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



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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

BOARD MEETING

June 24, 2020

A G E N D A

9:30 a.m. Board Meeting

1. **CALL TO ORDER and INTRODUCTIONS**
2. **APPROVAL of March 11, 2020, MINUTES (Pages 3-21)**
3. **PUBLIC COMMENT**
4. **DIRECTOR'S CERTIFICATION ACTIONS (Pages 22-48)**
5. **OTHER BUSINESS**
 - I. **Virginia Juvenile Community Crime Control Act (VJCCCA) Plan Approvals, Beth Stinnett, Statewide Programs Coordinator, Department of Juvenile Justice (Pages 49-59)**
 - II. **Proposed Amendments to Regulation Governing Juvenile Correctional Centers (6VAC35-71) – Advancement to Final Stage of Standard Regulatory Process, Kristen Peterson, Regulatory and Policy Coordinator, Department (Pages 60-134)**
 - III. **DJJ COVID-19 Update, Valerie P. Boykin, Director, Department of Juvenile Justice (Pages 137-140)**
6. **DIRECTOR REMARKS AND BOARD COMMENTS**
7. **NEXT MEETING DATES: September 16, 2020**
8. **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 5 minutes each, with shorter time frames provided at the Chair'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.



Jennifer Woolard, Chair
Tyren Frazier, Vice Chair
Robert Vilchez, Secretary
David R. Hines
Scott Kizner
Robyn D. McDougale
Quwanisha H. Roman
Dana G. Schrad
Gregory D. Underwood

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DRAFT MEETING MINUTES

March 11, 2020

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

Board Member Present: Tyren Frazier, Scott Kizner, Robyn McDougale, Gregory Underwood, and Robert (Tito) Vilchez

Board Members Absent: David Hines, Quwanisha Roman, Dana Schrad, and Jennifer Woolard

Department of Juvenile Justice (Department) Staff Present: Ken Bailey, Melinda Boone, Eli Bowles, Valerie Boykin, Ken Davis, Mike Favale, Wendy Hoffman, Joyce Holmon, Ken McGee, Linda McWilliams, Margaret O'Shea (Attorney General's Office), Jamie Patten, Kristen Peterson, James Towey, and Angela Valentine

Guests Present: Jason Houtz (Fairfax Juvenile Detention Center), Cathy Roessler (Blue Ridge Juvenile Detention Center)

CALL TO ORDER

Board Vice Chair Tyren Frazier led the meeting as Chairperson due to Jennifer Woolard's absence. Chairperson Tyren Frazier called the meeting to order at 9:35 a.m.

INTRODUCTIONS

Chairperson Frazier welcomed all who were present and asked for introductions.

APPROVAL OF NOVEMBER 13, 2019, MINUTES

The minutes of the November 13, 2019, Board meeting were provided for approval. On motion duly made by Greg Underwood and seconded by Robyn McDougale, the Board approved the minutes as presented.

PUBLIC COMMENT PERIOD

There was no public comment.

OTHER BUSINESS

SALE OF NATURAL BRIDGE

James Towey, Legislative and Regulatory Affairs Manager, Department

Mr. Towey made a rare request of the Board to approve a resolution for the sale of approximately 99.08 acres of property in Rockbridge County. In 2000, the Commonwealth of Virginia purchased property in Rockbridge County to use for the Natural Bridge Juvenile Correctional Center. The property was purchased under the name of the grantee, the Board of Juvenile Justice. In 2013, pursuant to the *Code of Virginia*, the Board approved the designation of the Natural Bridge Juvenile Correctional Center as surplus property given the needs of the Commonwealth. The budget bill language directs that the Natural Bridge Juvenile Correctional Center be sold and the proceeds of the sale be deposited into the general fund. The Department of General Services has entered into a contract for sale with Green Lea, LLC, and is expected to close by late summer or early fall.

By virtue of this resolution, the Board will be (i) approving that the property is surplus to the needs of the Department, (ii) approving the conveyance of the property to Green Lea, LLC, and (iii) ratifying the sale agreement and authorizing the Director of the Department to execute any contracts and other necessary documents.

The signatory on the resolution is Chairperson Jennifer Woolard. If the Board approves the resolution, Mr. Towey will scan and email the resolution to Chairperson Woolard for her signature. Mr. Towey will then send the signed document to the Department of General Services and the Office of the Attorney General.

On motion duly made by Tito Vilchez and seconded by Robyn McDougle, the Board of Juvenile Justice: (i) approved that the property commonly known as the Virginia Natural Bridge Juvenile Correctional Center is surplus to the needs of the Department; (ii) approved the conveyance of the property to the purchaser, Green Lea, LLC; and (iii) ratified the Sale Agreement and authorized the Director of the Department to execute such further documentation, including contracts and a deed, as may be necessary to complete the sale of the property to the purchaser.

