCs to maintain staffing ratios of 1:10 during hours that residents are scheduled awake and 1:16 during hours that residents are sleeping. This provision violates the PREA standard which requires a 1:8 staff to resident ratio in juvenile facilities during resident waking hours and a 1:16 ratio during sleeping hours. Additionally, according to PREA, only security staff may be included in these ratios; however, PREA allows for teachers and other individuals whose duties involve supervision and control of residents for a portion of the day to be counted as “security staff” for these purposes if they have received appropriate training, including training on the supervision and control of delinquent youth, verbal de-escalation techniques, age-appropriate defensive tactics, and crisis intervention.

In June 2014, the Board approved a variance request submitted on behalf of the JCCs seeking to allow direct supervision staff to be alone with residents without the active supervision (active patrol and visual checks every 15 minutes) of security staff. The primary purpose of the request was to prevent the interruption of necessary education or mental health services in the event that facility operations prevented security staff from being present or conducting the 15 minute checks in the area in which the services were being offered. The Board approved the variance with the following stipulations:

- Staff completes the initial and retraining requirements in Section 160 and 170;
- Staff completes DJJ’s approved training for non-security staff on safety and security, including training on the supervision and control of residents, verbal de-escalation techniques, age-appropriate defensive tactics, and crisis intervention before actively supervising residents.
- Whenever a direct supervision employee is actively supervising residents, the employee can communicate immediately with security staff via two-way radio or other means; and
- The non-security staff checks in with the direct care staff before and after meeting with any residents.

Proposal:

- Clarify in the definition of rest day that employees will not have any duties related to their employment with the Department.
- Amend the staffing ratio requirements to 1:8 during resident waking hours to comply with the PREA standard;
- Allow direct supervision employees who have satisfied the aforementioned requirements to “actively supervise” residents in accordance with the June 2014 variance and add a definition for “active supervision.”

Section 1110 – Disciplinary process: This section requires facilities to follow a formal disciplinary process to address resident violations of the facility’s rules of conduct that result in a formal charge. In such cases, staff must prepare a disciplinary report detailing the rule violation and provide the resident with a written copy of the report within 24 hours of the violation.

Proposal:

- Mandate that a written copy of the report be maintained by the housing unit staff, and grant staff the discretion to provide the resident either with a written copy of the report or an opportunity to view the report within the specified time period.
- Mandate that, where practicable, disciplinary issues are handled: i) in the context of the therapeutic community; ii) consistently with the behavior management program; and iii) with consideration of the facility safety and security and the rehabilitation rather than punishment, of the resident.

Section 1120 – Timeout

Currently, JCCs may utilize a temporary “timeout” period as a behavior management technique to address informally a resident’s inappropriate or problematic behavior. When timeout is employed, the resident is placed away from a source of reinforcement for a specific period of time or until the problem behavior has subsided. The regulation references written procedures to address the conditions, maximum duration, area, and other restrictions placed on these timeouts.

Proposal:

- Place a 60 minute cap on timeouts and allow only when less restrictive alternatives were applied unsuccessfully.
- Permit a resident’s release from timeout upon demonstrating that he is able to comply with the expectations in place at the time.

Section 1130 – Physical restraint: Currently, the regulation allows for the utilization of physical restraints to control residents whose behavior jeopardizes the safety of the resident, staff, or others. The regulations require that the written procedures governing physical restraints identify which control techniques are appropriate for which levels of risk.

Proposal: Remove the requirement that these control techniques be identified in written procedures, as this material is more appropriate for training.

Section 1180 – Mechanical restraints: This section addresses the use of mechanical restraints. Currently, JCCs may utilize mechanical restraints, including mobile restraint chairs, in accordance with written procedures that must address the conditions under which mechanical restraints may be used. Additionally, the procedures must demand that the superintendent or designee is notified immediately when restraints are used in emergencies.

Operationally, the Department does not restrain residents mechanically for routine, on-campus movement unless there is a heightened need for additional security or if the resident is non-compliant and must be moved for his own safety. On rare occasions, staff may need to utilize a mobile restraint chair if a resident requires moving and is noncompliant. Although the American Correctional Association (ACA) does not prohibit the use of mobile restraint chairs in correctional facilities, several states have suspended or reduced their use in correctional facilities.

Proposal:

- Expand the definition of mechanical restraints to include all Department-authorized mechanical restraints.
- Strike the notification requirement when restraints are used in emergencies. With the exception of mechanical restraints applied for routine (off-campus) transportation, every

use of a mechanical restraint must be recorded in the resident's case file or a log book. Therefore, the regulatory notification requirement is unwarranted.

- Prohibit the use of mechanical restraints for routine on-campus movement except when heightened security is warranted or non-compliant residents require transport.
- Restrict the use of mobile restraint chairs only to those cases in which a resident must be restrained for on-campus movement and when less restrictive interventions have failed.
- Prohibit the use of the chair to restrain a resident once the intended destination is reached.

Section 1190 – Monitoring residents placed in mechanical restraints

Currently, if a resident is restrained mechanically for two cumulative hours in a 24-hour period, the Department must consult with a mental health professional. Similarly, if a mechanically-restrained resident exhibits self-injurious behavior, staff must consult with a mental health professional immediately and apply the appropriate monitoring protocols.

Proposal:

- Reduce the maximum duration a resident may be mechanically restrained before requiring a consult with a mental health professional to one consecutive.
- Mandate that staff first “take appropriate action” when confronted with a mechanically-restrained resident exhibiting self-injurious behavior before consulting with the mental health professional and applying monitoring protocols.

VI. SUMMARY OF SUBSTANTIVE RECOMMENDATIONS – MODERATE IMPACT

In addition to the high impact proposals listed above, the Department is proposing the following substantive regulatory changes expected to have moderate impact on facility operations.

Section 90 – Resident advisory committee

In 2017, the Department changed its resident advisory council to a Student Government Association (SGA). The SGA gives residents in the JCC a voice by allowing its members the opportunity to share concerns with leadership staff in the facility. Resident representatives worked with the Office of the Attorney General to craft a Constitution, which was signed by SGA members and the Governor.

Proposal: Revise this section to: i) clarify the role of the SGA; ii) require the development of a Constitution and bylaws to be posted in each housing unit, iii) mandate that all residents receive an orientation to its provisions; and iv) require the facility to allow regular opportunities for the SGA to convene.

Section 110 – Organizational communications

Under the current regulatory scheme, several named positions must make weekly visits to the housing units and activity areas to monitor the programs and for other specified purposes.

Proposal:

- Remove existing references to various obsolete positions.
- Mandate that the assistant superintendent (*definition added*) and community manager (*definition added*) regularly visit the applicable housing units under their jurisdiction according to the duration specified in written procedures. This helps to reinforce the CTM's objective to build a community setting within the unit by discouraging the introduction of too many external parties.

Section 150 – Required initial orientation

Currently, all employees in a JCC must receive a basic orientation on several general topics, such as the facility, and the basic objectives of the program, before the completion of their seventh work day at the facility. Additionally, direct care staff, before working with residents outside the presence of supervision staff who have completed the required training and orientation, must receive a basic orientation on eight enumerated topics, including, for example, the facility's behavior management program, the resident's disciplinary and grievance procedures, and mandatory reporting requirements for child abuse and neglect. Each of these topics must be covered under the more extensive regulatory requirement for initial and annual training for direct care and direct supervision staff pursuant to Section 160. Additionally, the current Section 160 requires agency contractors to receive training to serve in a correctional environment.

Proposal:

- Clarify that the orientation required for all employees before completion of their seventh work day must cover the tenets of the behavior management program.
- Remove the duplicative orientation requirement for direct care staff on the eight enumerated topics, as these topics are covered during required initial training.
- Require the contractors to receive an orientation regarding the expectations of working in a secure environment, in lieu of the existing required training.

Section 220,230, and 240: Volunteers and Interns – Selection and duties of; Background checks; Orientation and training

Proposal: Remove references in Section 230(B) and 240(A) that suggest that a volunteer or intern may be alone with a resident and add language explicitly prohibiting them from having direct care and direct supervision responsibilities (Section 220(D)). This clarifies that volunteers must be accompanied by a direct care or direct supervision employee whenever they have direct contact or work directly with residents.

Section 280 – Buildings and Inspections

Under the current regulation, the JCC facility must be inspected annually by fire prevention authorities and a copy of the inspection must be maintained. Alternatively, the facility must maintain documentation if the fire prevention authorities have not timely inspected the buildings. The regulation gives the Virginia Department of Fire Programs State Fire Marshal's Office (Fire Program Department) the authority to define "annual" for these purposes.

Proposal: Remove the Fire Program Department's authority to define annual in order to place the onus on the JCC to ensure that the necessary fire inspection is conducted every 13 months.

Section 360 – Sleeping areas

Subsection A of this section requires male and female residents to have separate sleeping areas.

Proposal: Strike subsection A in order to provide staff more flexibility in the placement of transgender residents. This is consistent with the PREA mandate that agencies consider on a case-by-case basis whether placement of a transgender resident to a male or female facility would ensure the resident's health and safety.

Section 400 – Smoking prohibition

Currently, residents in JCCs are prohibited from using, possessing, purchasing, or distributing tobacco products. Staff and visitors are prohibited from using these items in areas where residents may smell the product.

Proposal:

- Expand the resident’s prohibition to include electronic and vaping products;
- Expand the prohibition against use in applicable areas to contractors and interns; and
- Prohibit the use of these items in any area of the premises.

Section 460 – Emergency and evacuation procedures

Under this regulatory section, JCC facilities are required to conduct and document at least one evacuation drill monthly in each building occupied by residents.

Proposal: Expand the required information in the evacuation drill documentation to include: i) the staff tasks completed, including head counts and practice in notifying emergency authorities; and ii) the name of the staff members responsible for conducting and documenting the drill.

Section 540 – Transportation

Proposal:

- Mandate that staff members responsible for transporting residents maintain a valid driver’s license and report to the facility administrator or designee changes in their license status, as currently required in the regulation for juvenile detention centers.
- Require that residents be supervised either by direct care employees or security employees during routine and emergency transportation.

Section 550 – Prohibited actions: According to the current regulation, JCCs are prohibited from subjecting residents to certain actions. Among these, residents may not be denied contacts and visits with their attorneys, probation officers, the regulatory authority, a supervising agency representative, or others required by applicable statutes or regulations. Additionally, under subdivision (A)(4) of this section, residents may not be subjected to actions that are humiliating, degrading, abusive or that unreasonably impinge on their rights.

Proposal:

- Expand the list of “protected individuals” for contacts and visitation purposes to include parole officers and the JCC employees assigned to conduct the residents’ due process hearings (human rights advocates).
- Expand subdivision (A)(4) to prohibit the facility from retaliating against residents for reporting any humiliating, abusive, or other actions that infringe on the residents’ rights.

Section 555-Vulnerable population

Under the current regulation, JCCs must implement procedures for assessing whether a resident is “vulnerable” to attack or harm.

Proposal:

- Require staff to give the resident's views regarding his safety serious consideration in conducting the vulnerability assessment, consistent with the PREA mandate regarding transgender residents set out in §115.342.
- Prohibit the JCC from assigning LGBT residents to housing solely based on these identifications or considering these statuses indicative of a tendency towards sex abuse.

Inclusion of Immediate Family and Natural Supports, Sections 570, 580, and 765

The CTM emphasizes family engagement as essential to a resident's treatment and rehabilitation. The Department recommends the following amendments to accomplish this objective:

- **Section 570 – Telephone Calls:** Strike language that permits the facility to restrict in written procedures a resident's ability to make telephone calls based on the need for facility security, the resident's behavior, and program objectives.
- **Section 580 – Visitation:**
 - Prohibit the Department from restricting contacts and visits with immediate family members and natural supports solely for punitive purposes.
 - Require JCCs to provide visitors with occasional opportunities to visit the resident's housing unit/room and to interact with staff unless it would threaten facility safety. Mandate written procedures that outline parameters for this access.
 - Prohibit residents from visiting the homes of volunteers, interns, or contractors, in addition to the existing prohibition against visiting the homes of employees.
- **Section 765 – Family engagement:** Require the JCC, where practicable, to: i) periodically arrange events for and allow the resident a specified number of weekly calls to immediate family members or natural supports; ii) ensure a designated visiting area for family visits; and iii) maximize family involvement in the resident's rehabilitation.

Section 735 – Therapeutic communities in housing units: The CTM has been fully implemented in each Bon Air JCC housing unit. The Department recommends additional language to ensure that the main tenets of the program are captured in the regulation.

Proposal: Add a new section mandating that all housing units in a JCC function as a therapeutic community with common elements including: i) staff and resident consistency to the extent practicable; ii) daily structured therapeutic activities; and iii) some oversight by an interdisciplinary JCC team.

Section 840 – Outside Personnel: Under the current regulation, JCC staff is required to monitor situations in which outside personnel perform work in the immediate presence of residents.

Proposal: Replace “monitor” with “supervise,” such that at least one staff member is present and supervising these scenarios. Use of the term “monitoring” suggests that the residents may be monitored from a distance or through the use of a security camera or other device.

Section 860 – Agreements governing juvenile industries work programs

Pursuant to §66-25.1 of the *Code of Virginia*, the Department may contract with public or private entities for the operation of juvenile work programs. The Board must promulgate regulations governing both the form and review process for these agreements. While the current regulations address the required content, they do not outline a review process for the agreements.

Proposal: Require the Director/designee to review the agreements to verify compliance with the regulatory requirements and grant the Board sole authorization to approve agreements that omit one or more elements required by this regulatory section.

Section 950 – Tuberculosis screening: Current regulations require residents to have a tuberculosis assessment within seven days of placement or an assessment no older than 30 days.

Proposal: Revise to exclude from this requirement residents who are transferred from another JCC and to specify that the seven-day period commences upon the resident's arrival rather than placement at a JCC. This language is intended to incorporate residents transferred from alternative placements, such as community placement programs.

Section 1020 – Residents' health records: The current regulation mandates that each resident's health record contain written documentation of an initial physical exam and annual exams, including, for example, documentation of a hearing and vision exam. However, according to the State Department of Education's (DOE) regulations (8VAC2-250-10), public schools are required to conduct sight and hearing exams only for pupils in kindergarten, 3rd, 7th, and 10th grades.

Proposal: Amend regulation to require the JCC to administer hearing and vision tests only for students entering the aforementioned grades in accordance with the DOE's regulations.

Section 1030 – First aid kits:

Proposal: Extend the requirement that the facility maintain first aid kits to require such kits in facility vehicles used to transport residents.

VII. SUMMARY OF MINOR CONTENT CHANGES – MINOR IMPACT

Reception and Diagnostic Center: In 2015, the Department closed its separate intake facility, known as the Reception and Diagnostic Center (RDC), where committed juveniles were sent for evaluation before being assigned to a JCC or alternative placement.

Proposal: Remove the references to RDC in the following sections: 10 (definitions), 90 (resident advisory committee), 750 (communications with court service unit staff), 760 (communication with parents), and 790 (individual service plans).

Section 40 – Relationship to the regulatory authority:

Proposal: Require that reports and information demonstrating compliance with the regulatory requirements be submitted to the audit team leader, rather than the regulatory authority, as provided in the Certification Regulations (6VAC35-20).

Section 50 – Variances and Waivers:

Proposal: Specify that variances may be issued solely for **noncritical** regulatory requirements, and explain the Director's authority to issue waivers to noncritical regulatory requirements pending Board action on a variance request, as authorized in the Certification Regulations.

Section 55 – Operational procedures:

Proposal: Clarify that operational procedures must be **readily** accessible to staff.

Section 60 – Serious incident reports:

Proposal:

- Change heading to “incident reports” to align with the Departments modified process for reporting facility incidents of a critical nature.
- Expand the information that must be provided to the Director or his designee within 24 hours of the incident to include disasters and emergencies;
- Change the information that must be captured in the incident reports to include the name of the law enforcement agency or local social service department that received the report, rather than identifying the individual recipient.

Section 75 - Reporting criminal activity:

Proposal: Clarify that the mandate to report known criminal activity applies to criminal activity alleged to have been committed in addition to validated criminal activity.

Section 80 – Grievance procedure:

Proposal: Remove the requirement that the grievance procedure be **posted** in an area accessible to residents and easily accessible to parents/legal guardians to allow staff flexibility in determining how residents and parents/ legal guardians can access grievance procedures. The proposed language requires that the procedure is accessible to residents and available in an area easily accessible to parents/legal guardians.

Section 130 – Participation of residents in human research:

Proposal: Amend to reflect the proper name of the regulation that governs external requests for human research regarding residents in a juvenile correctional center (6VAC35-170) and amend definition for human research to reflect recent amendments to this chapter.

Section 270 – Face sheet:

Proposal: Expand the information that must be contained on a resident’s face sheet to include the resident’s gender identity.

Section 320 – Lighting: The current regulation requires that the facility have operable flashlights or battery-powered lanterns accessible to each direct care staff on duty; however, security staff are no longer captured in the direct care staff definition.

Proposal: Expand this provision to include security staff.

Section 440 – Animals on the premises:

Proposal: Remove the mandate that animals on the premises be housed a reasonable distance from sleeping, living, and eating areas. This proposal is intended to accommodate any potential animal training programs that may be developed in the facilities in the future.

Section 500 – Emergency telephone numbers:

Proposal: Add an explicit requirement for an emergency telephone number where a staff person may be contacted 24/7. The existing regulation mandates that residents be given an emergency phone number when off campus, but omits this underlying requirement.

Section 540 – Transportation:

Proposal:

- Require explicit language in procedures that staff who transport residents in vehicles maintain a valid driver's license and report changes in their license statuses.
- Expand the authority to supervise residents during vehicle transport to "security staff." The current regulations allow residents to be supervised during vehicle transport only by "direct care staff."

Section 560 – Residents' mail: Currently, JCC staff are prohibited from reading outgoing mail addressed to parents, immediate family members, and certain public officials and legal representatives without a court order or permission of the director or his designee if the security of the facility is threatened.

Proposal:

- Remove these enumerated categories and impose a broader prohibition that applies to all outgoing mail, regardless of the intended recipient.
- Clarify that first class mail and packages received for transferred or released residents must be forwarded to the resident's last known address.