SPIT GUARDS PRESENTATION

Kristen Peterson, Regulatory and Policy Coordinator, Department

In November 2018, the Board asked the Department to develop options for restrictions on the use of mechanical restraints, restraint chairs, protective devices, and spit guards. The Department convened a workgroup to review existing regulatory revisions applicable to juvenile detention centers and juvenile correctional centers and developed several options to present to the Board. One option was to eliminate the use of spit guards. In January and May of 2019, the Board reviewed the proposed amendments and options and determined that spit guards should not be used in juvenile detention centers and juvenile correctional centers. Based on that ruling, the Department incorporated changes into the juvenile detention center regulations to prohibit the use of spit guards and advanced those changes through the regulatory process. The Department used the juvenile detention center regulations as the vehicle for the proposed amendments because those amendments were before the Board at the time the Department presented the various options.

The Department did not provide the Board with as much information on spit guards as mechanical restraints. While the Board heard detailed presentations from representatives of juvenile detention centers, Georgetown University, and the Commonwealth Center on the impact of the mechanical restraint chair, the Department did not give spit guards the same level of attention. Because the Board is hearing discussions at today's meeting on the Regulations Governing Juvenile Correctional Centers, the Department thought it was the right time for the Board to reconsider the use of spit guards.

Ms. Peterson introduced the Virginia Juvenile Detention Association and Bon Air Juvenile Correctional Center (JCC) representatives and asked them to share information regarding the use of spit guards.

Spit and Bite Guards Presentation

Dr. Ken McGee, Dentist, Department

Dr. McGee introduced himself as a graduate of Virginia Commonwealth University who has worked as a contract dentist and correctional officer with the Department of Corrections, a dentist with the Department of Behavioral Health in Petersburg, and currently is a dentist at the Bon Air JCC. Dr. McGee shared several slides with the Board regarding potential impacts of being spit on and bitten.

Slides Two - Four: Staff Health and Safety

Saliva can contain 50 different types of bacteria and close to 100,000,000 microbes per milliliter.

- Bacterial pathogens are transmissible through saliva.
- Strep is transmissible through sputum, and causes sore throat, necrotizing fasciitis, septicemia, and is responsible for toxic shock syndrome, rheumatic fever, and scarlet fever.
- Meningococcal invasive disease is Meningitis. *Treponema pallidum* is the spirochete responsible for Syphilis.

Board Member Tito Vilchez asked for an explanation of septicemia. Dr. McGee responded that septicemia is a systemic infection that starts with a localized infection, but once in the blood stream, travels throughout the body. It is then considered septicemia, which can produce multiple organ failures.

Saliva also contains viruses that can be transferred between people, including the following:

- Herpesvirus, which can be transmitted mouth-to-mouth. If someone has Herpesvirus, and spits in your eye, it could lead to blindness.
- Epstein-Barr, which is responsible for mono.
- Human papillomaviruses
- Hepatitis B, but Hepatitis C also can be transmitted through the sputum.

Saliva also can convey other material.

- Blood
- Feces

A cut in the mouth can easily transmit blood by an open wound, like a cut or lesion. HIV or Hepatitis are possibilities of transmission.

Slide Five: Bites

- Human bites can cause pressure damage to skin, tendon, and bones. It can also cause tetanus, commonly called lockjaw.
- Infections can travel along tendons into lymph systems, and cause permanent damage, septic arthritis, necrotizing fasciitis, and could lead to amputation in worst-case scenarios.

Slide Six: Youth in Restraint

- Most youth involved in restraint have emerging borderline personality traits. Persons with borderline personality disorders and adolescents both seek to test limits and often resist de-escalation until they find limits. Spitting is a way to prolong conflict in restraint.
- Rhinovirus is responsible for sore throat, flu virus, and is transmitted by sputum.
- Cytomegalovirus puts unborn children at risk and is transmitted by sputum.
- Spit creates small particulates, which can transmit Tuberculosis, along with a host of exotics like Ebola because of the aerosol process.

The Use of Spit Guards in Juvenile Detention

Jason Houtz, Virginia Juvenile Detention Association

Mr. Houtz has been with the Fairfax County Juvenile Detention Center (Fairfax) for almost 25 years, and has worked at every level in a facility. Mr. Houtz shared that he has been spit on as a direct care

staff, administrator, and manager and noted that it happens frequently in juvenile correctional settings. Mr. Houtz offered several slides regarding spit guards.

Slide Two: What is it?

A spit guard has many different forms. Spit guards or bite guards are protective devices for preventing the spread of communicable disease and blood borne pathogens, which can come with spitting.

Mr. Houtz explained that Fairfax does not view the spit guard as a restraint device, but rather a protective device used to protect staff involved, as well as the resident.

Slide Three: Used By

Spit guards are used in many applications when addressing out-of-control human behavior by law enforcement, jails, secure juvenile facilities, and hospitals.

Slides Four and Five: Is Spitting Considered Assault?

This slide details the significant case law that establishes spitting as assaultive behavior, and in some cases, as a battery offense.

Board Member Greg Underwood asked if the spit guard Mr. Houtz is referring to is a mask, hood, or shield and asked how it is placed on a youth to prevent spitting?

Mr. Houtz replied that the proposed regulatory language was drafted to identify the characteristics that make a device a qualifying spit guard; such as mesh fabric to allow for visibility and that it does not restrict breathing. Products falling under the classification would protect staff and residents, but not overly restrict the resident.

Slides Six through Twelve: Purpose and Use

Managing combative residents is one of the most stressful duties a staff member performs. The staff is trying to safely control a youth who is out of control and escalating, and staff need appropriate tools and training to perform in this situation in the safest way possible.

Youth coming into detention often are combative or under the influence, and staff have no established relationship with them. The staff have no real time and ability to deescalate the situation and must deal with the behavior.

Staff are subjected to exposure from bites, spit, or blood and are at a high risk of contracting a blood-borne pathogen such as HIV or Hepatitis. Testing can take weeks and can be stressful for the employee. Treatments can be costly and require time off from the job.

Residents in an agitated state with a history of biting and spitting are likely to repeat this behavior. Residents have been known to intentionally bite their tongues or cheeks and spit blood on staff.

Being spit on can evoke strong reactions from even the most seasoned and controlled staff. While staff can be trained to respond and react appropriately during a physical restraint of a resident, it is difficult to train staff to control their emotions in that situation. Staff can talk to the youth, encourage them not to be reactive, but the situation is very reactive. There may be no level of agitation at the moment, and then the resident spits to start the aggression.

Spit and bite guards are specifically designed for the purposes of prevention and are known to be safe and effective. As with any protective equipment, spit guards may not always be readily available in the moment when needed; however, prohibiting them increases the risk of harm to staff and other residents.

Without a properly designed piece of equipment, staff managing a resident who is actively spitting or biting may resort to physical control, which can perpetuate the aggression and potentially cause injury to staff or the resident. Staff might use items not designated for this purpose as a barrier, such as a shirt, towel, or blanket, which could be extremely harmful to the resident. Staff also might resort to an unsanctioned process to prevent the youth from spitting or biting. Attempts to prevent such actions by restricting or re-directing the head during a restraint makes staff more susceptible to a bite, which is equally, if not more, dangerous and increases the risk of injury to the resident.

Protective equipment designed specifically for the prevention of spitting or biting is made with mesh fabric and provides the following benefits: does not restrict breathing; does not present a choking hazard; prevents fluid from exiting the guard; limits the youth's ability to bite; and reduces the need for physical force to prevent spitting and biting.

Mr. Houtz analogized spit guards to the use of a fire extinguisher. It may not be readily available when needed, staff may have to resort to another device in those situations, and staff may not always predict when the incident necessitating its use might occur, but staff should have the proper equipment available to help them control the situation.

The Use of Spit Guards in Juvenile Correctional Centers

Joyce Holmon, Deputy Director of Residential Services, Department

Deputy Director of Residential Services Joyce Holmon presented the Board with a sample of one type of mesh spit guard that is primarily used in juvenile detention centers and the juvenile correctional center and explained to the Board that the proposed regulations specify the type of device that can be used.

Deputy Director Holmon indicated that the Department does not want staff using another device to prevent a young person from spitting on staff. Spitting creates a visceral response. Deputy Director Holmon shared a recent experience in which a staff member was restraining a resident who did not have a history of spitting. The resident spit and as a reflexive action, the staff reached forward and connected with the young person's face. Staff complete many hours of training on deescalation; however, until they encounter a situation, they do not know how they will respond. Deputy Director Holmon advocates for the protection of youth in the facility. If the appropriate device is available, it puts a safety measure in place so that staff does not use jackets, towels, or articles of clothing in order to shield and protect themselves.

Board Member Greg Underwood said that he googled spit guards and spit hoods and some results showed people have died from these types of devices, and lawsuits have been filed. He asked whether the Department researched the dangers of using spit guards?

Ms. Peterson answered that the Department conducted preliminary research and drafted regulatory amendments to ensure residents with spit guards in place are closely monitored by staff to prevent any such hazards.

Policy and Legislation Manager Michael Favale added that a lawsuit is not necessarily a finding of fact. Just because a lawsuit indicates that an individual was wearing a spit guard, this does not mean there is a correlation between whatever occurred and the spit guard. There may have been a number of factors to contribute to the incident. Based upon the analysis done by the Department, a product specifically designed for a purpose is always better than trying to use a product not designed for that purpose.

Ms. Peterson then presented the proposed amendments to the regulation addressing spit guards, found on page 84 of the Board packet. She explained that the proposed amendments are similar to a proposal presented to the Board last May.

The proposed amendments define protective device as an approved device placed on a portion of a resident's body to protect the resident or staff from injury. A definition was also developed for a spit guard, which is a protective device designed to prevent the spread of communicable diseases as a result of spitting or biting.

Ms. Peterson directed the Board to Section 1180, which deals with mechanical restraints. Subsection D provides that juvenile correctional center staff may not use a protective device unless the use is in connection with a restraint and shall remove the device when the resident is released from the restraint. This language addresses the concern that staff will use the spit guard as a knee-jerk reaction. The

Department wants to make sure that spit guards are being used only in limited circumstances. The amendment allows for use of the spit guard only “in the course of a restraint,” which includes a physical restraint, mechanical restraint, or the use of the mechanical restraint chair.

Subsection E requires juvenile correctional center staff who use a spit guard to control resident behavior to observe a number of additional requirements. Ms. Peterson explained that this language was crafted to allow the facilities to choose the type of spit guard they need, provided it meets the parameters in the regulation.