Section 660 – Recreation: Each JCC is required to implement a recreational program plan that includes opportunities for indoor and outdoor recreational activities, individual and group activities, and daily large muscle activity.

Proposal: Add a requirement that the recreational plan be developed and supervised by a person trained in recreation or a related field. This is a current requirement in the Department's compliance manual, but is not provided for explicitly in the regulation.

Section 680 – Admission and orientation: This section governing the information that must be provided to residents during JCC orientation requires that residents receive written information on rules of conduct, sanctions for rule violations, and the disciplinary process.

Proposal: Amend to require that the resident be given access to this written information, rather than a written copy, so as to allow the facility to post the information.

Section 700 – Classification plan: Currently, JCCs must utilize a classification system to determine a resident's security levels, services, and housing based on existing resources.

Proposal: Replace reference to "security level" with "levels of risk," as these determinations should be made based on the Youth Assessment Screening Instrument, a validated tool which calculates an individual's risk of reoffending by assessing risk and protective factors.

Section 745 – Behavior management: JCCs are required to implement behavior management plans and to design written procedures that govern these plans.

Proposal: Strike the current language requiring that the written procedures specify the staff members who may authorize the use of program techniques to manage resident behavior. The Department does not believe that this particular component requires regulation.

Section 747 – Behavior support contract: When residents exhibit behaviors that require more intensive interventions than those available under the Department's current behavior management program, the facility must ensure that a behavior support contract is developed for

that resident. Current regulatory language is phrased so broadly as to impose this requirement on all staff who may work alone with an assigned resident, such as teachers or relief workers.

Proposal: Revise to restrict the duty to review and implement the contract to staff regularly assigned to work with a resident in a housing unit.

Section 815 – Daily housing unit log: JCCs must maintain daily logs (either manually or electronically) to monitor daily incidents experienced by residents within the facility. Entries must contain the date, name of the individual submitter, and the time the entry was made.

Proposal: Require that electronic log entries be consistent with the requirements listed above, and that computer programs possess the functionality to prevent overwriting of previous entries.

Section 850 – Facility work assignments: Currently, all paid and unpaid work assignments must accord with the resident’s individual service plan.

Proposal: Strike this requirement, as facility chores may be imposed for practical or other purposes and should not need to accord with the resident’s individual service plan.

Section 880 – Local health authority. Currently, the regulation requires a physician, health administrator, government authority, health care contractor, supervising registered nurse or head nurse, or health agency be designated to serve as a local health authority. It is not clear whether one individual may serve as the authority over several facilities or whether each facility must have its own authority.

Proposal: Add clarifying language that each facility must have its own health authority and replace references to “local health authority” with “health authority” to avoid confusion.

Section 890 – Provision of health care services: Subsection (A) of the regulation requires the health care provider to use the recommendations of the American Academy of Family Practice or the American Academy of Pediatrics as a guide in providing health care services. Subsection (B) addresses the manner by which nursing and other health-trained personnel must provide care.

Proposal:

- Amend this section to remove subsection (A) in its entirety as unnecessary.
- Broaden section to explain the manner in which care should be provided by licensed health care professionals, rather than focusing solely on nurses.
- Add language originally in subsection 900(D) requiring the facility to retain documentation of the training received by health-trained personnel necessary to perform designated health care services.

Section 900 – Health care procedures: The current regulatory provision requires the Department to implement written procedures arranging for the provision of certain medical and dental services, including emergency services for residents experiencing suicidal or homicidal thoughts or other mental health problems. The procedures must provide for the **prompt** provision of the services to address these issues.

Proposal:

- Strike requirement for **prompt** provision of services, due to concern that some medical issues require more time before administering responsive medical procedures.

- Expand the requirement for residents experiencing or demonstrating suicidal or homicidal thoughts or other mental health problems to include ongoing treatment in order to ensure that residents will receive ongoing treatment.
- Expand the information that must be readily accessible to designated staff for responding to a medical or dental emergency to include the name, address, and telephone number of any applicable supervising agency.

Section 960 – Medical examinations; Section 970 – Dental examinations: Residents, upon initial intake at a JCC must undergo a medical examination by a physician or qualified health care practitioner. Additionally, they must undergo a dental examination within seven days of arrival. For residents transferring from another JCC, a medical and/or dental examination conducted within the previous 13 months is acceptable. Currently, the medical exam must document the resident’s height, weight, and body mass index among other information.

Proposal:

- Remove the requirement that the medical exam include the resident’s body mass index, as this information is not medically necessary.
- For residents transferred from another direct care placement, grant the health care provider or dentist the discretion to allow a medical or dental examination, respectively, conducted within the previous 13 months to be accepted in lieu of a new examination.

Section 1080 – Release physical: Currently, residents must have a release physical conducted no later than 30 days before release from the JCC unless the responsible physician waives this requirement because a “sufficiently recent” full medical examination was conducted.

Proposal: Replace “sufficiently recent” to allow for an exception if the physical was conducted within 90 days. This removes ambiguity regarding how soon the physical must be conducted.

Section 1250 – Residents’ Physical Qualifications: Currently, “boot camp” programs must have written procedures governing admission, which must include a physician’s written statement verifying that the resident meets the American Pediatric Society’s guidelines.

Proposal: Strike the reference to the Pediatric Society’s Guidelines, as juveniles may be committed to the Department until such time as they reach age 21.

Section 1260 – Program Description: The regulations require that the boot camp have a written program description that includes certain specified information.

Proposal: Expand the information that must be included in the program description to include a requirement that any Department-established boot camp program require at least six months of intensive after care following a resident’s release from the program. This is consistent with the language in the statute authorizing the creation of the juvenile boot camp programs.

VIII. SUMMARY OF REPEALED SECTIONS

The Department recommends repealing the following obsolete or unnecessary sections:

Section 20 – Previous regulations terminated: This section references the various standards that were repealed during the 2013 regulatory review.

Section 1230 – Definition of boot camp: This section is unnecessary, as it consists solely of a definition for “boot camp.” All terms and definitions have been moved to Section 10.

IX. LIST OF STYLE AND CLARIFICATION EDITS

- Section 30, Certification
- Section 70, Suspected child abuse or neglect
- Section 100, Administration and organization
- Section 120, Community relationships
- Section 130, Participation of residents in human research
- Section 140, Background checks
- Section 180, Code of ethics
- Section 260, Maintenance of records
- Section 290, Equipment and systems inspections and maintenance
- Section 310, Heating and cooling systems and ventilation
- Section 350, Toilet facilities
- Section 410, Space utilization
- Section 420, Kitchen operation and safety
- Section 430, Maintenance of the buildings and grounds
- Section 470, Security procedures
- Section 490, Communications systems
- Section 510, Weapons
- Section 590, Contact with attorneys, courts, and law enforcement
- Section 620, Residents’ modesty
- Section 670, Residents’ funds
- Section 690, Residents’ personal possessions
- Section 710, Resident transfer between and within JCC
- Section 720, Release
- Section 740, Structured programming
- Section 750, Communication with Court Service Unit staff
- Section 760, Communication with parents
- Section 770, Case management services
- Section 800, Quarterly reports
- Section 810, Behavioral health services
- Section 880, Local Health Authority
- Section 930, Consent to and refusal of health care services
- Section 990, Health screening for intrasystem transfers
- Section 1000, Infectious or communicable diseases
- Section 1040, Sick call
- Section 1050, Emergency medical services
- Section 1060, Hospitalization and other outside medical treatment of residents
- Section 1070, Medication
- Section 1200, Restraints for medical and mental health purposes
- Section 1210, Private contracts for JCCs
- Section 1220, Privately-operated JCCs

- Section 1230, Boot camps
- Section 1260, Residents' nonparticipation

X – LIST OF RETAINED SECTIONS

- Section 300, Alternate power source
- Section 330, Plumbing and water supply
- Section 340, Drinking water
- Section 370, Furnishings
- Section 380, Disposal of garbage and waste
- Section 390, Hazardous materials and chemicals
- Section 450, Fire prevention plan
- Section 520, Equipment inventory
- Section 530, Power equipment
- Section 600, Personal necessities
- Section 610, Showers
- Section 640, Reading materials
- Section 650, Religion
- Section 940, Health screening at admission
- Section 980, Immunizations
- Section 1170, Chemical agents
- Section 1240, Staff Physical and Psychological Qualifications

6VAC35-71
CHAPTER 71
REGULATION GOVERNING JUVENILE CORRECTIONAL CENTERS

6VAC35-71-10

Part I

General Provisions

6VAC35-71-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

“Active supervision” or “actively supervise” means a method of resident supervision in which a direct care employee is: i) actively patrolling and frequently viewing the areas in which residents are present a minimum of once every 15 minutes; and ii) close enough in proximity to the resident or residents to provide a quick response should an incident occur.

"Annual" means within 13 months of the previous event or occurrence.

“Assistant superintendent” means the individual who provides regular assistance and support to the superintendent in the management and operation of a juvenile correctional center.

“Aversive stimuli” means any physical forces, such as sound, electricity, heat, cold, light, water, or noise, or any substances, such as hot pepper, pepper sauce, or pepper spray, measurable in duration and intensity that when applied to a resident are noxious or painful to the resident.

“Behavior management” means the principles and methods employed to help a resident achieve positive behavior and to address and correct a resident’s inappropriate behavior in a constructive and safe manner in accordance with written procedures governing program expectations, treatment goals, resident and staff safety and security, and the resident’s individual service plan.

"Board" means the Board of Juvenile Justice.

“Boot camp” means a short-term secure or non-secure juvenile residential program that includes aspects of basic military training and that utilizes a form of military-style discipline whereby employees are authorized to respond to minor institutional offenses by imposing immediate sanctions that may require the performance of some physical activity based on the program’s written procedures.

"Case record" or "record" means ~~written or electronic~~ information regarding a resident and the resident's family, if applicable, maintained in accordance with written procedures.

“Community manager” means the individual who supervises, coordinates, and directs an assigned group of staff in multiple housing units and who oversees the schedules, programs, and services for assigned housing units within a juvenile correctional center.

"Contraband" means any item possessed by or accessible to a resident or found within a juvenile correctional center or on its premises that (i) is prohibited by statute, regulation, or department

procedure; (ii) is not acquired through approved channels or in prescribed amounts; or (iii) may jeopardize the safety and security of the juvenile correctional center or individual residents.

“Contractor” means an individual that has entered into a legal agreement to provide services on a recurring basis to a juvenile correctional center.

“Department” means the Department of Juvenile Justice.

“Direct care” means the ~~time period~~ during which a resident who is committed to the ~~Department~~ pursuant to § 16.1-272, ~~or § 16.1-285.1, or subsection A-14 or 17 of~~ § 16.1-278.8(A)(14) or (17) of the Code of Virginia is under the supervision of staff in a juvenile correctional center operated by or under contract with the ~~De~~partment.

“Direct care ~~staff employee~~” means the ~~staff employee~~ whose primary job responsibilities are for (i) maintaining the safety, care, and well-being of residents; (ii) implementing the structured program of care and the behavior management program; and (iii) maintaining the security of the facility.

~~“Direct supervision” or “directly supervise” means a method of resident supervision in which a direct supervision employee is authorized to provide services to a resident while direct care staff are not within close proximity and do not have direct and continuous visual observation of or the ability to hear any sounds or words spoken by; the resident or residents. the act of working with residents who are not in the presence of direct care staff. Staff members who provide direct supervision are responsible for maintaining the safety, care, and well-being of the residents in addition to providing services or performing the primary responsibilities of that position.~~

“Direct supervision employee” means a staff member who is responsible for maintaining the safety, care, and well-being of the residents in addition to providing services or performing the primary responsibilities of that position and who is authorized to directly supervise residents. For purposes of this definition, direct supervision staff shall include assistant superintendents, teachers, therapists, counselors and community managers.

“Director” means the Director of the Department of Juvenile Justice.

“Emergency” means a sudden, generally unexpected occurrence or set of circumstances demanding immediate action such as a fire, chemical release, loss of utilities, natural disaster, ~~taking of hostages situation~~, major disturbances, escape, ~~and or~~ bomb threats. For purposes of this definition, eEmergency does not include regularly scheduled employee time off or other situations that ~~reasonably~~ could be ~~reasonably~~ anticipated.

~~“Health care record” means the complete record of medical screening and examination information and ongoing records of medical and ancillary service delivery, including but not limited to all findings, diagnoses, treatments, dispositions, prescriptions, and their administration.~~

“Gender identity” means a person’s internal sense of being male or female, regardless of the person’s sex assigned at birth.

“Grievance” means a written communication by a resident on a Department-approved form which reports a condition or situation that presents a risk of hardship or harm to a resident and relates to Department procedure.

"Health care services" means those actions, preventative and therapeutic, taken for the physical and mental well-being of a resident. Health care services include medical, dental, orthodontic, mental health, family planning, obstetrical, gynecological, health education, and other ancillary services.

"Health-trained personnel" means an individual who is trained and appropriately supervised to carry out specific duties with regard to the administration of health care by a licensed health care provider to perform specific duties, such as administering health care screenings, reviewing screening forms for necessary follow-up care, preparing residents and records for sick call, and assisting in the implementation of certain medical orders.

"Housing unit" means the space in a juvenile correctional center in which a particular group of residents resides, which comprises sleeping areas, bath and toilet facilities, and a living room or its equivalent for use by the residents. Depending upon its design, a building may contain one or several separate housing units.

"Human research" means any systematic investigation, including research development, testing, and evaluation utilizing human subjects that is designed to develop or contribute to generalized knowledge. Human research shall not be deemed to include research exempt from federal research regulation pursuant to 45 CFR 46.101(b).

"Immediate family member" means a resident's parent or legal guardian, step-parent, grandparent, spouse, child, sibling, and step-sibling.

"Individual service plan" ~~or "service plan"~~ means a written plan of action developed, revised as necessary, and reviewed at specified intervals, to meet the needs of a resident. The individual service plan specifies (i) measurable short-term and long-term goals; (ii) the objectives, strategies, and time frames for reaching the goals; and (iii) the individuals responsible for carrying out the plan.

"Juvenile correctional center," "JCC," or "facility" means a public or private facility, operated by or under contract with the Department of Juvenile Justice, ~~where where 24 hour per day care is provided to residents under the direct care of the Department 24 hours a day, seven days a week, under the direct care of the Department.~~ For purposes of this chapter, "juvenile correctional center" does not include any facility at which a direct care alternative placement program is operated.

~~"Living unit" means the space in a juvenile correctional center in which a particular group of residents resides, and includes that contains sleeping areas, bath and toilet facilities, and a living room or its equivalent for use by the residents. Depending upon its design, a building may contain one living housing unit or several separate living housing units.~~

"Legal mail" means a written communication that is sent to or received from a designated class of correspondents, as defined in written procedures, which shall include any court, legal counsel, administrator of the grievance system, the department, or the regulatory authority.

"Mechanical restraint" means the use of an approved mechanical device that involuntarily restricts the freedom of movement or voluntary functioning of a limb or portion of an individual's body as a means of controlling his physical activities when the individual being restricted does not have the ability to remove the device. For purposes of this definition,

mechanical restraints are limited to handcuffs, handcuff covers, leather restraints, flex-cuffs, waist chains, leg irons, restraining belts and straps, helmets, spit guards, anti-mutilation gloves, and restraint chairs.

"Medical record" means the complete record of medical screening and examination information and ongoing records of medical and ancillary service delivery, including all findings, diagnoses, treatments, dispositions, prescriptions, and their administration.

"Medication incident" means any one of the following errors made in administering a medication to a resident: (i) a resident is given incorrect medication; (ii) medication is administered to the incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at the wrong time or not at all; or (v) the medication is administered through an improper method. For purposes of this regulation, a medication incident does not include a resident's refusal of appropriately offered medication.

"Natural support" means an extended family member, person serving as a mentor, representative from a community organization, or other person in the community with whom a resident has developed a relationship that enhances the resident's quality and security of life and who is expected to provide post-release support.

"On duty" means the period of time, during an employee's scheduled work hours, during which the employee is responsible for the ~~direct~~ supervision of one or more residents in the performance of that employee's position's duties.

"Parent" or "legal guardian" means (i) a biological or adoptive parent who has legal custody of a resident, including either parent if custody is shared under a joint decree or agreement; (ii) a biological or adoptive parent with whom a resident regularly resides; (iii) a person judicially appointed as a legal guardian of a resident; or (iv) a person who exercises the rights and responsibilities of legal custody by delegation from a biological or adoptive parent, upon provisional adoption, or otherwise by operation of law.

"Physical restraint" means the application of behavior intervention techniques involving a physical intervention to prevent an individual from moving all or part of that individual's body.

"Premises" means the tracts of land within the secure perimeter on which any part of a juvenile correctional center is located, ~~and any buildings on such tracts of land.~~

"Protective custody" means the separation of a resident from the general population for protection from or of other residents for reasons of health or safety.

~~"Reception and Diagnostic Center" or "RDC" means the juvenile correctional center that serves as the central intake facility for all individuals committed to the department. The Reception and Diagnostic Center's primary function is to orient, evaluate, and classify each resident before being assigned to a juvenile correctional center or alternative placement.~~

"Regulatory authority" means the board or the department, if designated by the board.

"Resident" means an individual, either a minor or an adult, who is committed to the ~~department~~ Department and resides in a juvenile correctional center.

“Rest day” means a period of not less than 24 consecutive hours during which the direct care staff person has no responsibility to perform duties related to employment at the JCC or with the Department.

"Rules of conduct" means a listing of a juvenile correctional center's rules or regulations that is maintained to inform residents and others of the behavioral expectations of the behavior management program, ~~about~~ behaviors that are not permitted, and ~~about~~ the consequences or sanctions that may be applied when impermissible behaviors occur.

“Security staff” means staff who are responsible for maintaining the safety, care, and well-being of residents and the safety and security of the facility.

“Sick call” means the evaluation and treatment of a resident in a clinical setting, either on or off site, by a qualified health care professional.

"Superintendent" means the individual who has the responsibility for the on-site management and operation of a juvenile correctional center on a regular basis.

“Timeout” means a systematic behavior management technique program component designed to reduce or eliminate inappropriate or problematic behavior by having staff require a resident to move to a specific location that is away from a source of reinforcement for the earlier of a period not to exceed 60 minutes or until the problem behavior has subsided.

"Volunteer" or "intern" means any individual or group under the direction and authority of the juvenile correctional center who of their own free will voluntarily provides goods and services without competitive compensation.

“Vulnerable population” means a resident or group of residents who has been determined by designated JCC staff to be reasonably likely to be exposed to the possibility of being attacked or harmed, either physically or emotionally, due to such factors as the resident’s age, height, size, English proficiency, sexual orientation, gender nonconformity, history of being bullied, or history of self-injurious behavior.

"Written" means the required information is communicated in writing. ~~Such writing may be available in either hard copy or in electronic form.~~

6VAC35-71-20. ~~Previous regulations terminated.~~ (Repealed)

~~This chapter replaces the Standards for the Interim Regulation of Children's Residential Facilities, (6VAC 35-51), and the Standards for Juvenile Residential Facilities, (6VAC35-140), for the regulation of all JCCs as defined herein. The Standards for the Interim Regulation of Children's Residential Facilities and the Standards for Juvenile Residential Facilities remain in effect for secure detention facilities and group homes, regulated by the board, until such time as the board adopts new regulations related thereto.~~

6VAC35-71-30. Certification.

A. The JCC shall maintain a current certification demonstrating compliance with the provisions of the Regulations Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities (6VAC35-20).

B. The JCC shall demonstrate compliance with this chapter, other applicable regulations issued by the board, and applicable statutes and regulations as interpreted by the assessment and compliance measures approved in accordance with board regulations or department procedures.

C. Documentation necessary to demonstrate compliance with this chapter shall be maintained for a minimum of three years.

D. The current certificate shall be posted at all times in a place conspicuous to the public.

6VAC35-71-40. Relationship to the regulatory authority.

All reports and information as the regulatory authority may require to establish compliance with this chapter and other applicable regulations and statutes shall be submitted to or made available to the ~~regulatory authority~~ audit team leader.

6VAC35-71-50. Variances and Waivers.

A. Board action may be requested by the ~~superintendent~~ director or his designee to relieve a JCC from having to meet or develop a plan of action for the requirements of a specific section or subsection of this regulation, provided the section or subsection is a noncritical regulatory requirement. The variance request may be granted either permanently or for a determined period of time, as provided in the Regulations Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities (6VAC35-20) and in accordance with written procedures.

B. A variance may not be implemented prior to approval of the board.

C. When the superintendent has submitted a variance request to the Director or designee concerning a noncritical regulatory requirement and board action has been requested formally by the director or designee, the director may, but is not required to, grant a waiver temporarily excusing the facility from meeting the requirements of a specific section or subsection of this regulation. Any such waiver shall be subject to the requirements in 6VAC35-20-93, (w/Waivers).

6VAC35-71-55. Operational procedures.

Current operational procedures shall be readily accessible to all staff.

6VAC35-71-60. ~~Serious incident~~ Incident reports.

A. The following events shall be reported to the director or his designee -as soon as practicable, but no later than 24 hours after the incident, and in accordance with ~~department-written~~ procedures ~~to the director or his designee~~:

1. Any serious illness, incident, injury, or accident involving the serious injury of a resident;
2. Any resident absence from the facility without permission; ~~and~~
3. Any disaster, emergency, or other condition that may jeopardize the health, safety, and welfare of residents; and
- ~~34.~~ 4. All other situations required by written procedures.

B. As appropriate and applicable, the facility shall, as soon as practicable, but no later than 24 hours after the incident, and in accordance with written procedures, report the incidents listed in

subsection A of this section to (i) the parent or legal guardian and (ii) the supervising court service unit or agency.

C. Any incident involving the death of a resident shall be reported to the individuals specified in subsections A and B of this section without undue delay.

D. The facility shall prepare and maintain a written report of the events listed in subsections A and C of this section which shall contain the following information:

1. The date and time the incident occurred;
2. A brief description of the incident;
3. The action taken as a result of the incident;
4. The name of the person who completed the report;
5. The name or identifying information of the person who made the report to the supervising agency and to the parent or legal guardian; and
6. The name ~~or identifying information of the person of any law enforcement agency or local department of social services to whom which~~ the report was made, ~~including any law enforcement or child protective service personnel.~~

E. The resident's record shall contain a written reference (i) that an incident occurred and (ii) of all applicable reporting.

F. In addition to the requirements of this section, any suspected child abuse and neglect shall be governed by 6VAC35-71-70 (suspected child abuse or neglect).

6VAC35-71-70. Suspected child abuse or neglect.

A. When there is reason to suspect that a resident is an abused or neglected child, the matter shall be reported immediately to the local department of social services or to the Department of Social Services' toll-free child abuse and neglect hotline as required by § 63.2-1509 of the Code of Virginia and in accordance with written procedures.

B. Any case of suspected child abuse or neglect occurring at ~~at~~ the JCC, occurring ~~on~~ during a JCC-sponsored event or excursion, or involving JCC staff, shall be reported within 24 hours, in accordance with written procedures, to (i) the director or his designee, (ii) the supervising court services unit, and (iii) the resident's parent or legal guardian, as appropriate and applicable.

C. When a case of suspected child abuse or neglect is reported to a local department of social services ~~child protective services~~, a record shall be maintained at the facility that contains the following information:

1. The date and time the suspected abuse or neglect occurred;
2. A brief description of the suspected abuse or neglect;
3. The ~~a~~ Action taken as a result of the suspected abuse or neglect; and
4. The name or identifying information of the person to whom the report was made at the local ~~child protective services unit~~ department of social services.

D. The resident's record shall contain a written reference that a report was made.

E. Written procedures shall be accessible to staff regarding the following:

1. Handling accusations of child abuse or neglect, including those made against staff;
2. Reporting, consistent with requirements of the Code of Virginia, and documenting suspected cases of child abuse or neglect to the local child protective services unit;
3. Cooperating during any investigation; and
4. Measures to be taken to ensure the safety of the resident and the staff.

6VAC35-71-75. Reporting criminal activity.

A. Staff shall be required to report to the Ssuperintendent or his designee all known criminal activity alleged to have been committed by residents or staff, including ~~but not limited to~~ any physical abuse, sexual abuse, or sexual harassment of residents, ~~to the superintendent or designee.~~

B. In accordance with written procedures, ~~The Ssuperintendent, in accordance with written procedures,~~ shall notify the appropriate persons or agencies, including law enforcement and the local department of social services' division of child protective services, if applicable and appropriate, of suspected criminal violations by residents or staff.

C. The JCC Ssuperintendent and applicable staff shall assist and cooperate with the investigation of any such complaints and allegations subject to any restrictions in federal or state law, as necessary.

6VAC35-71-80. Grievance procedure.

A. The superintendent or designee shall ensure the facility's compliance with the department's grievance procedure. The grievance procedure shall provide for the following:

1. Resident participation in the grievance process, with assistance from staff upon request;
2. Investigation of the grievance by an impartial and objective person-employee who is not the subject of the grievance;
3. Documented, timely responses to all grievances with the supporting reasons for the decision;
4. At least one level of appeal;
5. Administrative review of grievances;
6. Protection of residents from retaliation or the threat of retaliation for filing a grievance; and
7. Immediate review of emergency grievances with resolution as soon as practicable but no later than eight hours after the initial review.

B. Residents shall be oriented to the grievance procedure in an age and/or developmentally appropriate manner.

C. The grievance procedure shall be (i) written in clear and simple language (ii) ~~posted in an area accessible to residents~~, and (iii) ~~posted available~~ in an area easily accessible to parents and legal guardians.

D. Staff shall assist and work cooperatively with other employees in facilitating the grievance process.

6VAC35-71-90. Resident advisory committee Student Government Association.

A. Each JCC, ~~except RDC~~, shall ~~have maintain~~ a ~~resident advisory committee~~ Student Government Association that ~~(i) is representative of the facility's population and that is organized to: (i) provide leadership, development opportunities, and opportunities for civic participation and engagement for residents and (ii) allow for resident communication with facility and agency leadership. -and (ii)~~

B. The Student Government Association shall develop a constitution and bylaws, which shall govern the operation of the organization and provide for an election process for Student Government Association officers and representatives.

C. Representatives from the Student Government Association shall meet ~~monthly~~ with the ~~S~~superintendent or designees at least once per month, during which time the ~~residents representatives~~ shall be given the opportunity to raise matters ~~of that concern to the residents and the opportunity to have input into planning, problem-solving, and decision-making in areas of the residential program that affect their lives.~~

D. In addition to the monthly meetings with the Superintendent, the JCC shall provide regular opportunities for the Student Government Association to meet as a body and with the residents they represent.

E. The facility shall maintain a current copy of the constitution and bylaws required in subsection B, which shall be posted in each housing unit. During orientation, the residents shall receive an overview of the Student Government Association, the constitution, and the bylaws.

Part II

Administrative and Personnel

6VAC35-71-100. Administration and organization.

Each JCC shall have an organizational chart that includes functions, services, and activities in administrative subunits, which shall be reviewed and updated as needed, as determined by the ~~JCC~~ superintendent or designee.

6VAC35-71-110. Organizational communications.

A. The ~~S~~superintendent or designee shall meet, at least monthly, with all facility department heads and key staff members.

B. ~~The superintendent or the assistant superintendent, chief of security, treatment program supervisor, or counseling supervisor, if designated by the superintendent, shall visit the living units and activity areas at least weekly~~ In order to encourage informal contact with employees and residents, and to observe informally the facility's living and working conditions, and enhance

the efficacy and success of the therapeutic community within each housing unit, the JCC shall ensure that the assistant superintendent of the JCC and the community manager assigned to each specific housing unit shall make regular, consistent, and frequent visits to each housing unit under their jurisdiction, in accordance with written procedures established pursuant to subsection D of this section.

C. The Ssuperintendent shall visit every housing unit and activity area make such visits, at least a minimum, one-once time-per month.

D. The JCC shall establish written procedures governing the visits required in subsection B, which shall specify the required duration of each visit, the information and activities that should be observed, and the manner in which such visits shall be documented.

6VAC35-71-120. Community relationships.

Each JCC shall designate a community liaison and, if appropriate, a community advisory committee ~~that to~~ serves as a link between the facility and the community. The community advisory committee ~~which~~ may include facility neighbors, local law enforcement, and local government officials.

6VAC35-71-130. Participation of residents in human research.

~~A. Residents shall not be used as subjects of human research except as provided in 6VAC35-170 (Regulation Governing Minimum Standards for Juvenile Information Requests from and Research Involving Human Subjects within the Department of Juvenile Justice) and in accordance with Chapter 5.1 (§ 32.1-162.16 et seq.) of Title 32.1 of the Code of Virginia.~~

~~B. For the purpose of this section, human research means any systematic investigation using human subjects as defined by § 32.1-162.16 of the Code of Virginia and 6VAC35-170. Human research shall not include research prohibited by state or federal statutes or regulations or research exempt from federal regulations or mandated by any applicable statutes or regulations. The testing of medicines or drugs for experimentation or research also is prohibited.~~

6VAC35-71-140. Background checks.

A. Except as provided in subsection B of this section, all persons who (i) accept a position of employment or (ii) provide contractual services directly to a resident on a regular basis and will be alone with a resident in the performance of their duties in a JCC shall undergo the following background checks, in accordance with § 63.2-1726 of the Code of Virginia, to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of residents in the JCC:

1. A reference check;
2. A criminal history record check;
3. Fingerprint checks with the Virginia State Police and Federal Bureau of Investigation (FBI);
4. A central registry check with Child Protective Services; and
5. A driving record check, if applicable to the individual's job duties.

B. To minimize vacancy time, when the fingerprint checks required by subdivision A 3 of this section have been requested, employees may be hired, pending the results of the fingerprint checks, provided:

1. All of the other applicable components of this subsection have been completed;
2. The applicant is given written notice that continued employment is contingent on the fingerprint check results as required by subdivision A 3 of this section; and
3. Employees hired under this exception shall not be allowed to be alone with residents and may work with residents only when such residents are under the direct or active supervision of staff whose background checks have been completed until such time as all the requirements of this section are completed.

C. Documentation of compliance with this section shall be retained.

D. Written procedures shall provide for the supervision of nonemployee persons, who are not subject to the provisions of this section and who have contact with residents.

6VAC35-71-150. Required initial orientation.

A. Before the expiration of the employee's seventh work day at the facility, each employee shall ~~be provided with~~receive a basic orientation on the following:

1. The facility;
2. The population served;
3. The basic tenets and objectives of the facility's behavior management program;
4. The facility's organizational structure;
5. Security, population control, emergency preparedness, and evacuation procedures in accordance with 6VAC35-71-460- (emergency and evacuation procedures);
6. The practices of confidentiality;
7. The residents' rights; and
8. The basic requirements of and competencies necessary to perform in ~~their~~the positions.

~~B. Prior to working with residents while not under the direct supervision of staff who have completed all applicable orientations and training, each direct care staff shall receive a basic orientation on the following:~~

- ~~1. The facility's program philosophy and services;~~
- ~~2. The facility's behavior management program;~~
- ~~3. The facility's behavior intervention procedures and techniques, including the use of least restrictive interventions and physical restraint;~~
- ~~4. The residents' rules of conduct and responsibilities;~~
- ~~5. The residents' disciplinary and grievance procedures;~~

~~6. Child abuse and neglect and mandatory reporting;~~

~~7. Standard precautions; and~~

~~8. Documentation requirements as applicable to their duties.~~

~~CB. Volunteers and interns shall be oriented in accordance with 6VAC35-71-240 (volunteer and intern orientation and training).~~

C. Contractors shall receive an orientation regarding the expectations of working within a secure environment.

6VAC35-71-160. Required initial training.

~~A. Each employee shall complete initial, comprehensive agency-approved training that is specific to the individual's occupational class, is based on the needs of the population served, and ensures that the individual has the competencies to perform the position responsibilities. Contractors shall receive training required to perform their position responsibilities in a correctional environment.~~

~~B. Direct care staff employees and security employees and employees responsible for the direct supervision of residents shall, before that employee is being responsible for the direct supervising of a residents, shall complete at least 120 hours of training which shall include training in the following areas:~~

~~1. Emergency preparedness and response;~~

~~21. First aid and cardiopulmonary resuscitation, unless the individual is currently certified, with certification required as applicable to their duties;~~

~~2. Recognition of signs and symptoms and knowledge of actions required in a medical emergency;~~

~~3. The facility's Department's behavior management program, as provided in 6VAC35-71-745 (behavior management), including the requirements for sustaining a therapeutic community environment, as required in 6VAC35-71-735 (therapeutic communities in housing units). At a minimum, this training shall address: i) the components and basic principles of the behavior management program; ii) the principles, definitions, and expectations governing a therapeutic community environment; iii) the main tenets of the Department's graduated incentive system; and iv) the tools available to address noncompliance;~~

~~4. The residents' rules of conduct and the rationale for the rules;~~

~~5. The facility's Department's behavior interventions, with restraint training required as including, if applicable to their the individual's duties, training in the use of physical and mechanical restraints, as provided in 6VAC35-71-1130 (physical restraint), and 6VAC35-71-1180 (mechanical restraints);~~

~~6. Emergency preparedness and response;~~

~~7. Standard precautions, as provided in 6VAC35-71-1000;~~

~~68. Child abuse and neglect;~~

79. Mandatory reporting;

10. Residents' rights, including the prohibited actions provided for in 6VAC35-71-550;

811. Maintaining appropriate professional relationships;

912. Appropriate interaction among staff and residents;

~~1013. Suicide prevention, as provided in 6VAC35-71-805;~~

~~11. Residents' rights, including but not limited to the prohibited actions provided for in 6VAC35-71-550 (prohibited actions);~~

~~12. Standard precautions;~~

~~13. Recognition of signs and symptoms and knowledge of actions required in medical emergencies;~~

14. Adolescent development;

15. Procedures applicable to the employees' position and consistent with their work profiles; and

16. Other topics as required by the department and any applicable state or federal statutes or regulations.

C. Direct supervision employees shall complete an initial 80 hours of agency-approved training, inclusive of the topics enumerated in subsection B before being responsible for the direct supervision of a resident, and an additional 40 hours of agency-approved training before the completion of their first year of employment.

D. Employees providing medical services shall complete the following training:

1. An initial 40 hours of agency-approved training, inclusive of: (i) tuberculosis control practices, and ii) the topics enumerated in subsection B(5) through B(16) before they may work directly with a resident; and

2. An additional 80 hours of agency-approved training before the expiration of their first year of employment.

E. Employees who administer medication shall, prior to such administration and in accordance with the provisions of §54.1-3408 of the Code of Virginia, successfully complete a medication management training program approved by the Board of Nursing or be certified by the Commonwealth of Virginia to administer medication.

~~€F. Administrative and managerial staff shall receive at least 40 hours of training during their first year of employment. Clerical and support staff shall receive at least 16 hours of training.~~

~~D. Employees who administer medication shall, prior to such administration, successfully complete a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medication.~~

~~E. Employees providing medical services shall be trained in tuberculosis control practices.~~

FG. When an individual is employed by contract to provide services for which licensure by a professional organization is required, documentation of current licensure shall constitute compliance with this section.

GH. Volunteers and interns shall be trained in accordance with 6VAC35-71-240 (volunteer and intern orientation and training).

1. The Department shall develop written procedures that clearly delineate the positions falling under each category identified in this section.

6VAC35-71-170. Retraining.

A. Each employee shall complete retraining that is specific to the individual's occupational class and the position's job description, and addresses any professional development needs.

1. Direct care ~~staff~~employees, -and employees who provide security employees, direct supervision employees, and employees -of the residents providing medical services shall complete 40 hours of training annually, inclusive of the requirements of this section.

2. Administrative and managerial staff shall receive at least 40 hours of training annually.

3. Clerical and support staff shall receive at least 16 hours of training annually.

~~4. Contractors shall receive retraining as required to perform their position responsibilities in the correctional environment.~~

B. All staff shall complete an annual training refresher on the facility's emergency preparedness and response plan and procedures.