- The design of the spit guard may not inhibit the resident’s ability to breathe. If the spit guard’s design could restrict the resident’s ability to breathe, it would not be permitted for use under the proposed amendments.
- The spit guard must be constructed to allow for visibility. The purpose of this provision is to ensure, to the extent possible, that the resident is not being overly traumatized. If a spit guard covers a resident’s face, it may contribute to or increase their level of trauma.
- The spit guard must be manufactured and sold specifically for the prevention of biting and spitting. This means staff would be prohibited from using any other type of device that does not meet these requirements, such as an article of clothing or a towel.

The spit guard may be used only on a resident who: (i) previously bit or spit on a person at the facility, and (ii) in the course of a current restraint, threatens or attempts to spit on or bite or actually spits on or bites a staff member. A youth coming into a juvenile correctional center from a detention center has a clean slate, even if they habitually spit at the detention center.

The spit guard must be applied in a manner that will not inhibit the resident’s ability to breathe. This is a training issue. The Department wants to ensure staff is utilizing the device properly.

While the spit guard remains in place, staff shall provide for the resident’s reasonable comfort and ensure the resident’s access to water and meals, as applicable. The resident does not lose his rights just because the spit guard is in place.

Staff must employ constant supervision of the resident. This is the provision the Department thinks will provide additional protection. Staff will be supervising the resident constantly for the entire time the spit guard is in place. If there are signs of respiratory distress, staff shall take immediate action to prevent injury and notify supervisory staff.

If a resident is unconscious, vomiting, or in obvious need of medical attention, staff would not be authorized to use the spit guard.

Ms. Peterson formally requested the Board to consider the proposed amendments for inclusion in the Regulations Governing Juvenile Correctional Centers. She explained that if the Board agrees to the proposed amendments, the Department would make the same changes to the Regulations Governing Juvenile Detention Centers. If the Board decides to oppose the use of spit guards and retain and preserve their original ruling, the Department would retain the language in the juvenile detention center regulations.

Board Member Robyn McDougle asked how long a resident wears a spit guard, on average?

Mr. Houtz responded that in his experience, the longer a staff member maintains physical contact with a resident, the longer it will perpetuate their aggression. The sooner a staff member can release physical contact, the quicker the resident will deescalate. In Mr. Houtz's program, even mechanical restraints do not typically stay on long. The resident must receive medical attention for restraints exceeding two hours. Mr. Houtz believes his program only reached the two-hour window on rare occasions when the resident is in perpetual risk of self-harm and even then, staff typically does not use mechanical restraints. Mr. Houtz said not very long.

Board Member McDougle asked whether, once the spit guard is in place, the need for physical contact by staff immediately decreases because of the spit guard, thus helping to deescalate the resident.

Mr. Houtz agreed with Board Member McDougle, and emphasized that at this point, staff's objective would be to remove all protective devices as quickly as possible.

Board Member Underwood asked how residents are physically restrained in order to apply a spit guard, particularly when the resident is belligerent and agitated, and whether staff use handcuffs?

Mr. Houtz responded that in his experience, the most common time a resident might spit on staff is when they are agitated with that staff. Mr. Houtz explained that Fairfax uses Handle with Care, which is training sanctioned by the Department and includes a physical restraint technique. Every staff member is trained annually in Handle with Care. From the moment the staff member encounters a situation such as two residents in a physical altercation, a resident in an act of self-harm, or aggression towards staff, this technique is employed to safely gain physical control over the resident.

Blue Ridge Juvenile Detention Center Director Cathy Roessler said that Handle with Care is focused on deescalation first and doing everything else to deescalate the situation before it becomes unreasonable.

Director Valerie Boykin added that Department staff are certified annually in the use of Handle with Care and offered to provide a presentation to the Board at a future meeting, if desired.

Board Member Scott Kizner asked why the facilities are currently using spit guards if the Board has prohibited their use.

Ms. Peterson explained that at the May 2019 Board meeting, the members reviewed the Regulation Governing Juvenile Detention Centers and agreed to prohibit the use of spit guards in juvenile detention centers and juvenile correctional centers. At today's meeting, the Department is requesting to revisit that decision and to allow the use of spit guards in both juvenile detention centers and juvenile correctional centers. These facilities are still using the spit guards because amendments to the regulations have not taken effect. The regulatory process is lengthy.

Board Member Kizner asked when a young person spits, whether they are reacting to a situation, spitting to show their anger and frustration, or acting at random..

Mr. Houtz answered that both scenarios are probably correct. Mr. Houtz shared a story where he tried to deescalate a resident verbally and, unprovoked with no sign of aggression, the resident spit in Mr. Houtz's face. During the course of a physical restraint, the resident may become agitated with staff, and, without their ability to swing or punch, may then bite or spit.

Board Member Kizner asked whether the spit guard is a device to protect the staff or merely a deescalation process.

Mr. Houtz speculated that the spit guard protects the staff member, but also, in many ways, protects the resident.

Board Member Kizner acknowledged his opposition to the spit guard back in May and asked if the group has any anecdotal information as to whether, when a spit guard is placed on the young person, it makes them angrier, and eventually they get so exhausted the spit guard comes off and they stop spitting. Does the Department think placing a spit guard on a resident is what makes them comply?