C. All direct care ~~staff~~employees, security employees and direct supervision employees who provide direct supervision of the residents shall complete annual retraining in the following areas:

1. The Department's behavior management program and the requirements for sustaining a therapeutic community environment, as required in accordance with 6VAC35-71-160(B)(3);

~~2.~~ 2. Suicide prevention;

~~3.~~ 3. Maintaining appropriate professional relationships;

~~4.~~ 4. Appropriate interaction among staff and residents;

~~5.~~ 5. Child abuse and neglect;

~~6.~~ 6. Mandatory reporting;

~~7.~~ 7. Resident rights, including ~~but not limited to~~ the prohibited actions provided for in 6VAC35-71-550 (prohibited actions);

~~8.~~ 8. Standard precautions; and

~~9.~~ 9. Behavior management techniques; and

9. Other topics as required by the department and any applicable state or federal statutes or regulations.

D. All employees providing medical services shall complete annual retraining in the topics enumerated in B(2) through B(9) of this section.

~~DE.~~ All direct care ~~staff~~employees, security employees, and direct supervision employees shall receive training sufficient to maintain a current certification in first aid and cardiopulmonary resuscitation.

~~EF.~~ Employees who administer medication shall complete annual refresher training on the administration of medication, which shall, at a minimum, include a review of the components required in 6VAC35-71-1070 (medication).

~~EG.~~ When an individual is employed by contract to provide services for which licensure by a professional organization is required, documentation of current licensure shall constitute compliance with this section.

~~GH.~~ All staff approved to apply physical restraints as provided for in 6VAC35-71-1130 (physical restraint) shall be trained as needed to maintain the applicable current certification.

~~HJ.~~ All staff approved to apply mechanical restraints shall be retrained annually as required by 6VAC35-71-1180 (mechanical restraints).

~~IJ.~~ Staff who have not timely completed required retraining shall not be allowed to have direct care or direct supervision responsibilities pending completion of the retraining requirements.

6VAC35-71-180. Code of ethics.

The facility shall make available to all employees a written set of rules describing acceptable standards of conduct for all employees ~~shall be available to all employees.~~

6VAC35-71-185. Employee tuberculosis screening and follow-up.

A. On or before the employee's individual's start date at the facility and at least annually thereafter each: i) employee ; and ii) contractor who provides services directly to residents on a regular basis, shall submit the results of a tuberculosis screening assessment that is no older than 30 days. The documentation shall indicate the screening results as to whether there is an absence of tuberculosis in a communicable form.

B. Each: i) employee; and ii) contractor who provides services directly to residents on a regular basis, shall submit evidence of an annual evaluation of freedom from tuberculosis in a communicable form.

C. ~~Each: i) employee; Employees~~ and ii) contractor who provides services directly to residents on a regular basis shall undergo a subsequent tuberculosis screening or evaluation, as applicable, in the following circumstances:

1. The employee or contractor comes into contact with a known case of infectious tuberculosis;
or
2. The employee or contractor develops chronic respiratory symptoms of three weeks' duration.

D. Employees and contractors providing services directly to residents on a regular basis, who are suspected of having tuberculosis in a communicable form shall not be permitted to return to

work or have contact with staff or residents until a physician or health-trained professional has determined that the individual does not have tuberculosis in a communicable form.

E. Any active case of tuberculosis developed by an employee or a resident shall be reported to the local health department in accordance with the requirements of the Commonwealth of Virginia State Board of Health Regulations for Disease Reporting and Control (12VAC5-90).

F. Documentation of any screening results shall be retained in a manner that maintains the confidentiality of information.

G. The detection, diagnosis, prophylaxis, and treatment of pulmonary tuberculosis shall be performed consistent in accordance with the current requirements recommendations of the Virginia Department of Health's Division of Tuberculosis Prevention and Control and the federal Department of Health and Human Services Centers for Disease Control and Prevention.

6VAC35-71-190. (Reserved.)

6VAC35-71-200. (Reserved.)

6VAC35-71-210. (Reserved.)

6VAC35-71-215. Physical or mental health of personnel

When an employee or contractor poses a significant risk of substantial harm to the health and safety of a resident, others at the facility, or the public, or is unable to perform essential job-related functions, that individual shall be removed immediately from all duties involved in the supervision of residents. The facility may require a medical or mental health evaluation to determine the individual's fitness for duty prior to returning to duties involving the supervision of residents.

6VAC35-71-220. Selection and duties of volunteers and interns.

A. ~~Any A~~ JCC that uses volunteers or interns shall implement written procedures governing their selection and use. ~~Such~~ The procedures shall provide for the evaluation of persons and organizations in the community who wish to associate with the residents.

B. Volunteers and interns shall have qualifications appropriate for the services provided.

C. The responsibilities of interns and individuals who volunteer on a regular basis shall be clearly defined in writing.

D. Volunteers and interns ~~may not~~ shall not be responsible for the duties of direct care or direct supervision staff. In no event shall a volunteer or intern be authorized to be alone with residents.

6VAC35-71-230. ~~Volunteer and intern~~ Background checks for volunteers and interns.

A. Any individual who ~~(i)~~ volunteers or is an intern on a regular basis in a JCC ~~and (ii) will be alone with a resident in the performance of the position's duties~~ shall be subject to the background check requirements provided for in ~~of~~ 6VAC35-71-140 A (background checks).

B. Documentation of compliance with the background check requirements shall be maintained for each volunteer or intern for whom a background check is required.

C. A JCC that uses volunteers or interns shall implement written procedures for supervising volunteers or interns, on whom background checks are not required or whose background checks have not been completed, who have contact with residents.

6VAC35-71-240. Volunteer and intern orientation and training.

A. ~~Any~~ Individuals who (i) volunteers on a regular basis, (ii) volunteer and have contact with residents or ~~is an~~ interns in a JCC, ~~and will be alone with the resident or~~ (iii) is are the designated leader for a group of volunteers shall be provided with a basic orientation on the following:

1. The facility;
2. The population served;
3. The basic objectives of the department;
4. The department and facility organizational structure;
5. Security, population control, emergency preparedness, and evacuation procedures;
6. The practices of confidentiality;
7. The residents' rights, including ~~but not limited to~~ the prohibited actions provided for in 6VAC35-71-550 (prohibited actions); and
8. The basic requirements of and competencies necessary to perform their duties and responsibilities.

B. Volunteers and interns shall be trained within 30 days from their start date at the facility in the following:

1. Their duties and responsibilities in the event of a facility evacuation, as provided in 6VAC35-71-460 (emergency and evacuation procedures); and

~~2. Any other~~ procedures that are applicable to their duties and responsibilities; ~~and~~

~~2. Their duties and responsibilities in the event of a facility evacuation as provided in 6VAC35-71-460 (emergency and evacuation procedures).~~

6VAC35-71-250. (Reserved.)

6VAC35-71-260. Maintenance of records.

A. A separate written ~~or automated~~ case record shall be maintained for each resident, which shall include all correspondence and documents received by the JCC relating to the care of that resident and documentation of all case management services provided.

B. Separate ~~health care~~ medical records, including behavioral health, as applicable, ~~and medical records,~~ shall be kept on each resident. Health care records shall be maintained in accordance with 6VAC35-71-1020 (residents' health records) and applicable statutes and regulations. Behavioral ~~health care~~ medical records may be kept separately from other medical records.

C. Each case record and ~~health care~~ medical record shall be kept up to date and in a uniform manner in accordance with written procedures. Case records shall be released only in accordance

with §§ 16.1-300 and 16.1-309.1 of the Code of Virginia and applicable state and federal laws and regulations.

D. The procedures for ~~management of~~managing residents' written records, ~~written and automated,~~ shall ~~describe~~address confidentiality, accessibility, security, and retention of records pertaining to residents, including:

1. Access, duplication, dissemination, and ~~acquiring~~acquisition of information only to persons legally authorized according to federal and state laws;
2. Security measures to protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information, and transportation of records between service sites; and
3. Designation of the person responsible for records management.

E. Active and closed records shall be kept in secure locations or compartments that are accessible only to authorized employees and ~~are~~shall be protected from unauthorized access, fire, and flood.

F. Each resident's written case and ~~health care~~medical records shall be stored separately subsequent to the resident's discharge in accordance with applicable statutes and regulations.

G. Residents' inactive records shall be retained as required by The Library of Virginia.

6VAC35-71-270. Face sheet.

A. At the time of admission, each resident's record shall include, at a minimum, a completed face sheet that contains the following: (i) the resident's full name, last known residence, birth date, birthplace, sex-, gender identity, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, supervising agency, emergency contacts, and parents, if appropriate.

B. The face sheet shall be updated when changes occur and maintained in accordance with written procedures.

Part III

Physical Environment

6VAC35-71-280. Buildings and inspections.

A. All newly constructed buildings, major renovations to buildings, and temporary structures shall be inspected and approved by the appropriate building officials. There shall be a valid, current certificate of occupancy available at each JCC that documents this approval.

B. A current copy of the facility's annual inspection by fire prevention authorities indicating that all buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51) shall be maintained. If the fire prevention authorities have failed to timely inspect the facility's buildings and equipment, the facility shall maintain documentation of its request to schedule the annual inspection, as well as documentation of any necessary

follow-up. ~~For this subsection, the definition of annual shall be defined by the Virginia Department of Fire Programs, State Fire Marshal's Office.~~

C. The facility shall maintain a current copy of its compliance with annual inspection and approval by an independent, outside source in accordance with state and local inspection laws, regulations, and ordinances, of the following:

1. General sanitation;
2. The sewage disposal system, if applicable;
3. The water supply, if applicable;
4. Food service operations; and
5. Swimming pools, if applicable.

6VAC35-71-290. Equipment and systems inspections and maintenance.

A. All safety, emergency, and communications equipment and systems shall be inspected, tested, and maintained by designated staff in accordance with the manufacturer's recommendations or instruction manuals or, absent such requirements, in accordance with a schedule that is approved by the superintendent.

1. The facility shall maintain a listing of all safety, emergency, and communications equipment and systems and the schedule established for inspections and testing.
2. Testing of such equipment and systems shall, ~~at a minimum,~~ be conducted quarterly, at a minimum.

B. Whenever safety, emergency, ~~and or~~ communications equipment or ~~a systems~~ is are found to be determined defective, immediate steps shall be taken to rectify the situation and to repair, remove, or replace the defective equipment or systems.

6VAC35-71-300. Alternate power source.

Each JCC shall have access to an alternate power source to maintain essential services in an emergency.

6VAC35-71-310. Heating and cooling systems and ventilation.

A. Heat shall be distributed in all rooms occupied by the residents so that a temperature no less than 68°F is maintained, unless otherwise mandated by state or federal authorities.

B. Air conditioning or mechanical ventilating systems, such as electric fans, shall be provided in all rooms occupied by residents when the temperature in those rooms exceeds 80°F, unless otherwise mandated by state or federal authorities.

6VAC35-71-320. Lighting.

A. Sleeping and activity areas shall provide natural lighting.

B. All areas within buildings shall be lighted for safety, and the lighting shall be sufficient for the activities being performed.

C. A facility shall have ~~Night night~~ lighting ~~shall be~~ sufficient to observe residents.

D. Operable flashlights or battery-powered lanterns shall be accessible to each security staff and direct care staff on duty.

E. Outside entrances and parking areas shall be lighted.

6VAC35-71-330. Plumbing and water supply; temperature.

A. Plumbing shall be maintained in operational condition, as designed.

B. An adequate supply of hot and cold running water shall be available at all times.

C. Precautions shall be taken to prevent scalding from running water. Hot water temperatures should be maintained at 100°F to 120°F.

6VAC35-71-340. Drinking water.

A. In all JCCs constructed after January 1, 1998, all sleeping areas shall have fresh drinking water for residents' use.

B. All activity areas shall have potable drinking water available for residents' use.

6VAC35-71-350. Toilet facilities.

A. There shall be toilet facilities available for resident use in all sleeping areas for ~~each~~ JCCs constructed after January 1, 1998.

B. There shall be at least one toilet, one hand basin, and one shower or tub for every eight residents for facilities certified on or before December 27, 2007. There shall be one toilet, one hand basin, and one shower or tub for every four residents in any building constructed or structurally modified on or after December 28, 2007.

C. There shall be at least one bathtub in each facility.

D. The maximum number of employees on duty in the living housing unit shall be counted in determining the required number of toilets and hand basins when a separate bathroom is not provided for staff.

6VAC35-71-360. Sleeping areas.

~~A. Male and female residents shall have separate sleeping areas.~~

AB. Beds in all facilities or sleeping areas established, constructed, or structurally modified after July 1, 1981, shall be at least three feet apart at the head, foot, and sides; and double-decker beds in such facilities shall be at least five feet apart at the head, foot, and sides. Facilities or sleeping areas established, constructed, or structurally modified before July 1, 1981, shall have a bed placement plan approved by the director or designee.

CB. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer, except in buildings equipped with an automated sprinkler system as required by the Virginia Uniform Statewide Building Code (13VAC5-63).

DC. Sleeping quarters established, constructed, or structurally modified after July 1, 1981, shall have:

1. At least 80 square feet of floor area in a bedroom accommodating one person;
2. At least 60 square feet of floor area per person in rooms accommodating two or more persons;
and
3. Ceilings with a primary height at least 7-1/2 feet in height exclusive of protrusions, duct work, or dormers.

6VAC35-71-370. Furnishings.

All furnishings and equipment shall be safe, clean, and suitable to the ages and for the number of residents.

6VAC35-71-380. Disposal of garbage and waste.

Provision shall be made for the collection and legal disposal of all garbage and waste materials.

6VAC35-71-390. Hazardous materials and chemicals.

A. Each facility shall have a hazard communication plan that (i) governs the evaluation of the potential hazards of chemicals used at the facility and (ii) requires the communication of information to employees concerning hazards and appropriate protective measures.

B. All flammable, toxic, medical, and caustic materials within the JCC shall be stored, used, and disposed of in appropriate receptacles and in accordance with federal, state, and local requirements.

6VAC35-71-400. Smoking prohibition.

Residents shall be prohibited from using, possessing, purchasing, or distributing any tobacco product and/or nicotine vapor products. ~~Tobacco and nicotine~~ products, including cigarettes, cigars, pipes, bidis, and smokeless tobacco, such as chewing tobacco or snuff, ~~and vapor~~ products, such as electronic cigarettes, electronic cigars, electronic cigarillo, electronic pipes, or similar products or devices shall not be used by staff, contractors, interns, or visitors in any areas of the facility or its on the premises ~~where residents may see or smell the tobacco product~~.

6VAC35-71-410. Space utilization.

A. Each JCC shall provide for the following:

1. An indoor recreation area with appropriate recreation materials;
2. An outdoor recreation area with appropriate recreation materials;
3. Kitchen facilities and equipment for the preparation and service of meals;
4. A dining area equipped with tables and seating;
5. Space and equipment for laundry, if laundry is done on site;
6. Storage ~~Space for the storage of~~ items such as first aid equipment, household supplies, recreational equipment, and other materials;
7. A designated visiting area that permits informal communication and opportunity for physical contact between residents and visitors, ~~including opportunity for physical contact~~ in accordance with written procedures;

8. Space for administrative activities, ~~including, as appropriate to the program,~~ confidential conversations, and the storage of records and materials; and

9. A central medical ~~room-area~~ with medical examination rooms or other spaces designated to ensure privacy of facilities-care and equipped in consultation with the health authority.

B. If a school program is operated at the facility, school classrooms shall be designed in consultation with appropriate education authorities to comply with applicable state and local requirements.

C. Spaces or areas may be ~~interchangeably~~-utilized interchangeably but shall be in functional condition for the designated purpose.

6VAC35-71-420. Kitchen operation and safety.

A. Each facility shall have a food service operation maintenance plan that addresses the following: (i) food sanitation and safety procedures; (ii) the inspection of all food service, preparation, and dining areas and equipment; (iii) a requirement for sanitary and temperature-controlled storage facilities for food; and (iv) the monitoring of refrigerator and water temperatures.

B. The facility shall follow written procedures governing access to all areas where food or utensils are stored and the inventory and control of culinary equipment to which residents reasonably may be expected to have access.

C. Walk-in refrigerators and freezers shall be equipped to permit emergency exits.

D. Bleach or another sanitizing agent approved by the federal Environmental Protection Agency to destroy bacteria shall be used in laundering table and kitchen linens.

6VAC35-71-430. Maintenance of the buildings and grounds.

A. The interior and exterior of all buildings and grounds shall be safe, maintained, and reasonably free of clutter and rubbish. This includes ~~but is not limited to~~ (i) required locks, mechanical devices, indoor and outdoor equipment, and furnishings; and (ii) all areas where residents, staff, and visitors may reasonably be expected to have access.

B. All buildings shall be reasonably free of stale, musty, or foul odors.

C. Each facility shall have a written plan to control pests and vermin. Buildings shall be kept reasonably free of flies, roaches, rats, and other vermin. Any condition conducive to harboring or breeding insects, rodents, or other vermin shall be eliminated immediately. Each facility shall document efforts to eliminate such conditions, as applicable.

6VAC35-71-440. Animals on the premises.

A. Animals maintained on the premises shall be housed ~~at~~ a reasonable distance from ~~sleeping, living, eating, and~~ food preparation areas as well as a safe distance from water supplies.

B. Animals maintained on the premises shall be tested, inoculated, and licensed as required by law.

C. The premises shall be kept reasonably free of stray domestic animals.

D. Pets-Animals maintained on the premises shall be provided with clean sleeping areas and adequate food and water.

Part IV

Safety and Security

6VAC35-71-450. Fire prevention plan.

Each JCC shall develop and implement a fire prevention plan that provides for an adequate fire protection service.

6VAC35-71-460. Emergency and evacuation procedures.