Deputy Director Holmon responded that the spit guard is a deterrent because, as Mr. Houtz described, once the resident loses the ability to swing and kick, the resident generally turns to spitting or biting. Deputy Director Holmon speculated that it is not because the resident is exhausted that the spit guard is effective, but because the spit guard acts as another deterrent. In addition, during the restraint process, staff are verbally deescalating the resident and trying to sway their behavior.

Board Member Kizner asked how often a spit guard is used.

Deputy Director Holmon said the juvenile correctional center does not use the spit guard more than once a month.

Board Member Kizner asked if a secondary injury might occur while placing the spit guard on a resident.

Mr. Houtz discussed an incident where a resident was not wearing a spit guard, and staff were trying to redirect the head to prevent the spitting and were bitten by the resident.

Ms. Roessler added that the time she witnessed a spit guard being used, she did not witness a secondary injury.

Board Member Kizner commented that he worked five years at Grafton School as a residential staff and was involved in many restraints of young people resulting in being spit on, and suffered 13 stitches in his back from one of those restraints. Board Member Kizner explained his objective of trying to determine whether spit guards are helping the young person or potentially further escalating an incident. Board Member Kizner asked for confirmation that spit guards are a way to reduce the situation.

Mr. Houtz responded that his biggest concern is if the spit guard is not available, what other measures staff will resort to prevent being spit on.

Ms. Roessler added that juvenile detention centers see many adolescents with mental health issues, and sometimes the use of the spit guard prevents escalation. Staff is trying to help the resident control himself because during those moments the resident is not thinking rationally.

Board Member Underwood asked the rationale for the Board's opposition to spit guards last June, when it seems the device would increase employee safety.

Ms. Peterson responded that the Board focused most of its discussion on the mechanical restraint chair. There was little discussion on the use of spit guards. Having reviewed the minutes from that Board meeting, Ms. Peterson indicated that only one comment was made on the spit guard before voting, which involved a concern with the possibility of asphyxiation.

Board Member McDougle added that the focus of the entire presentation at the previous meeting was the mechanical restraint chair. The spit guard was almost an afterthought. Board Member McDougle indicated how glad she was that this topic was brought back to give it proper attention. Board Member McDougle thought that members were not voting against spit guards as much as they were focused on the restraint chair.

Director Boykin thought the Department did not do justice to the spit guard and give the Board enough information.

On motion duly made by Robyn McDougale and seconded by Tito Vilchez, the Board of Juvenile Justice approved the Alternative Spit Guard Provisions presented to the Board on March 11, 2020, and authorizes the Department of Juvenile Justice to incorporate these proposed amendments into the Regulation Governing Juvenile Correctional centers.

Board Member Robyn McDougale commented that she would need to leave the meeting for another priority appointment, which would result in the Board not having a quorum. After discussion, the Board decided to schedule a special session in May to review the Regulations Governing Juvenile Correctional Centers.

It was also decided that Board packets will be mailed to the members in a timely manner so they can review the material prior to the meeting.

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 for December 9, 2019.

The Summit Transitional Living Program is a new residential facility that continues to struggle with following proper protocols in administering medication. The Certification Team monitored the program and worked with staff, and the program has made improvements. The certification for the Summit Transitional Living Program was extended until June 8, 2020. The Certification Team will complete a monitoring visit at that time.

The audit for the 4th Court Service Unit in Norfolk found two deficiencies related to not maintaining proper documentation and leaving blank some elements on a social history report. The 4th Court Service Unit was certified for three years through December 1, 2022.

The 10th Court Service Unit is a large rural area encompassing the jurisdictions from the North Carolina border to Prince Edward, Charlotte, and Appomattox Counties. The audit of the 10th Court Service Unit found five deficiencies, mostly related to documentation required by the Department's Reentry Manual. The Reentry Manual frequently has been misinterpreted and has created requirements for minutiae documentation. The Division of Community Programs is working to retrain on the manual

requirements. The Certification Team completed a monitoring visit, and the 10th Court Service Unit was in compliance.

The audit of the 14th Court Service Unit in Henrico had similar issues with forgetting to place documentation in the record file. The Certification Team performed a monitoring visit to review the five audit issues, and all but one was brought into compliance. The missing element in the audit compliance has been referred to the regional program manager for additional follow up. The 14th Court Service Unit was certified for a three-year period.

Although the audit for the 21st Court Service Unit in Martinsville found three minor deficiencies, including lack of documentation, the subsequent monitoring visit showed excellent compliance with the plan, and the unit was certified for three years.

The audit for the 22nd Court Service Unit in Rocky Mount found five deficiencies including lack of documentation related to the Reentry Manual. The monitoring visit indicated all deficiencies compliant with the regulations. The 22nd Court Service Unit was certified for three years.

The audit for the 23rd Court Service Unit in Salem found only one deficiency of a minor oversight in the social history report. The 23rd Court Service Unit corrected the deficiency during the monitoring visit and was certified for three years.