A. Each JCC shall have a written emergency preparedness and response plan, which. ~~The plan~~ shall address:

1. Documentation of contact with the local emergency coordinator to determine (i) local disaster risks; (ii) communitywide plans to address different disasters and emergency situations; and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency;

2. Analysis of the facility's capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, workplace violence or terrorism, missing persons, severe injuries, or other emergencies that would disrupt the normal course of service delivery;

3. Written emergency management procedures outlining specific responsibilities for (i) provision of administrative direction and management of response activities; (ii) coordination of logistics during the emergency; (iii) communications; (iv) life safety of employees, contractors, interns, volunteers, visitors, and residents; (v) property protection; (vi) community outreach; and (vii) recovery and restoration;

4. Written emergency response procedures for (i) assessing the situation; (ii) protecting residents, employees, contractors, interns, volunteers, visitors, equipment, and vital records; and (iii) restoring services shall address:

a. Communicating with employees, contractors, and community responders;

b. Warning and notifying ~~evacuation of~~ residents;

c. Providing emergency access to secure areas and opening locked doors;

d. Requiring fire and emergency keys that are instantly identifiable by sight and touch;

e. Conducting evacuations to emergency shelters or alternative sites and accounting for all residents;

f. Relocating residents, if necessary;

g. Notifying parents and legal guardians, as applicable and appropriate;

h. Alerting emergency personnel and sounding alarms;

- i. Locating and shutting off utilities, when necessary; and
- j. Providing for a planned, personalized means of effective egress evacuation for residents individuals who use wheelchairs, crutches, canes, or ~~other mechanical devices for~~ require other special accommodations assistance in walking.

5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape evacuation routes, and lists of major resources such as local emergency shelters; and

6. Schedule for testing the implementation of the plan and conducting emergency preparedness drills.

B. All employees shall be trained to ensure they are prepared to implement the emergency preparedness plan in the event of an emergency. Such training shall be conducted in accordance with 6VAC35-71-160 (required initial training) and 6VAC 35-71-170 (retraining) and shall include outline the employees' responsibilities for:

1. Alerting emergency personnel and sounding alarms;
2. Implementing evacuation procedures, including evacuation of residents individuals who require with special needs accommodations (i.e., deaf, blind, nonambulatory);
3. Using, maintaining, and operating emergency equipment;
4. Accessing emergency information for residents, including medical information; and
5. Utilizing community support services.

C. Contractors, ~~and~~ volunteers, and interns shall be oriented in their responsibilities in implementing the evacuation plan in the event of an emergency. Such orientation shall be in accordance with the requirements of 6VAC35-71-150 (required initial orientation), 6VAC35-71-160 (required initial training), and 6VAC35-71-240 (volunteer and intern orientation and training).

D. ~~The A~~ JCC shall document the review of the emergency preparedness plan annually and make necessary revisions. ~~Such The~~ revisions shall be communicated to employees, contractors, volunteers, ~~and~~ interns, and residents, and shall be incorporated into (i) training for employees, contractors, interns, and volunteers; and (ii) orientation of residents to services.

E. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety and welfare of residents, the facility shall take appropriate action to protect the health, safety and welfare of the residents and to remedy the conditions as soon as possible.

F. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety, and welfare of residents, the facility ~~should~~ shall first respond and stabilize the disaster or emergency. ~~After~~ Once the disaster or emergency is stabilized, the facility shall (i) report the disaster or emergency and the conditions at the facility to (a) the parent or legal guardian and (b) the director or his designee ~~of the conditions at the facility~~ and (ii) report the disaster or emergency to the regulatory authority. Such reporting shall be made as soon as possible but no later than 72 hours after the incident is stabilized.

G. Floor plans showing primary and secondary means of emergency exiting shall be posted on each floor in locations where they ~~can~~are easily ~~be seen~~visible ~~by~~to employees and residents.

H. The responsibilities of the residents in implementing the emergency and evacuation procedures shall be communicated to all residents within seven days following admission or a substantive change in the procedures.

I. The facility shall conduct ~~At~~at least one evacuation drill to simulate ~~(the simulation of the facility's emergency procedures)~~ ~~shall be conducted~~ each month in each building occupied by residents. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.

J. A record shall be maintained for each evacuation drill and shall include the following:

1. ~~The~~ Buildings in which the drill was conducted;
2. ~~The date~~ Date and time of ~~the~~ drill;
3. ~~The Amount~~ amount of time taken to evacuate the buildings; ~~and~~
4. ~~The specific~~ Specific problems encountered, if applicable;
5. The staff tasks completed, including head counts and practice in notifying emergency authorities; and
6. The name of the staff members responsible for conducting and documenting the drill and preparing the record.

K. ~~Each~~ A JCC shall assign designate at least one employee who shall ensure that all requirements regarding the emergency preparedness and response plan and the evacuation drill program are met.

6VAC35-71-470. Security procedures.

~~Each~~ A JCC shall follow written security procedures related to the following:

1. Post orders or shift duties for each direct care and security post;
2. Population count;
3. A control center that integrates all external and internal security functions and communications, is secured from residents' access, and is staffed 24 hours a day;
4. Control of the perimeter;
5. Actions to be taken regarding any escapes or absences without permission;
6. Searches of the buildings, premises, and persons; and
7. The control, detection, and disposition of contraband.

6VAC35-71-480. Searches of residents.

A. All searches of residents shall be conducted only for the purposes of maintaining facility security and controlling contraband, and shall be conducted in a manner that, to the greatest extent possible, protects the dignity of the resident.

B. Written procedures shall govern searches of residents, including patdowns and frisk searches, strip searches, and body cavity searches, and shall include the following:

~~1. Searches of residents' persons shall be conducted only for the purposes of maintaining facility security and controlling contraband while protecting the dignity of the resident.~~

~~2. Searches shall be conducted only by personnel who have received the required training and are authorized to conduct such searches.~~

~~3. The resident shall not be touched any more than is necessary to conduct the search.~~

~~4. The facility shall not search or physically examine a transgender or intersex resident solely for the purpose of determining the resident's genital status.~~

B. Patdown and frisk searches shall be conducted ~~by personnel of the same sex as the resident being searched, except in emergencies~~ in accordance with written procedures.

C. Strip searches and visual inspections of the vagina and anal cavity areas shall be ~~subject to the following: conducted with a staff witness and in an area that ensures privacy in accordance with written procedures.~~

~~1. The search shall be performed by personnel of the same sex as the resident being searched;~~

~~2. The search shall be conducted in an area that ensures privacy; and~~

~~3. Any witness to the search shall be of the same sex as the resident.~~

D. If it is determined that a manual or instrumental searches of the anal cavity or vagina is necessary, the resident shall be transported to a local medical facility in accordance with written procedures. In no event shall a manual or instrumental search of the anal cavity or vagina be conducted without a search warrant, not including medical examinations or procedures conducted by medical personnel for medical purposes, shall be:

~~1. Performed only with the written authorization of the facility administrator or by a court order;~~

~~2. Conducted by a qualified medical professional;~~

~~3. Witnessed by personnel of the same sex as the resident; and~~

~~4. Fully documented in the resident's medical file.~~

6VAC35-71-490. Communications systems.

A. There shall be at least one continuously operable, non-pay telephone accessible to staff in each building in which residents sleep or participate in programs.

B. There shall be a means for communicating between the control center and living-housing units.

C. The facility shall be able to provide communications in an emergency.

6VAC35-71-500. Emergency telephone numbers.

A. There shall be an emergency telephone number where a staff person may be contacted 24 hours per day and seven days per week.

B. ~~The~~An emergency telephone number shall be provided to residents and the adults responsible for their care when a resident is away from the facility and not under the supervision of direct care staff, security staff, or law-enforcement officials.

6VAC35-71-510. Weapons.

No firearms or other weapons shall be permitted on the JCC's premises ~~and or~~ during JCC-related activities except as ~~provided-authorized~~ in written procedures or ~~authorized~~ by the director or designee. Written procedures shall govern any possession, use, and storage of authorized firearms and other weapons on the JCC's premises and during JCC-related activities.

6VAC35-71-520. Equipment inventory.

The facility shall follow written procedures governing the inventory and control of all security, maintenance, recreational, and medical equipment of the facility to which residents reasonably may be expected to have access.

6VAC35-71-530. Power equipment.

The facility shall implement written safety rules for use and maintenance of power equipment.

6VAC35-71-540. Transportation.

A. Each JCC shall have transportation available or make the necessary arrangements for routine and emergency transportation of residents.

~~B. There shall be~~ A JCC shall follow written safety and security procedures governing rules for the transportation of residents and ~~for~~ the use and maintenance of vehicles.

C. Written procedures shall ~~provide for~~ require the verification of appropriate licensure for staff whose duties involve transporting residents. At a minimum, the procedures shall direct such staff to (i) maintain a valid driver's license and ii) report to the facility administrator or designee any change in their driver's license status, including any suspensions, restrictions, or revocations.

D. Residents shall be supervised by security staff or direct care staff during routine and emergency vehicle transportation.

Part V

Residents' Rights

6VAC35-71-550. Prohibited actions.

A. Residents shall not be subjected to the following actions:

1. Discrimination in violation of the Constitution of the United States, the Constitution of the Commonwealth of Virginia, executive orders, and state and federal statutes and regulations.

2. Deprivation of drinking water or food necessary to meet a resident's daily nutritional needs, except as ordered by a licensed physician or health-trained personnel for a legitimate medical or dental purpose and documented in the resident's medical record;
 3. Denial of contacts and visits with the resident's attorney, a probation or parole officer, the JCC staff assigned to conduct the resident's due process hearings or resolve the resident's grievance or complaint, the regulatory authority, a supervising agency representative, or representatives of other agencies or groups as required by applicable statutes or regulations;
 4. Any action that is humiliating, degrading, abusive, or unreasonably impinges upon the residents' rights, including but not limited to any form of physical abuse, sexual abuse, or sexual harassment, nor shall the residents be subject to retaliation for reporting such actions;
 5. Corporal punishment, which is administered through the intentional inflicting infliction of pain or discomfort to the body through actions such as, but not limited to (i) striking or hitting with any part of the body or with an implement; (ii) pinching, pulling, or shaking; or (iii) any similar action that normally inflicts pain or discomfort;
 6. Subjection to unsanitary living conditions;
 7. Deprivation of opportunities for bathing or access to toilet facilities, except as ordered by a licensed physician health care professional for a legitimate medical purpose and documented in the resident's medical record;
 8. Denial of health care;
 9. Denial of appropriate services, programs, activities, and treatment;
 10. Application of aversive stimuli, except as provided in this chapter or permitted pursuant to other applicable state regulations. Aversive stimuli means any physical forces (e.g., sound, electricity, heat, cold, light, water, or noise) or substances (e.g., hot pepper, pepper sauce, or pepper spray) measurable in duration and intensity that when applied to a resident are noxious or painful to the individual resident;
 11. Administration of laxatives, enemas, or emetics, except as ordered by a licensed physician health care professional or poison control center for a legitimate medical purpose and documented in the resident's medical record;
 12. Deprivation of opportunities for sleep or rest, except as ordered by a licensed physician health care professional for a legitimate medical or dental purpose and documented in the resident's medical record;
 13. Use of pharmacological restraints; and
 14. Other constitutionally prohibited actions.
- B. Employees shall be trained on the prohibited actions as provided in 6VAC35-71-160 (required initial training) and 6VAC35-71-170 (retraining).

6VAC35-71-555. Vulnerable population.

A. The facility shall implement a procedure for assessing whether a resident is a member of a vulnerable population. The resident's views with respect to his or her safety shall be given serious consideration.

B. If the assessment determines a resident is a vulnerable population, the facility shall implement any identified additional precautions such as heightened need for supervision, additional safety precautions, or separation from certain other residents. The facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems.

~~C. For the purposes of this section, vulnerable population means a resident or group of residents who have been assessed to be reasonably likely to be exposed to the possibility of being attacked or harmed, either physically or emotionally (e.g., very young residents; residents who are small in stature; residents who have limited English proficiency; residents who are gay, lesbian, bisexual, transgender, or intersex; residents with a history of being bullied or of self-injurious behavior).~~

C. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall any facility consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of a likelihood of being sexually abusive.

6VAC35-71-560. Residents' mail.

A. A resident's incoming or outgoing mail may be delayed or withheld only in accordance with this section, as permitted by other applicable regulations, or by order of a court.

B. Staff may open and inspect residents' incoming and outgoing non-legal mail for contraband. When based on legitimate ~~facility~~ interests of facility order and security, non-legal mail may be read, censored, or rejected in accordance with written procedures and subject to the restrictions in subsection D. The resident shall be notified when incoming or outgoing letters are withheld or redacted in part or in full, as appropriate.

C. In the presence of the resident recipient and in accordance with written procedures, staff may open to inspect for contraband, but shall not read, incoming legal mail. ~~For the purpose of this section, legal mail means a communication sent to or received from a designated class of correspondents, as defined in written procedures, including but not limited to the court, an attorney, and the grievance system or department administrators.~~

D. Staff shall not read outgoing mail ~~addressed to parents, immediate family members, legal guardian, guardian ad litem, counsel, courts, officials of the committing authority, public officials, or grievance administrators~~ unless (i) permission has been obtained from a court or (ii) the director or his designee has determined that there is a reasonable belief that the security of a facility is threatened. When so authorized staff may read such mail, in accordance with written procedures.

E. Except as otherwise provided, incoming and outgoing letters shall be held for no more than 24 hours and packages shall be held for no more than 48 hours, excluding weekends and holidays.

F. Upon request, each resident shall be given postage and writing materials for all legal correspondence and for at least two other letters per week.

G. Residents shall be permitted to correspond at their own expense with any person or organization provided such correspondence does not pose a threat to facility order and security and is not being used to violate or to conspire to violate the law.

H. First class letters and packages received for residents who have been transferred or released shall be forwarded to the resident's last known address.

I. Written procedure governing correspondence of residents shall be made available to all employees and residents and updated as needed.

6VAC35-71-570. Telephone calls.

Residents shall be permitted to make Telephone telephone calls shall be permitted in accordance with written procedures that take into account the need for facility security and order, the resident's behavior, and program objectives.

6VAC35-71-580. Visitation.

A. A resident's contacts and visits with immediate family members or legal guardians and natural supports shall not be be restricted solely for punitive purposes, nor subject to unreasonable limitations, and aAny limitation shall be implemented only as permitted by written procedures, other applicable regulations, or by order of a court, or

B. Residents shall be permitted to have visitors, consistent with written visitation procedures that take into account balance (i) the need for facility security and order, (ii) the behavior of individual residents and the visitors, and (iii) the importance of helping the resident maintain strong family and community relationships.

B.- A JCC shall provide visitors with occasional opportunities to view the resident's housing unit or room and to interact with staff members unless such access is impracticable or would threaten the safety or security of residents, staff, or other visitors. Written visitation procedures shall outline the parameters governing such access and provide for the accommodation of special circumstances.

C. Copies of the visitation procedures shall be mailed, either electronically or via first class mail, to the residents' parents or legal guardians, as applicable and appropriate, and other applicable persons no later than the close of the next business day after arrival at the JCC, unless a copy has already been provided to the individual.

D. Resident visitation at the home of an employee, volunteer, intern, or contractor's home is shall be prohibited.

6VAC35-71-590. Contact with attorneys, courts, and law enforcement.

A. Residents shall have uncensored, confidential contact with their legal representative in writing, as provided for inrequired by 6VAC35-71-560 (residents' mail), by telephone, or and in person. Reasonable limits may be placed on such contacts as necessary to protect the security and order of the facility.

B. Residents shall not be denied access to the courts.

C. Residents shall not be required to submit to questioning by law enforcement, though they may do so voluntarily.

1. A resident must provide written consent prior to any contact with law enforcement. Written procedures shall be implemented for obtaining ~~a~~the resident's consent ~~prior to any contact with law enforcement.~~

2. No employee may coerce a resident's decision to consent to have contact with law enforcement.

6VAC35-71-600. Personal necessities.

A. At admission, each resident shall be provided the following:

1. An adequate supply of personal necessities for hygiene and grooming;
2. Size-appropriate clothing and shoes for indoor and outdoor wear;
3. A separate bed equipped with a mattress, a pillow, blankets, bed linens, and, if needed, a waterproof mattress cover; and
4. Individual washcloths and towels.

B. At the time of issuance, all items shall be clean and in good repair.

C. Personal necessities shall be replenished as needed.

D. The washcloths, towels, and bed linens shall be cleaned or changed, at a minimum, once every seven days and more often, if needed. Bleach or another sanitizing agent approved by the federal Environmental Protection Agency to destroy bacteria shall be used in the laundering of such linens.

E. After issuance, blankets shall be cleaned or changed as needed.

6VAC35-71-610. Showers.

Residents shall have the opportunity to shower daily except as (i) provided in written procedures for the purpose of maintaining facility security or for the special management of maladaptive behavior if approved by the superintendent or designee or a mental health professional or (ii) approved by the regulatory authority.

6VAC35-71-620. Residents' modestyprivacy.

Residents shall be provided a level of modestyprivacy from routine sight supervision by staff members of the opposite sex while bathing, dressing, or conducting toileting activities except (i) in exceptional security circumstances or (ii) when constant supervision is necessary to protect the resident due to mental health issues. This section does not apply to medical personnel performing medical procedures or to staff providing assistance to residents whose physical or mental disabilities dictate the need for assistance with these activities as justified in the resident's medical record.

6VAC35-71-630. Nutrition.

A. Each resident, except as provided in subsection B of this section, shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals, of which two are hot meals except

in emergency situations), and an evening snack; (ii) includes an adequate variety and quantity of food for the age of the resident; and (iii) meets the nutritional requirements of all applicable federal dietary requirements, such as U.S. Department of Agriculture (USDA).

B. Special diets or alternative dietary schedules, ~~as applicable~~, shall be provided in the following circumstances: (i) when prescribed by a physician licensed health care professional; (ii) when necessary to observe the established religious dietary practices of the resident; or (iii) when ~~necessary for the special management of maladaptive behavior or food or culinary equipment has been used inappropriately, resulting in a threat to maintain facility security and the special diet or alternative dietary schedule is approved~~ if approved by the superintendent, ~~the superintendent's or designee~~, or a mental health professional. Whenever a facility provides special diets or alternative dietary schedules, in such circumstances, the meals shall meet the minimum nutritional requirements of all applicable federal dietary requirements, such as USDA, and any required approval shall be documented.

C. Menus of actual meals served shall be kept on file ~~for at least six months~~ in accordance with all applicable federal requirements.

D. Staff who eat in the presence of the residents shall be served the same meals as the residents unless a licensed health care professional ~~special diet has been prescribed by a physician~~ a special diet for the staff or residents or unless the staff or residents are ~~is~~ observing established religious dietary practices.