LEGISLATIVE UPDATE

James Towey, Legislative and Regulatory Affairs Manager, Department

James Towey offered a presentation on the 2020 General Assembly session. This session was extremely busy for the Department, especially in the criminal justice arena. During last year's session, the Department tracked 206 bills that impacted the agency or juveniles in the juvenile justice system. This year, the Department tracked 511 bills, a 248% increase, which shows the volume of work done by the legislative team. The Department also completed 35 Legislative Action Summaries, which provide in-depth legal analysis that informs the Governor's Office on the effects of certain bills. The legislative team is currently completing ten Enrolled Bill Reviews on bills that were passed and will have more in the coming weeks. The Department focused primarily on agency bills, but monitored and followed other bills seeking amendments that could have been problematic to the juvenile justice system or affected agency operations. Although the agency tracked 511 bills, the legislative team had eyes on over 2,000 bills. It was a great team effort.

The legislative team meets during the summer months to discuss proposals. Many of the proposals originate from the court service units, based on their needs and issues they encounter. The Department solicits legislative ideas from the Board usually around June. Mr. Towey extended an invitation to the

Board again for their ideas on improving the *Code of Virginia* provisions impacting the juvenile justice system or the agency and requested that the Board let Department staff know in the coming summer months of any proposals or ideas for the next General Assembly session.

The Department presents its legislative ideas to the Secretary of Public Safety and Homeland Security. The Secretary's Office reviews and sends a smaller package to the Governor's policy team, who decides which bills will be included in the Administration's legislative package. For the 2020 session, the Department submitted six bills and three were accepted for inclusion in the Governor's legislative packet. All three bills passed and will become law on July 1.

The Department has been working on an age eligibility for transfer bill for a few years. The bill finally met with success this session. This bill increases from age 14 to age 16 the minimum age at which a juvenile must be tried as an adult in circuit court for certain offenses involving murder or aggravated malicious wounding enumerated in § 16.1-269.1(B) of the *Code of Virginia* and for certain violent juvenile offenses for which there is prosecutorial discretion to certify the case to circuit court under § 16.1-269.1(C). The bill also requires that for cases in which the Commonwealth's Attorney provides notice of intent to certify the case to circuit court under subsection C of the statute, the court service unit or other qualified agency must prepare a report regarding the juvenile, and the Commonwealth's Attorney must review such report prior to filing his notice of intent to proceed with trying the juvenile as an adult. The bill allows the juvenile and his attorney to waive this report, but tolls the required statutory periods if and while the report is being prepared. Under the bill, youth who have committed any of the offenses enumerated in subsections B or C of this section and who are at least 14 years old but are not yet 16 may be transferred to circuit court only after the court holds a transfer hearing and determines that a transfer is appropriate in accordance with subsection A of 16.1-269.1.

Another of the agency bills dealt with the different provisions in the intake statute in the *Code*. The bill increases the diversion period for truancy from 90 days to 120 days. Under current law, truancy is the only offense that has a 90-day diversion period by statute. Regulations call for a 120-day diversion period. Thus, a youth with a marijuana offense may have a diversion period of 120 days; however, a youth with a truancy offense will have a 90-day period. Many court service units have indicated that the 90-day diversion period was not enough time to develop and implement a successful truancy diversion plan. The Department's data showed that 66% of diverted truancy complaints were completed successfully, but 84% of all other diverted complaints were completed successfully. By increasing the truancy diversion period to 120-days, the Department hopes to close that gap and have more successful truancy diversions. The bill made additional minor changes to the intake statute.

The Department had to amend a statute on confinement for valid court orders for status offenses. There is a *Code* provision that deals specifically with truant juveniles. The court issues an order and imposes requirements on the juvenile for being truant. Under the provision, if the juvenile then violates the

truancy order, he can be confined in a facility for up to ten days. The federal Juvenile Justice and Delinquency Prevention Act (JJDP A), which started in 1974, was reauthorized for the first time in several years in December 2018 and imposed additional requirements, some of which the Department will be addressing this year in advance of the 2021 session. The federal act provides that a juvenile cannot be confined for more than seven days. To comply, the Department needed to reduce the permitted ten-day confinement to seven days. In addition, the Department had to ensure that the statutory requirements are included in the court's written order whenever the court confines juveniles for a violation of a status offense or violation of an order stemming from a status offense. Federal funds attached to this federal legislation come through the Department of Criminal Justice Services (DCJS), which administers the state plan, and most of the funds are used for delinquency prevention in communities and schools and may also go to the Department. The Department's legislation is a first step to ensure compliance with the federal JJDP A. A workgroup consisting of the Department, DCJS, Department of Social Services, the Office of the Executive Secretary of the Supreme Court, and other stakeholders meets throughout the year to ensure the Department's compliance with the JJDP A.

Senator Adam Ebbin addressed the Board at last year's June meeting on regulations he wanted promulgated relating to contracts between local juvenile detention centers and the federal government's Office of Refugee Resettlement. Senator Ebbin's concerns stemmed out of the Shenandoah Valley Juvenile Center lawsuit. The Senator attempted to get a bill passed during the 2019 session, but was unsuccessful by a tie vote in committee of seven to seven. Senator Ebbin came back this legislative session and was successful in getting his bill passed. Senator Ebbin wanted separate regulations for specific contracts with the federal government. The Department will be creating and proposing new regulations for the Board's approval.

The Department's data shows that disorderly conduct charges are being used excessively in schools. For example, a school resource office may charge a youth with disorderly conduct for behavior such as incessant talking or chewing gum. Rather than being handled by school administration, this behavior goes to intake, and the youth can be charged with a Class 1 misdemeanor. There were a number of bills this session dealing with disorderly conduct in schools. Senate Bill 3, patroned by Senator McClellan and part of the Governor's platform, provides that a student at any elementary or secondary school is not guilty of disorderly conduct in a public place if the disorderly conduct occurred on school property, on a school bus, or at any activity conducted or sponsored by any school. The bill decriminalizes the type of conduct that was being overly charged in schools.

The Department develops a legislative manual that explains all the bills relating to juvenile justice, and Mr. Towey trains the court service units on this material in June. The legislative manual will be available on the Department's website.

The Board thanked Mr. Towey for keeping them informed during the session, expressing that they found the information very helpful.

Board Member Kizner asked whether there are certain jurisdictions or communities in which a status offense of truancy is deemed a court order violation resulting in a ten-day confinement, and whether the juvenile would be confined to a local facility in that scenario.

Mr. Towey said there is one jurisdiction in the Commonwealth where the judge will automatically put a youth in a local detention center for ten days for a status offense of truancy.

Board Member Kizner asked if the youth is the only one in trouble, or whether it also affects their parent/guardian.

Mr. Towey answered that under the truancy provision, a parent also can be penalized if they do not participate in school conferences.

Director Boykin noted that there are different practices around the Commonwealth, and the court service units are doing a good job of not automatically filing truancy petitions. The laws were amended last year to require more work for the local school division before a truancy petition can be filed. The Department has worked diligently with communities, and continues to develop diversion programs to ensure young people stay in school. Director Boykin noted that she worked in a jurisdiction that filed few truancy petitions, but the judge would bring charges against a parent for failure to send their child to school. Both provisions are allowed under the law.

Board Member Greg Norwood said his experience in Norfolk involves the judge incarcerating youth for truancy, which he believes is inherently unfair because the youth will be incarcerated with other youth who have committed crimes. Board Member Norwood was concerned about this practice because he does not believe a youth should be incarcerated for a status offense with other youth alleged to have committed criminal offenses. Board Member Norwood believes the confinement reduction from ten to seven days is a step in the right direction.

Director Boykin noted that the Department was anticipating a bill that would curtail the confinement completely in Virginia, but that bill was not introduced this session.

Deputy Director for Education Dr. Melinda Boone said too often, when youth come back to school after being truant, the school immediately suspends the youth for failing to be in school. This response does not address the underlying issues.

DIRECTOR REMARKS AND BOARD COMMENTS

Director Boykin expressed her appreciation of the Board's time and attention in these longer meetings and providing experiences and input in difficult decisions. Director Boykin also thanked the legislative team, who worked hard during the session and provided valuable weekly updates to the Board and to managers.

Director Boykin addressed COVID-19 and indicated that plans are being developed to ensure continuation of operations. The Department's Risk Manager is tasked to work across divisions to ensure staff and residents are safe. She then asked Deputy Director of Residential Services Joyce Holmon to provide the Board an update on COVID-19 plans at Bon Air.

Deputy Director Holmon noted that at Bon Air staff have developed a four-stage approach.

- Stage One:
 - Bon Air is already in the first stage, which includes training residents on appropriate handwashing and making sure the campus has proper protective equipment. Bon Air has 17 units open, and the medical staff are going to each unit training the young people and staff.
 - Stage One, Phase Two will introduce the utilization of black light training. Staff will apply a powder to the resident's hands and use a black light to show how well they cleaned. If their hands are not clean, they will be sent back for more handwashing.
 - Bon Air is providing hand sanitizers in the facility and in common places to include the lobby.
 - On March 12, the Virginia Department of Health Epidemiologist will visit Bon Air and provide training for the medical staff.
 - Medical supplies such as N95 masks are on back order, and additional goggles and gowns have been ordered.
- Stage Two would require screening of all young people coming from the juvenile detention centers and continue with increased cleaning. In addition, Bon Air would begin screening visitors and would reduce operational contact when possible. Bon Air may implement the utilization of teleworking.
- Stage Three would be triggered when a staff is infected. This would entail the entire population of youth being screened with repeat screenings every 72 hours.
- Stage Four will be triggered if there is a confirmed case at Bon Air, which would require shutting down school operations, quarantining residents to their respective units, and moving infected residents to the Central Infirmary.
- These stages will continue to grow and change as more information is received.

Chairperson Frazier asked if these expanded operations will include probation?

Director Boykin responded that information on the CDC pamphlets have already been emailed to staff. The Department sent out its first communique to all staff two weeks ago. The Department and the Division of Community Programs are working on distributing more specific information to the court service units.

Director Boykin then asked Dr. Boone, who has served as the Department's Interim Superintendent since August, to discuss winter graduation and a recent quilt show.

Dr. Boone noted that Yvonne B Miller High School had a winter graduation in January for 15 young men who received their high school diplomas or GEDs. It was Dr. Boone's first graduation and gave her the opportunity to see families come together to honor these young men. The Division of Education provides a traditional cap-and-gown high school graduation. The inspirational speaker was a former NFL player. The June graduation, which tends to be the larger of the events, is on June 19 at Bon Air at 10 a.m. It is important to have a winter graduation because some residents move on and otherwise would not have the opportunity to experience graduation.