E. There shall not be more than 14 1/2 hours between the evening meal and breakfast the following day, ~~except when the superintendent approves an extension of time between meals on weekends and holidays. When an extension is granted on a weekend or holiday, there shall never be more than 17 hours between the evening meal and breakfast.~~

F. Each JCC shall ~~assure~~ ensure that food is available to residents who for documented medical or religious reasons need to eat breakfast before the 15-14 hours have expired.

6VAC35-71-640. Reading materials.

Reading materials that are appropriate to residents' ages and levels of competency shall be available to all residents.

6VAC35-71-650. Religion.

A. Residents shall not be required or coerced to participate in or unreasonably denied participation in religious activities.

B. Residents shall be informed of their rights relating to religious participation during orientation as provided in 6VAC35-71-680 (admission and orientation).

6VAC35-71-660. Recreation.

A. Each JCC shall implement a recreational program plan developed and supervised by a person trained in recreation or a related field. ~~The plan shall~~ that includes:

1. Opportunities for individual and group activities;
2. Opportunity for large muscle exercise daily;

3. Scheduling so that activities do not conflict with meals, religious services, or educational programs, ~~or other regular events~~; and

4. Regularly scheduled indoor and outdoor recreational activities that are structured to develop skills. Outdoor recreation ~~will~~ shall be available whenever practicable in accordance with the facility's recreation plan. Staff shall document any adverse weather conditions, threat to facility security, or other circumstances preventing outdoor recreation.

B. Each recreational program plan shall (i) address the means by which residents will be medically assessed for any physical limitations or necessary restrictions on physical activities and (ii) provide for the supervision of and safeguards for residents, including when participating in water related and swimming activities.

6VAC35-71-670. Residents' funds.

Residents' personal funds, including any per diem or earnings, shall be used only for the following: (i) ~~for their activities, services, or goods for the resident's benefit~~; (ii) ~~for~~ payment of any fines, restitution, costs, or support ordered by a court or administrative judge; or (iii) ~~to~~ payment of any restitution for damaged property or personal injury as determined by disciplinary procedures.

Part VI

Program Operation

6VAC35-71-680. Admission and orientation.

A. Written procedure governing the admission and orientation of residents to the JCC shall provide for:

1. Verification of legal authority for placement;
2. Search of the resident and the resident's possessions, including inventory and storage or disposition of property, as appropriate and provided for in 6VAC35-71-690 (residents' personal possessions);
3. Health screening of the resident as ~~provided for~~ required in 6VAC35-71-940 (health screening at admission);
4. ~~Notification~~ Notice of to the parent or legal guardian of the resident's admission;
5. Provision to the parent or legal guardian of information on (i) visitation, (ii) how to request information, and (iii) how to register concerns and complaints with the facility;
6. Interview with the resident to answer questions and obtain information;
7. Explanation to the resident of program services and schedules; and
8. Assignment of resident to a living-housing unit and, sleeping area, or room.

B. The resident shall receive an orientation to the following:

1. The behavior management program as required by 6VAC35-71-745 (behavior management);

~~a. During the orientation, residents shall be given access to written information describing rules of conduct, the sanctions for rule violations, and the disciplinary process. These shall be explained to the resident and documented by the dated signature of resident and staff;~~

~~b. Where a language or literacy problem exists that can lead to a resident misunderstanding the rules of conduct and related regulations, staff or a qualified person under the supervision of staff shall assist the resident.~~

2. The grievance procedure as required by 6VAC35-71-80 (grievance procedure);

3. The disciplinary process as required by 6VAC35-71-1110 (disciplinary process);

4. The resident's responsibilities in implementing the emergency procedures as required by 6VAC35-71-460 (emergency and evacuation procedures);

5. The resident's rights, including ~~but not limited to~~ the prohibited actions provided for in 6VAC35-71-550 (prohibited actions); and

6. The resident's rights relating to religious participation as required by 6VAC35-71-650 (religion).

C. The facility shall ensure that all the information provided to the resident pursuant to this section is explained in an age-appropriate or developmentally-appropriate manner and is available in a format that is accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, or who have limited reading skills.

D. The facility shall maintain documentation that the requirements of this section have been satisfied.

6VAC35-71-690. Residents' personal possessions.

A. ~~Each~~ A JCC shall inventory residents' personal possessions upon admission and document the information in residents' case records. When a resident arrives at a JCC with items that the resident is not permitted to possess in the facility, staff shall:

1. Dispose of contraband items in accordance with written procedures;

2. If the items are nonperishable property that the resident may otherwise legally possess; i) securely store the property and return it to the resident upon release; or ii) make reasonable documented efforts to return the property to the resident's parent or legal guardian.

~~3. Make reasonable documented efforts to return the property to the resident, or parent or legal guardian.~~

B. Personal property that remains unclaimed six months after a documented attempt to return the property may be disposed of in accordance §66-17 of the Code of Virginia and ~~with~~ written procedures.

6VAC35-71-700. Classification plan.

A. A JCC shall utilize an objective classification system for determining a resident's appropriate security levels~~level of risk~~, the resident's needs, and the most appropriate services ~~of for~~ the

residents, and for assigning ~~them~~ the resident to living-a housing units ~~according based on to~~ their-these needs and existing resources.

B. Residents shall be placed according to their classification levels. Such classification shall be reviewed, as necessary, in light of (i) the facility's safety and security and (ii) the resident's needs and progress.

6VAC35-71-710. Resident transfer between and within JCCs.

A. When a resident is transferred between JCCs, the following shall occur:

1. The resident's case records, including medical and behavioral health records, shall accompany the resident to the receiving facility; and

2. The resident's parents or legal guardian, if applicable and appropriate, and the court service unit or supervising agency shall be notified within 24 hours of the transfer.

B. When a resident is transferred to a more restrictive unit or program, ~~or facility~~ within a JCC or between JCCs, the JCC shall provide due process safeguards for the residents prior to ~~their~~ transfer.

C. In the case of emergency transfers, such safeguards and notifications shall be instituted as soon as practicable after transfer.

6VAC35-71-720. Release.

A. Residents shall be released from a JCC in accordance with written procedure.

B. The case record of each resident serving an indeterminate commitment, who is not released pursuant to a court order, shall contain the following:

1. A discharge plan developed in accordance with written procedures;

2. Documentation that the release was discussed with the parent or legal guardian, if applicable and appropriate, the court services unit, and the resident; and

3. As soon as possible, but no later than 30 days after release, a comprehensive release-discharge summary, ~~placed in the resident's record which shall also be and~~ sent to the persons or agency that made the placement. The release-discharge summary shall review:

a. Services provided to the resident;

b. The resident's progress toward meeting individual service plan objectives;

c. The resident's continuing needs and recommendations, if any, for further services and care;

d. The names of persons to whom the resident was released;

e. Dates of admission and release; and

f. Date the release-discharge summary was prepared and the ~~identification-identity~~ of the person preparing it.

C. The case record of each resident serving a determinate commitment or released pursuant to an order of a court shall contain a copy of the court order.

D. As appropriate and applicable, information concerning current medications, need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing care shall be provided to the legal guardian or legally authorized representative, ~~as appropriate and applicable.~~

E. Upon discharge, the (i) date of discharge and (ii) ~~the name of the person to whom the resident was discharged,~~ if applicable, shall be documented in the case record.

6VAC35-71-730. (Reserved.)

6VAC35-71-735. Therapeutic communities in housing units.

A. A JCC shall ensure that each housing unit functions as a therapeutic community that, at a minimum, includes the following components:

1. Designated staff members assigned to one housing unit and, to the extent practicable, continued assignment to that unit for the therapeutic benefit of residents;
2. Continued resident assignment to the same housing unit throughout the duration of commitment, unless the continued assignment would threaten facility safety or security or the resident's needs or progress;
3. Daily, structured therapeutic activities provided in accordance with 6VAC35-71-740; and
4. Direction, guidance, and monitoring provided by an interdisciplinary team consisting of designated JCC staff and representatives from the Department's mental health, education, and medical units.

B. The Department shall establish written procedures governing therapeutic communities in housing units that include these components.

6VAC35-71-740. Structured programming.

A. Each facility shall implement a comprehensive, planned, and structured daily routine, ~~including appropriate supervision,~~ designed to:

1. Meet the residents' physical and emotional needs;
2. Provide protection, guidance, and supervision;
3. Ensure the delivery of program services; and
4. Meet the objectives of any individual service plan.

B. Residents shall be provided the opportunity to participate in programming, as applicable, upon admission to the facility.

6VAC35-71-745. Behavior management.

A. ~~Each~~ A JCC shall implement a behavior management program approved by the director or designee and shall adhere to the written procedures governing the behavior management program. ~~Behavior management shall mean those principles and methods employed to help a~~

~~resident achieve positive behavior and to address and correct a resident's inappropriate behavior in a constructive and safe manner in accordance with written procedures governing program expectations, treatment goals, resident and staff safety and security, and the resident's individual service plan.~~

B. Written procedures governing this program shall ~~provide the following:~~

1. List the behavioral expectations for the resident;
2. ~~Define and~~ List and explain techniques that are available or used ~~and available for use to manage behavior, to include incidents of non-compliance;~~
3. ~~Specify the staff members who may authorize the use of each technique;~~
4. Specify the processes for implementing the program; and
5. Identify the means of documenting and monitoring of the program's implementation.

C. When substantive revisions are made to the behavior management program, residents and direct care staff shall be notified of these revisions in writing ~~written information concerning the revisions shall be provided to the residents and direct care staff~~ prior to implementation.

6VAC35-71-747. Behavior support contract.

A. When a resident exhibits a pattern of behavior indicating a need for behavioral support ~~in addition to~~ beyond that the support provided in the ~~facility's~~ Department's behavior management program, a written behavior support contract shall be developed, ~~in accordance with written procedures, with the intent of~~ to assisting the resident to ~~in self-manage~~ managing these behaviors. The support contract shall be developed in accordance with written procedures, which ~~Procedures governing behavior support contracts~~ shall address (i) the circumstances under which such contracts will be utilized and (ii) the means of documenting and monitoring the contract's implementation.

B. ~~Prior to working alone with an~~ Staff regularly assigned to work with a resident in a housing unit, ~~each staff member~~ shall review and be prepared to implement the resident's behavior support contract.

6VAC35-71-750. Communication with court service unit staff.

A. ~~Each~~ A resident's probation or parole officer shall be provided with the contact information for an individual at the facility to whom inquiries on assigned resident cases may be addressed.

B. The resident's probation or parole officer shall be invited to participate in any scheduled classification and staffing team ~~meetings at RDC and any scheduled~~ and treatment team meetings.

6VAC35-71-760. Communication with parents.

A. Each resident's parent or legal guardian, as appropriate and applicable, shall be provided with the contact information for an individual at the facility to whom inquiries regarding the resident may be addressed.

B. The resident's parent or legal guardian, as appropriate and applicable, shall be provided written notice of and the opportunity to participate in any scheduled classification and staffing team ~~meetings at RDC~~ and ~~any scheduled~~ treatment team meetings.

6VAC35-71-765. Family Engagement

To the extent practicable and in accordance with written procedures, a JCC shall adhere to the following in order to ensure the inclusion and involvement of immediate family members and natural supports during the resident's commitment to the Department:

1. Permit the resident a specified number of weekly calls to immediate family members or natural supports, as identified in written procedures;
2. Ensure the periodic arrangement of events and activities in which family members will be invited to participate, as specified in written procedures;
3. Ensure that a designated visiting area is available that is conducive to family visits in accordance with 6VAC35-71-410 (space utilization);
4. Maximize involvement of immediate family members and natural supports in the resident treatment process as prescribed in written procedures.

6VAC35-71-770. Case management services.

A. The facility shall implement written procedures governing case management services, which shall address:

1. The resident's adjustment to the facility, group living, and separation from the resident's family;
2. Supportive counseling, as needed;
3. Transition and community ~~reintegration~~ re-entry planning and preparation; and
4. ~~Communicating~~ Communication with (i) staff at the facility; (ii) the parents or legal guardians, as appropriate and applicable; (iii) the court service unit; and (iv) community resources, as needed.

B. The provision of case management services shall be documented in the case record.

6VAC35-71-780. (Reserved.)

6VAC35-71-790. Individual service plans.

A. An individual service plan shall be developed and placed in the resident's record within 30 days following arrival at the facility and implemented immediately thereafter. ~~This section does not apply to residents who are housed at RDC for 60 days or less. If a resident remains at RDC for longer than 60 days, an individual plan shall be developed at that time, placed in the resident's record, and implemented immediately thereafter.~~

B. Individual service plans shall describe in measurable terms the:

1. Strengths and needs of the resident;

~~2. Resident's current level of functioning;~~

~~3. Short-term and long-term Goalsgoals; objectives, and strategies, and time frames for reaching those goals; and the individuals responsible for carrying out the service plan established for the residents;~~

~~4. Projected family involvement;~~

~~5. Projected date for accomplishing each objective; and~~

~~6. Status of the projected release plan and estimated length of stay, except that this requirement shall not apply to residents who are determinately committed to the department.~~

~~C. Each individual service plan shall include the date it was developed and the signature of the person who developed it.~~

~~DC. The resident and facility staff shall participate in the development of the individual service plan.~~

~~DE. The supervising agency and resident's parents, legal guardian, or legally authorized representative, if appropriate and applicable, shall be given the opportunity to participate in the development of the resident's individual service plan.~~

~~E. Each individual service plan shall include the date it was developed and the signature of the person who developed it.~~

F. Copies of the individual service plan shall be provided to the (i) resident; (ii) resident's parents or legal guardians, as appropriate and applicable, and (iii) placing agency.

G. The individual service plan shall be reviewed within 60 days of ~~the-its~~ development ~~of the individual service plan~~ and within each 90-day period thereafter.

H. The individual service plan shall be updated annually and revised as necessary. Any changes to the plan shall be made in writing. All participants shall receive copies of the revised plan.

6VAC35-71-800. Quarterly reports.

A. The resident's progress toward meeting his individual service plan goals shall be reviewed, and a progress report shall be prepared within 60 days of the development of the individual service plan and within each 90-day period thereafter. The report shall review the status of the following:

1. Resident's progress toward meeting the plan's objectives;
2. Family's involvement;
3. Continuing needs of the resident;
4. Resident's progress towards discharge; and
5. Status of discharge planning.

B. Each quarterly progress report shall include the date it was developed and the signature of the ~~person who developed it~~ author.

C. All quarterly progress reports shall be reviewed with the resident and distributed to the resident's parents, legal guardian, or legally authorized representative; the supervising agency; and appropriate facility staff.

6VAC35-71-805. Suicide prevention.

Written procedure shall ~~provide~~ require that (i) there is a suicide prevention and intervention program developed in consultation with a qualified medical or mental health professional; and (ii) all direct care ~~staff~~ employees, direct supervision employees, security employees, and employees providing medical services are trained and retrained in the implementation of the program, in accordance with 6VAC35-71-160 (required initial training) and 6VAC35-71-170 (retraining).

6VAC35-71-810. Behavioral health services.

Behavioral health services, if provided, shall be ~~provided~~ furnished by an individual (i) licensed by the Department of Health Professions or (ii) who is working under the supervision of a licensed clinician.

6VAC35-71-815. Daily housing unit log.

A. A daily housing unit log shall be maintained, in accordance with written procedures, to inform staff of significant ~~happenings~~ incidents or problems experienced by residents, including ~~but not limited to~~ health and dental complaints and injuries.

B. Each entry in the daily housing unit log shall contain (i) the date of the entry, (ii) the name of the individual making the entry, and (iii) the time each entry is made.

C. If the daily log is electronic, all entries shall be made in accordance with subsection B of this section. The computer program shall possess the functionality to prevent previous entries from being overwritten.

6VAC35-71-820. Staff supervision of residents.

A. Staff shall provide 24-hour awake supervision seven days a week.

B. No member of the direct care staff shall be on duty more than six consecutive days without a rest day, except in an emergency. ~~For the purpose of this section, a rest day means a period of not less than 24 consecutive hours during which the direct care staff person has no responsibility to perform duties related to the operation of a JCC.~~

C. Direct care staff shall be scheduled with an average of at least two rest days per week in any four-week period.

D. Direct care staff shall not be on duty more than 16 consecutive hours, except in an emergency.

E. There shall be at least one trained direct care staff on duty and actively supervising residents at all times in any area on the premises in which ~~that~~ one or more residents are present.

F. Notwithstanding the requirement in subsection E, a staff member who meets the definition of a direct supervision employee and who satisfies the following additional requirements shall be authorized to be alone with a resident or residents outside the active supervision of direct care staff, provided:

1. The direct supervision employee completes the training required by 6VAC35-71-160(C) (required initial training) and satisfies any additional retraining requirements provided for in 6VAC35-71-170 (retraining);
2. The staff completes agency-approved training for non-security staff on safety and security including training on personal defense and the supervision of residents, verbal de-escalation techniques, restraint techniques, and emergency intervention prior to being alone with residents outside of the active supervision of security series staff;
3. The direct supervision staff passes an assessment demonstrating the ability to perform all physical requirements related to defensive tactics;
4. During any period in which the resident is not actively supervised by direct care employees, the direct supervision employee has the ability to communicate immediately with a direct care employee through a two-way radio or by other means provided in written procedures;
4. The direct supervision employee notifies the direct care employee immediately prior to and immediately following meeting with any residents.

F. The facility shall implement written procedures that address staff supervision of residents including contingency plans for resident illnesses, emergencies, and off-campus activities. These procedures shall be based on the:

1. Needs of the population served;
2. Types of services offered;
3. Qualifications of staff on duty; and
4. Number of residents served.

G. Staff shall regulate the movement of residents within the facility in accordance with written procedures.

H. No JCC shall permit an individual resident or group of residents to exercise control or authority over other residents except when practicing leadership skills as part of an approved program under the direct and immediate supervision of staff.

6VAC35-71-830. Staffing pattern.

A. During the hours that residents are scheduled to be awake, there shall be at least one direct care staff member awake, on duty, and responsible for supervision of every ~~10~~eight residents, or portion thereof, ~~on the premises wherever there are youth present in the facility, as well as wherever residents are attending or participating in off-campus, facility-sponsored activities.~~ However, pursuant to 6VAC35-71-540(D), security staff shall be authorized to transport residents for routine or emergency purposes, such as for work release programs or in response to

an injury, without the presence of direct care staff, provided the same staffing ratios are maintained as required in this subsection, excluding routine and emergency transportation.

B. During the hours that residents are scheduled to sleep, there shall be ~~no less than~~ at least one direct care staff member awake, on duty and responsible for supervision of every 16 residents, or portion thereof, on the premises wherever there are youth present in the facility.

C. There shall be at least one direct care staff member on duty and responsible for the supervision of residents in each building or living-housing unit where residents are sleeping.

6VAC35-71-840. Outside personnel.

A. JCC staff shall ~~monitor~~ supervise all situations in which outside personnel perform any kind of work in the immediate presence of residents.

B. Adults ~~inmates who are confined in a public or privately-operated prison or a local jail~~ shall not work in the immediate presence of any resident and shall be ~~monitored~~ supervised in a way manner that there shall be prohibits no direct contact between or interaction among ~~adult inmates~~ these individuals and residents.

6VAC35-71-850. Facility work assignments.

A. Work assignments, whether paid or unpaid, shall be in accordance with the age, health, and ability, ~~and service plan~~ of the resident.

B. Work assignments shall not interfere with school programs, study periods, meals, or sleep.

6VAC35-71-860. Agreements governing juvenile industries work programs.

A. If the department enters into an agreement with a public or private entity for the operation of a work program pursuant to § 66-25.1 of the Code of Virginia, the agreement shall:

1. Comply with all applicable federal and state laws and regulations, including ~~but not limited to~~ the Fair Labor Standards Act (29 USC § 201 et seq.), child labor laws, and workers' compensation insurance laws;

2. State the length duration of the agreement and the criteria by which it may be extended or terminated;

3. Specify where residents will work and, if not at a ~~juvenile correctional center~~ JCC, the security arrangements at the work site; and

4. Summarize the educational, and vocational, career and or job training readiness benefits to residents.

B. The agreement shall address how residents will be hired and supervised, including:

1. The application and selection process;

2. The qualifications required of residents;

3. A requirement that there be a job description for each resident's position;

4. A requirement that there be an evaluation ~~Evaluation~~ of each resident's job-related behaviors and attitudes, attendance, and quality of work; and

5. Whether and how either party may terminate a resident's participation.

C. The agreement shall address resident's compensation including:

1. The manner by which and through what funding source residents are to be paid; and
2. If applicable, whether any deductions shall be made from the resident's compensation for subsistence payments, restitution to victims, etc.

D. As applicable, the agreement shall specify:

1. How records shall be maintained concerning ~~That accurate records be kept of~~ the work program's finances, materials inventories, and residents' hours of work, and the manner by which ~~that such records be subject~~ may be subject to inspection by either party and by an independent auditor;
2. How the project's goods or services will be marketed;
3. How proceeds from the project will be collected and distributed to the parties; and
4. Which party is responsible for providing:
 - a. The materials to be worked on;
 - b. The machinery to be used;
 - c. Technical training and supervision in the use of equipment or processes;
 - d. Utilities;
 - e. Transportation of raw materials and finished goods;
 - f. Disposal of waste generated in the work project; and
 - g. Safety and other special equipment and clothing.

E. Prior to execution of the agreement, the Director or his designee shall review the agreement for compliance with the requirements of this section. Except upon explicit authorization by the Board, the Director and his designee shall be prohibited from executing any agreement that is missing one or more elements set out in this section.

Part VII

Health Care Services

6VAC35-71-870 (Reserved.)

6VAC35-71-880. ~~Local health~~ Health authority.

Each facility shall ensure that a ~~A~~-physician, health administrator, government authority, health care contractor, supervising registered nurse or head nurse, or health agency ~~shall be~~ is designated to serve as the ~~local~~ health authority responsible for organizing, planning, and monitoring the timely provision of appropriate health care services in that facility, including arrangements for all levels of health care and ~~the ensuring of~~ the quality and accessibility of all ~~health services~~.

~~including~~ medical, nursing, dental, and mental health care services, consistent with applicable statutes, prevailing community standards, and medical ethics. All medical, psychiatric, dental, and nursing matters are the province of the physician, psychiatrist, dentist, and nurse, respectively.

6VAC35-71-890. Provision of health care services.

~~A. The health care provider shall be guided by recommendations of the American Academy of Family Practice or the American Academy of Pediatrics, as appropriate, in the direct provision of health care services.~~

~~BA.~~ Treatment by nursing personnel-licensed health care professionals shall be performed pursuant to the laws and regulations governing the practice of ~~nursing~~ within the Commonwealth.

B. Other health-trained personnel shall provide care within their level of training and certification and shall not administer health care services for which they are not qualified or specifically trained.

C. The facility shall retain documentation of the training received by health trained personnel necessary to perform any designated health care services. Documentation of applicable, current licensure or certification shall constitute compliance with this section.

6VAC35-71-900. Health care procedures.

A. The department shall have and implement written procedures for ~~promptly~~:

1. Providing or arranging for the provision of medical and dental services for health problems identified at admission;
2. Providing or arranging for the provision of routine, ongoing, and follow-up medical and dental services after admission;
3. Providing emergency services for each resident who has reached age 18 and consents to such services or for any other resident, as provided by statute ~~or by the agreement with the resident's legal guardian, if under the age of 18, or the resident, if over the age of 18;~~
4. Providing emergency services and ongoing treatment, as appropriate and applicable, for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems; and
5. Ensuring that the required information in subsection B of this section is accessible and up to date.

B. The following written information concerning each resident shall be readily accessible to designated staff who may have to respond to a medical or dental emergency:

1. The name, address, and telephone number of the physician or dentist to be contacted;
2. The name, address, and telephone number of a relative or other person the parent, legal guardian, or supervising agency, as applicable, to be notified; and
3. Information concerning:

- a. Use of medication;
- b. ~~All allergies~~Allergies, including medication allergies;
- c. Substance abuse and use; and
- d. Significant past and present medical problems.

~~C. Other health trained personnel shall provide care as appropriate to their level of training and certification and shall not administer health care services for which they are not qualified or specifically trained.~~

~~D. The facility shall retain documentation of the training received by health trained personnel necessary to perform any designated health care services. Documentation of applicable, current licensure or certification shall constitute compliance with this section.~~

6VAC35-71-910. (Reserved.)

6VAC35-71-920. (Reserved.)

6VAC35-71-930. Consent to and refusal of health care services.

A. ~~An appropriately-trained medical professional shall advise the~~The resident or and parent or legal guardian, as applicable and appropriate, ~~shall be advised by an appropriately trained medical professional of~~regarding (i) the material facts regarding the nature, consequences, and risks of the proposed treatment, examination, or procedure; and (ii) the alternatives to ~~the proposed treatment, examination, or procedure.~~

B. Consent to hHealth care services, as defined in 6VAC35-71-10 (definitions), shall be provided in accordance with § 54.1-2969 of the Code of Virginia.

C. Residents may refuse, in writing, medical treatment and care. This subsection does not apply to medication refusals that are governed by 6VAC35-71-1070 (medication).

D. When health care is rendered against the resident's will, it shall be in accordance with applicable laws and regulations.

6VAC35-71-940. Health screening at admission.

Written procedure shall require that:

1. To prevent newly arrived residents who pose a health or safety threat to themselves or others from being admitted to the general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health trained staff.
2. Residents admitted to the facility who are identified through the screening required in subdivision 1 of this section as posing a health risk to themselves or others shall be separated from the facility's general population until they are no longer a risk. During the period of separation, the residents shall receive services approximating those available to the facility's general population, as deemed appropriate to their condition.
3. Immediate health care is provided to residents who need it.

6VAC35-71-950. Tuberculosis screening.

A. Within seven days of ~~placement~~arrival at a JCC, each resident, excluding residents transferred from another JCC, shall have ~~had undergone~~ a screening or assessment for tuberculosis. The screening or assessment ~~can~~shall be no older than 30 days.

B. A screening or assessment for tuberculosis shall be completed annually on each resident.

C. The facility's screening practices shall be performed in a manner that is consistent with the current ~~requirements-recommendations~~ of the Virginia Department of Health, Division of Tuberculosis Prevention and Control and the federal Department of Health and Human Services Centers for Disease Control and Prevention, for the detection, diagnosis, prophylaxis, and treatment of pulmonary tuberculosis.

6VAC35-71-960. Medical examinations.

A. Within five days of ~~arrival at a JCC~~, an initial intake at a JCC, all residents ~~who are not directly transferred from another JCC~~ shall be medically examined by a physician or a qualified health care practitioner operating under the supervision of a physician to determine if the resident requires medical attention or poses a threat to the health of staff or other residents. This examination shall include the following:

1. Complete medical, immunization, and psychiatric history;
2. Recording of height, weight, ~~body mass index~~, temperature, pulse, respiration, and blood pressure;
3. Reports of medical laboratory testing and clinical testing results, as deemed medically appropriate, to determine both clinical status and freedom from communicable disease;
4. Medical-Physical examination, including gynecological assessment of females, when appropriate;
5. Documentation of immunizations administered; and
6. A plan of care, including initiation of treatment, as appropriate.

B. Notwithstanding the requirements in subsection A, ~~For~~ residents transferring ~~from one JCC to another~~, to the JCC from a direct care placement may submit the report of a medical examination conducted within the preceding 13 months shall be acceptable at the discretion of the health care provider, upon review of the health screening at admission and prior medical examination report.

C. Each resident shall have an annual physical examination by or under the direction of a licensed physician.

6VAC35-71-970. Dental examinations.

A. Within ~~seven~~fourteen days of ~~arrival~~an initial intake at a JCC, all residents ~~who are not directly transferred from another JCC~~ shall undergo a dental examination conducted by a dentist.

B. Except as provided in subsection A, ~~For~~ residents transferring ~~from one to the JCC to another~~, from a direct care placement, the report of a dental examination within the preceding 13 months ~~shall~~may be acceptable at the discretion of the dentist upon review of the dental examination documentation.

C. Each resident shall have an annual dental examination by a dentist and routine prophylactic treatment.

6VAC35-71-980. Immunizations.

~~Each~~ A resident's immunizations shall be updated consistent with the regulations (12VAC5-90-110) of the Virginia Department of Health, Office of Epidemiology, Division of Immunization, at the time the record is reviewed. Exemptions for immunizations shall be granted consistent with state or federal law.

6VAC35-71-990. Health screening for intrasystem transfers.

A. All residents transferred between JCCs shall receive a medical, dental, and mental health screening by ~~health~~-trained or qualified health care personnel upon arrival at the facility. The screening shall include:

1. A review of the resident's ~~health-care~~medical record;
2. Discussion with the resident on his medical status; and
3. Observation of the resident.

B. All findings shall be documented, and the resident shall be referred for follow-up care as appropriate.

6VAC35-71-1000. Infectious or communicable diseases.

A. A resident with a known communicable disease that can be transmitted person-to-person shall not be housed in the general population unless a licensed ~~physician~~health care professional certifies that:

1. The facility is capable of providing care to the resident without jeopardizing residents and staff; and
2. The facility is aware of the required treatment for the resident and the procedures to protect residents and staff.

B. The facility shall implement written procedures, approved by a medical professional, that:

1. Address staff (i) interactions with residents with infectious, communicable, or contagious medical conditions; and (ii) use of standard precautions;
2. Require staff training in standard precautions, initially and annually thereafter as required in 6VAC35-71-160 (required initial training) and 6VAC35-71-170 (retraining); and
3. Require staff to follow procedures for dealing with residents who have infectious or communicable diseases.

C. Employees providing medical services shall be trained in tuberculosis control practices as required in 6VAC35-71-160.

6VAC35-71-1010 (Reserved.)

6VAC35-71-1020. Residents' health-medical records.

A. Each resident's health-medical record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician, including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.

B. ~~Each~~ The initial physical examination report shall include:

1. Information necessary to determine the health and immunization needs of the resident, including:

a. Immunizations administered at the time of the exam;

b. Hearing and vision exams conducted, at a minimum, on students in grades three, seven, eight, and ten pursuant to 8VAC20-250-10 (testing of sight and hearing: monitoring);

~~e. Hearing exam;~~

~~dc. A statement of the resident's g~~ General physical condition, including and documentation of apparent freedom from communicable disease status, including tuberculosis;

d. Current medical conditions or concerns;

e. Allergies, chronic conditions, and handicaps/disabilities, if any;

f. Nutritional requirements, including special diets, if any;

g. Restrictions on physical activities, if any; and

h. Recommendations for further treatment, immunizations, and other examinations indicated.

2. Date of the physical examination; and

3. Signature of a licensed physician, the physician's designee, or an official of a local health department.

C. ~~Each A~~ resident's health-medical record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) ~~documentation of~~ follow-up dental care recommended by the dentist based on the needs of the resident.

D. ~~Each A~~ resident's health-medical record shall include notations of health and dental complaints and injuries and ~~shall a summarize~~ summary of the resident's symptoms and treatment given.

E. ~~Each A~~ resident's health-medical record shall include, or document the facility's efforts to obtain, treatment summaries of ongoing psychiatric or other mental health treatment and reports, if applicable.

F. Written procedure shall provide that residents' active health-medical records shall be:

1. Kept confidential from unauthorized persons and in a file separate from the case record;

2. Readily accessible in case of emergency; and

3. ~~Made a~~ available to authorized staff consistent with applicable state and federal laws.

6VAC35-71-1030. First aid kits.

A. ~~Each A JCC facility shall have maintain~~ first aid kits ~~that shall be maintained within the facility, as well as in facility vehicles used to transport residents~~ in accordance with written procedures that shall address the (i) contents; (ii) location; and (iii) method of restocking.

B. The first aid kit shall be readily accessible for minor injuries and medical emergencies.

6VAC35-71-1040. Sick call.

A. All residents shall have the opportunity daily to request health care services.

B. Resident requests for health care services shall be documented, reviewed for the immediacy of need and the intervention required, and responded to daily by qualified medical staff. Residents shall be referred to a physician consistent with established protocols and written or verbal orders issued by personnel authorized by law to give such orders.

C. The frequency and duration of sick call shall be sufficient to meet the health needs of the facility population. ~~For the purpose of this section, sick call shall mean the evaluation and treatment of a resident in a clinical setting, either on or off site, by a qualified health care professional.~~

6VAC35-71-1050. Emergency medical services.

A. ~~Each A~~ JCC shall ensure that residents have access to 24-hour emergency medical, mental health, and dental services for the care of an acute illness or unexpected health care need that cannot be deferred until the next scheduled sick call.

B. Procedures shall include arrangements for the following:

1. Utilization of 911 emergency services;
2. Emergency transportation of residents from the facility;
3. Security procedures for the immediate transfer of residents, when appropriate;
4. Use of one or more designated hospital emergency departments or other appropriate facilities consistent with the operational procedures of local supporting rescue squads;
5. Response by on-call health care providers to include provisions for telephonic consultation, guidance, or direct response, as clinically appropriate; and
6. On-site first aid and crisis intervention.

C. Staff who respond to medical or dental emergencies shall do so in accordance with written procedures.

6VAC35-71-1060. Hospitalization and other outside medical treatment of residents.

A. When a resident needs hospital care or other medical treatment outside the facility:

1. The resident shall be transported ~~safely and~~ in accordance with applicable security procedures that are applied consistent with the severity of the medical condition; and

2. Staff shall escort and supervise residents when outside the facility for hospital care or other medical treatment, until appropriate security arrangements are made. This subdivision shall not apply to the transfer of residents under the Psychiatric Inpatient Treatment of Minors Act (§§ 16.1-355 et seq. of the Code of Virginia).

B. In accordance with applicable laws and regulations, the parent or legal guardian, as appropriate and applicable, shall be informed that the resident was taken outside the facility for medical attention as soon as is practicable.

6VAC35-71-1070. Medication.

A. All medication shall be properly labeled consistent with the requirements of the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia). Medication prescribed for individual use shall be so labeled.

B. All medication shall be securely locked, except when otherwise ordered by a physician on an individual basis for keep-on-person or equivalent use.

C. All staff responsible for medication administration who do not hold a license issued by the Virginia Department of Health Professions authorizing the administration of medications shall successfully complete a medication training program approved by the Board of Nursing and receive required annual refresher training ~~as required~~ before they ~~can~~ may administer medication.

D. Staff authorized to administer medication shall be informed of any known side effects of the medication and the symptoms of the effects.

E. A program of medication, ~~including procedures regarding the use of over-the-counter medication pursuant to written or verbal orders signed by personnel authorized by law to give such orders,~~ shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication. This includes over-the-counter medication administered pursuant to a written or verbal order that is issued by personnel authorized by law to give such orders.

F. All medications shall be administered in accordance with the physician's or other prescriber's instructions and consistent with the requirements of ~~§ 54.2-2408~~ § 54.1-3408 of the Code of Virginia and the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).

G. A medication administration record shall be maintained ~~of that identifies~~ all medicines received by each resident and ~~shall that~~ includes:

1. Date the medication was prescribed or most recently refilled;
2. Drug name;
3. Schedule for administration, to include notation of each dose administered or refused;
4. Strength;
5. Route;
6. Identity of the individual who administered the medication; and

7. Date or dates ~~Dates~~ the medication was discontinued or changed.

H. In the event of a medication incident or an adverse drug reaction, first aid shall be administered, if indicated. As addressed in the physician's standing orders, staff shall promptly contact a poison control center, hospital, pharmacist, nurse, or physician, nurse, pharmacist, or poison control center and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. ~~A medical incident shall mean an error made in administering a medication to a resident including the following: (i) a resident is given incorrect medication; (ii) medication is administered to the incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at a wrong time or not at all; and (v) the medication is administered through an improper method. A medication incident does not include a resident's refusal of appropriately offered medication.~~

I. Written procedures shall ~~provide for~~require (i) the documentation of medication incidents, (ii) the review of medication incidents and reactions and making implementation of any necessary improvements, (iii) the storage of controlled substances, and (iv) the distribution of medication off campus. The procedures must be approved by ~~a the~~ department's ~~health administrator~~Health Services Director. Documentation of this approval shall be retained.

J. Medication refusals and actions taken by staff shall be documented ~~including action taken by staff~~. The facility shall follow procedures for managing such refusals, which shall address:

1. ~~The Manner~~manner by which medication refusals are documented; and
2. Physician follow-up, as appropriate.

K. Disposal and storage of unused, expired, and discontinued medications shall be in accordance with applicable laws and regulations.

L. The telephone number of a regional poison control center and other emergency numbers shall be posted on or next to each nonpay telephone that has access to an outside line in each building in which residents sleep or participate in programs.

M. Syringes and other medical implements used for injecting or cutting skin shall be locked and inventoried in accordance with facility procedures.

6VAC35-71-1080. Release physical.

Each resident shall be medically examined by a physician or qualified health care practitioner operating under the supervision of a physician within 30 days prior to release, unless exempted by the responsible physician based on a ~~sufficiently recent~~ full medical examination conducted within 90 days.

Part VIII Behavior

6VAC35-71-1090. (Reserved.)

6VAC35-71-1100. (Reserved.)

6VAC35-71-1110. Disciplinary process.

A. A JCC shall ensure that, to the extent practicable, resident behavioral issues are addressed: i) in the context of a therapeutic community; ii) in a manner that is consistent with the Department's behavior management program; iii) with consideration of the safety and security of the residents, staff, and others in the facility; and iv) with the goal of rehabilitating, rather than punishing, the resident.

AB. Each JCC shall follow written procedures for handling (i) minor resident misbehavior through an informal process and (ii) instances when a resident is charged with a violation of the rules of conduct through the formal process outlined below. Such procedures shall provide for (i) graduated sanctions and (ii) staff and resident orientation and training on the procedures.

BC. When staff have reason to believe a resident has committed a rule violation that cannot be resolved through the facility's informal process, staff shall prepare a disciplinary report detailing the alleged rule violation. A written copy of the report shall be maintained by the housing unit staff. The resident shall be ~~given~~ provided either with a written copy of the report or an opportunity to view the report within 24 hours of the alleged rule violation.

CD. After the resident receives notice of an alleged rule violation, the resident shall be provided the opportunity to admit or deny the charge.

1. The resident may admit to the charge in writing to a superintendent or designee who was not involved in the incident, accept the sanction prescribed for the offense, and waive his right to any further review.

2. If the resident denies the charge or there is reason to believe that the resident's admission is coerced or that the resident does not understand the charge or the implication of the admission, the formal process for resolving the matter detailed in subsection ~~D-E~~ of this section shall be followed.

DE. The formal process for resolving rule violations shall provide the following:

1. A disciplinary hearing to determine if substantial evidence exists to find the resident guilty of the rule violation shall be scheduled to occur no later than seven days, excluding weekends and holidays, after the rule violation. The hearing may be postponed with the resident's written consent.

2. The resident alleged to have committed the rule violations shall be given at least 24 hours' notice of the time and place of the hearing; ~~but~~ however, the hearing may be held within 24 hours with the resident's written consent.

3. The disciplinary hearing on the alleged rule violation shall:

a. Be conducted by an impartial and objective staff employec who shall determine (i) what evidence is admissible, (ii) the guilt or innocence of the resident, and (iii) if the resident is found guilty of the rule violation, what sanctions shall be imposed;

b. Allow the resident to be present throughout the hearing, unless the resident waives the right to attend, his behavior justifies exclusion, or another resident's testimony must be given in confidence. The reason for the resident's absence or exclusion shall be documented;

- c. Permit the resident to make a statement, ~~and present evidence, and to request relevant witnesses on his behalf.~~ The reasons for denying such requests shall be documented;
 - d. Permit the resident to request a staff member to represent him and question the witnesses. A staff member shall be appointed to help the resident when it is apparent that the resident is not capable of effectively collecting and presenting evidence on his own behalf; and
 - e. Be documented, with a record of the proceedings kept for six months.
4. A written record shall be made of the hearing disposition and supporting evidence. The hearing record shall be kept on file at the JCC.
 5. The resident shall be informed in writing of the disposition and, if found guilty of the rule violation, the reasons supporting the disposition and the right to appeal.
 6. If the resident is found guilty of the rule violation, a copy of the disciplinary report shall be placed in the resident's case record.
 7. The superintendent or designee shall review all disciplinary hearings and dispositions to ensure conformity with procedures and regulations.
 8. The resident shall have the right to appeal the disciplinary hearing decision to the superintendent or designee within 24 hours of receiving the decision. The appeal shall be decided within 24 hours of its receipt, and the resident shall be notified in writing of the results within three days. These time frames do not include weekends and holidays.

EE. When it is necessary to place the resident in confinement to protect the facility's security or the safety of the resident or others, the charged resident may be confined pending the formal hearing for up to 24 hours. Confinement for longer than 24 hours must be reviewed at least once every 24 hours by the superintendent or designee who was not involved in the incident. For any confinement exceeding 72 hours, notice shall be made in accordance with 6VAC35-71-1140 D (room confinement).

6VAC35-71-1120. Timeout.

A. Facilities that use ~~a systematic behavior management technique program component designed to reduce or eliminate inappropriate or problematic behavior by having a staff require a resident to move to a specific location that is away from a source of reinforcement for a specific period of time or until the problem behavior has subsided (timeout)~~ timeouts shall implement written procedures governing that provide the following:

1. A resident may be placed in timeout only after less restrictive alternatives have been applied;
 2. Timeout may be imposed only to address minor behavior infractions, such as talking back or failing to follow instructions and shall not be applied to address any chargeable offenses, as designated in written procedures, or any aggressive behaviors;
- ~~The conditions, based on the resident's chronological and developmental level, under which a resident may be placed in timeout;~~
- ~~2. The maximum period of timeout based on the resident's chronological and developmental level; and~~

3. A resident shall be released from the timeout period when he demonstrates the ability to rejoin the group activity and comply with the expectations that are in place.

34. Staff shall be authorized to determine ~~The~~ the area in which a resident is placed for timeout on a case-by-case basis.

B. A resident in timeout shall ~~be able to have a means of communicate~~ immediate communication with staff, ~~either verbally or electronically.~~

C. Staff shall ~~check on~~ monitor the resident in the timeout area visually at least every 15 minutes and more often depending on the nature of the resident's ~~disability, condition, and or~~ behavior.

D. Use of timeout and staff checks on the residents shall be documented.

6VAC35-71-1130. Physical restraint.

A. Physical restraint shall be used as a last resort only after less restrictive behavior intervention techniques have failed ~~or~~ to control residents whose behavior poses a risk to the safety of the resident, ~~others~~ staff, or ~~the public~~ others.

1. Staff shall use the least force deemed reasonably necessary to eliminate the risk or to maintain security and order and shall never use physical restraint as punishment or with intent to inflict injury.

~~2. Trained staff members may physically restrain a resident only after less restrictive behavior interventions have failed or when failure to restrain would result in harm to the resident or others.~~

3. Physical restraint may be implemented, monitored, and discontinued only by staff ~~who have been trained~~ in the proper and safe use of restraints in accordance with the requirements in 6VAC35-71-160 (required initial training) and 6VAC35-71-170 (retraining).

~~4. For the purpose of this section, physical restraint shall mean the application of behavior intervention techniques involving a physical intervention to prevent an individual from moving all or part of that individual's body.~~

B. Each JCC shall implement written procedures governing the use of physical restraint that shall include:

1. ~~A~~ Requirement for training in crisis prevention and behavior intervention techniques that staff may use to control residents whose behaviors pose a risk;

2. Identify t ~~The~~ staff position ~~who that~~ will write the report and the time frame for completing the report;

3. Identify the ~~The~~ staff position ~~who that~~ will review the report for continued staff development ~~for and~~ performance improvement and the time frame for this review; and

4. Identify the methods ~~Methods~~ to be followed should physical restraint, less intrusive behavior interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior; ~~and~~

~~5. Identification of control techniques that are appropriate for identified levels of risk.~~

C. Each application of physical restraint shall be fully documented in the resident's record. The documentation shall include including:

1. Date and time of the incident;
2. Staff involved;
3. Justification for the restraint;
4. Less restrictive behavior interventions that were unsuccessfully attempted prior to using physical restraint;
5. Duration of the restraint;
6. Description of the method or methods of physical restraint techniques used;
7. Signature of the person completing the report and date; and
8. Reviewer's signature and date.

6VAC35-71-1140. Room confinement.

- A. Written procedures shall govern how and when residents may be confined to a locked room.
- B. Whenever a resident is confined to a locked room, including but not limited to being placed in isolation, staff shall check the resident visually at least every 30 minutes and more frequently if indicated by the circumstances.
- C. Residents who are confined to a locked room, including but not limited to being placed in isolation, shall be afforded the opportunity for at least one hour of physical exercise, outside of the locked room, every calendar day unless the resident's behavior or other circumstances justify an exception. The reasons for any such exception shall be approved in accordance with written procedures and documented.
- D. If a resident is confined to a locked room for more than 24 hours, the superintendent or designee shall be notified.
- E. If the confinement extends to more than 72 hours, the (i) confinement and (ii) the steps being taken or planned to resolve the situation shall be immediately reported to the department staff, in a position above the level of superintendent, as designated in written procedures. If this report is made verbally, it shall be followed immediately with a written, faxed, or secure email report in accordance with written procedures.
- F. The superintendent or designee shall make personal contact with each resident who is confined to a locked room each day of confinement.
- G. When confined to a room, the resident shall have a means of communication with staff, either verbally or electronically.
- H. If the resident, after being confined to a locked room, exhibits self-injurious behavior (i) staff shall immediately consult with, and document that they have consulted with, a mental health professional; and (ii) the resident shall be monitored in accordance with established protocols, including constant supervision, if appropriate.

6VAC35-71-1150. Isolation.

A. When a resident is confined to a locked room for a specified period of time as a disciplinary sanction for a rule violation (isolation), the provisions of 6VAC35-71-1140 (room confinement) apply.

B. Room confinement during isolation shall not exceed five consecutive days.

C. During isolation, the resident is not permitted to participate in activities with other residents and all activities are restricted, with the exception of (i) eating, (ii) sleeping, (iii) personal hygiene, (iv) reading, (v) writing, and (vi) physical exercise as provided in 6VAC35-71-1140 (room confinement).

D. Residents who are placed in isolation shall be housed no more than one to a room.

6VAC35-71-1160. Administrative segregation.

A. Residents who are placed in administrative segregation units shall be housed no more than two to a room. Single occupancy rooms shall be available when indicated for residents with severe medical disabilities, residents suffering from serious mental illness, sexual predators, residents who are likely to be exploited or victimized by others, and residents who have other special needs for single housing.

B. Residents who are placed in administrative segregation units shall be afforded basic living conditions approximating those available to the facility's general population and as provided for in written procedures. Exceptions may be made in accordance with written procedures when justified by clear and substantiated evidence. If residents who are placed in administrative segregation are confined to a room or placed in isolation, the provisions of 6VAC35-71-1140 (room confinement) and 6VAC35-71-1150 (isolation) apply, as applicable.

C. For the purpose of this section, administrative segregation means the placement of a resident, after due process, in a special housing unit or designated individual cell that is reserved for special management of residents for purposes of protective custody or the special management of residents whose behavior presents a serious threat to the safety and security of the facility, staff, general population, or themselves. ~~For the purpose of this section, protective custody shall mean the separation of a resident from the general population for protection from or of other residents for reasons of health or safety.~~

6VAC35-71-1170. Chemical agents.

Chemical agents, such as pepper spray, shall not be used by staff for behavior management or facility security purposes.

6VAC35-71-1180. Mechanical restraints.

A. Written procedure shall govern the use of mechanical restraints and shall specify:

1. The conditions under which mechanical restraints ~~handcuffs, waist chains, leg irons, disposable plastic cuffs, leather restraints, and mobile restraint chair~~ may be used;

~~2. That the superintendent or designee shall be notified immediately upon using restraints in an emergency situation;~~

~~3. That mechanical restraints shall never be applied as punishment;~~

3. That mechanical restraints shall not be applied for routine on-campus transportation unless: i) there is a heightened need for additional security as identified in written procedures or ii) the resident is non-compliant and needs to be moved for his own safety or security.

4. That residents shall not be restrained to a fixed object or restrained in an unnatural position;

5. That each use of mechanical restraints, except when used to transport a resident off-campus, shall be recorded in the resident's case file record ~~or and~~ in a central log book; and

6. That the facility maintains a written record of routine and emergency distribution of restraint equipment.

B. If a JCC uses mechanical restraints, written procedure shall provide that (i) all staff who are authorized to use restraints shall receive department-approved training in their use, which training shall address~~including~~ procedures for checking the resident's for signs of circulation and ~~checking~~ for injuries; and (ii) only properly trained staff shall use restraints.

C. A JCC shall be authorized to use a mobile restraint chair for the sole purpose of controlled movement of a resident from one area of the facility to another and shall observe the following when utilizing the chair:

1. Staff shall be authorized to utilize the mobile restraint chair only after less restrictive interventions have been unsuccessful in moving a resident from one area of the facility to another or when use of the restraint chair is the least restrictive intervention available to move the resident.

2. Staff shall remove the resident from the restraint chair immediately upon reaching the intended destination. In no event shall a resident who is not being moved from one area of the facility to another be confined to a restraint chair for any period of time.

~~C. For the purpose of this section, mechanical restraint shall mean the use of an approved mechanical device that involuntarily restricts the freedom of movement or voluntary functioning of a limb or portion of an individual's body as a means to control his physical activities when the individual being restricted does not have the ability to remove the device.~~

6VAC35-71-1190. Monitoring residents placed in mechanical restraints.

A. Written procedure shall provide that when a resident is placed in mechanical restraints staff shall:

1. Provide for the resident's reasonable comfort and ensure the resident's access to water, meals, and toilet; and

2. ~~Make~~ Conduct a ~~direct personal~~ visual check on the resident at least every 15 minutes and more often if the resident's behavior warrants.

B. When a resident is placed in mechanical restraints for more than ~~two~~ one consecutive hours ~~cumulatively~~ in a 24-hour period, with the exception of use in routine off-campus transportation of residents, staff shall ~~immediately~~ consult with a qualified mental health professional. This consultation shall be documented.

C. If the resident, after being placed in mechanical restraints, exhibits self-injurious behavior, ~~(i)~~ staff shall: ~~(i) take appropriate action in response to the behavior;~~ ~~(ii) immediately~~ consult with, and document that they have consulted with, a qualified mental health professional and ~~(iii) monitor~~ the resident ~~shall be monitored~~ in accordance with established protocols, including constant supervision, if appropriate. Any such protocols shall ~~be in compliance~~ with the ~~procedures required by requirements in~~ 6VAC35-71-1200 (restraints for medical and mental health purposes).

6VAC35-71-1200. Restraints for medical and mental health purposes.

Written procedure shall govern the use of restraints for medical and mental health purposes. Written procedure ~~should~~ shall identify (i) identify the authorization needed, ~~;~~ (ii) when, where, and how restraints may be used, ~~;~~ (iii) for how long restraints may be applied, ~~;~~ and (iv) what type of restraint may be used.

Part IX Private JCCs

6VAC35-71-1210. Private Contracts for JeesJCCs.

A. ~~Each~~ A privately operated JCC shall abide by the requirements of (i) the Juvenile Corrections Private Management Act (§ 66-25.3 et seq. of the Code of Virginia), (ii) its governing contract, (iii) this chapter, and (iv) applicable department procedures, including ~~but not limited to~~ procedures relating to case management, the use of physical restraint and mechanical restraints, confidentiality, visitation, community relationships, and media access.

B. ~~Each~~ A privately operated JCC shall develop procedures, approved by the Director ~~department,~~ to facilitate the transfer of the operations of the facility to the department in the event of the termination of the contract.

6VAC35-71-1220. Privately Operated JeesJCCs.

In addition to the other requirements of this chapter, privately operated JCCs shall house only residents who have been committed to the department and who have been properly transferred to the facility by the department, unless otherwise specified by contract with the department.

Part X Boot Camps

~~6VAC35-71-1230. Definition of Boot Camp.~~

~~For the purpose of this chapter, a boot camp shall mean a short-term secure or nonsecure juvenile residential program that includes aspects of basic military training, such as drill and ceremony. Such programs utilize a form of military-style discipline whereby employees are authorized to respond to minor institutional offenses, at the moment they notice the institutional offenses being committed, by imposing immediate sanctions that may require the performance of some physical activity, such as pushups or some other sanction, as provided for in the program's written procedures.~~

6VAC35-71-1240. Staff Physical and Psychological Qualifications.

The boot camp shall include in the qualifications for staff positions a statement of:

1. The physical fitness level requirements for each staff position; and
2. Any psychological assessment or evaluation required prior to employment.

6VAC35-71-1250. Residents' Physical Qualifications.

The boot camp shall have written procedures that govern:

1. Admission, ~~including which shall be required~~ require a written statement from: (i) a physician that the resident meets the American Pediatric Society's guidelines is physically cleared to participate in contact sports; and from (ii) a licensed-qualified mental health professional that the resident is an appropriate candidate for a boot camp program; and
2. Discharge should a resident be physically unable to ~~keep up with~~ continue the program.

6VAC35-71-1260. Residents' Nonparticipation.

The boot camp shall have written procedures approved by the ~~department~~ Director for ~~dealing with~~ addressing residents who ~~are~~ do not complying with boot camp program requirements.

6VAC35-71-1270. Program Description.

The boot camp shall have a written program description that ~~states~~ specifies:

1. How residents' physical training, work assignment, education and ~~vocational~~ career-readiness training, and treatment program participation will be interrelated;

2. The ~~length~~ duration of the boot camp program;

3. That any juvenile boot camp program established by or as a result of a contract with the Department shall require at least six months of intensive after care following a resident's release from the boot camp program; and the kind type and duration of treatment and supervision that will be provided upon the resident's release from the residential program;

34. Whether residents will be cycled through the program individually or in platoons; and

45. The program's incentives and sanctions, including whether military or correctional discipline will be used. If military style discipline is used, written procedures shall specify what summary punishments are permitted.