On February 28, the Yvonne B. Miller Quilting and Upholstery program residents were invited to showcase their handmade quilts at the East Coast Quilting Show at the Hampton Convention Center. The residents displayed 21 quilts. Roy Mitchell, the quilting instructor, made sure the young men were dressed in suits and wore bow ties. They talked about their quilting experiences, shared the stories behind their quilts, and had a chance to see future opportunities in the quilting and upholstery field. The residents observed new techniques, the latest equipment, and classes on sewing techniques. The residents were proud and were recognized, not as youth in a correctional center, but as young men with a passion and skill in quilting.

Director Boykin noted that Department staff had to obtain permission from the resident's judges to take these quilting residents off campus. A woman from the Richmond area and local quilting company talked with many of these young men, and observed how powerful it was to see men in this field.

The Department operates the Virginia Public Safety Training Center (VPSTC), formerly Hanover Correctional Center. It is co-located with other public safety sectors. Director Boykin introduced Deputy Director of Administration and Finance Jamie Patten to talk about an exciting discovery.

Deputy Director Patten said the Department of Historic Resources (DHR) located a map from the 1800s appearing to depict slave quarters located on VPSTC property. The DHR came out with the map and located what they believed to be the slave quarters. The DHR archeologist will be performing an archeological dig at the end of March or beginning of April to locate and preserve and to tell the story from their findings. The Division of Education currently is working on lesson plans on this topic. Some

Bon Air students may be able to visit the site and talk with the archeologist. In addition, the Department has been working in partnership with the Department of Mines, Minerals, and Energy to put a solar array on the property of the VPSTC through an initiative from the Governor's Office. The solar array was built last year and finally became operational last month. It is producing a quarter of the electricity usage for the entire facility, and the Department is excited to see what kind of savings this will produce.

Mr. Towey announced a 5K event at Bon Air scheduled for May 16. The last 5K had over 70 resident participants. Mr. Towey invited the Board to attend to run, walk, or cheer on the participants. This will also be the start of a more formalized running program for the residents at Bon Air.

DJJ is the recipient of the L. Douglas Wilder Award for Innovations in State Government. The Department is proud to receive this award, and staff will be attending the honoree luncheon on April 15. Former director Andy Block will be present, along with some of the executive team. This is a team effort with Department staff and its multiple partners across the Commonwealth who supported our activities to make this all happen. Transformation was led by the Department but involved a host of partners. Those partners included operation of the community placement programs, and a host of new direct service providers in the community. The heavy lift was the Department's probation officers learning new skills and practicing new ways to support young people. The second heavy lift was done by the residential team, who had to reapply for their jobs and learn a more rehabilitative approach.

NEXT MEETING

The Board of Juvenile Justice meets on June 24, 2020, at 9:30 a.m.

ADJOURNMENT

Chairperson Frazier adjourned the meeting at 11:35 a.m.

DEPARTMENT CERTIFICATION ACTIONS SUMMARY

April 15, 2020

DEPARTMENT CERTIFICATION ACTION April 15, 2020: Certified the Northwestern Regional Juvenile Detention Center and Post-dispositional Program until April 13, 2023.

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 April 15, 2020: Certified Sheltercare of Northern Virginia until April 13, 2023, with a letter of congratulations for 100% compliance.

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 April 15, 2020: Certified the Rappahannock Juvenile Detention Center and Post-dispositional Program until April 11, 2023, with a letter of congratulations for 100% compliance.

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 April 15, 2020: Certified the 1st District Court Service Unit until April 13, 2023.

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 April 15, 2020: Certified the 2nd District Court Service Unit until March 14, 2023, 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 April 15, 2020: Certified the 8th District Court Service Unit until March 14, 2023. The findings regarding contacts during commitment are referred to the Regional Program Manager for further monitoring.

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.

SUMMARY

DEPARTMENT CERTIFICATION ACTION April 15, 2020: Certified the 13th District Court Service Unit until March 14, 2023.

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 April 15, 2020: Certified the 28th District Court Service Unit until March 14, 2023, 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:

Northwestern Regional Juvenile Detention Center
145 Fort Collier Road
Winchester, VA 22603
(540) 722-6174
Erin K. Maloney, Superintendent
maloneye@nrjdc.com

AUDIT DATES:

November 19-20, 2019

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

April 14, 2017 – April 13, 2020

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS November 15, 2016:

100% Compliance Rating

CURRENT AUDIT FINDINGS – November 20, 2019:

99.7% Compliance Rating

No deficiencies from the previous audit.

6VAC35-101-990 (A) Tuberculosis screening CRITICAL

DEPARTMENT CERTIFICATION ACTION April 15, 2020: Certified the Northwestern Regional Juvenile Detention Center and Post-dispositional Program until April 13, 2023.

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
John Adams, Central Office
Deborah Hayes, Central Office
Jason Henry, Rappahannock JDC
Mark Lewis, Central Office
Sheila Palmer, Central Office

POPULATION SERVED:

Northwestern Regional Juvenile Detention Center is a secure custody facility operated by the Northwestern Regional Juvenile Detention Center Commission. The members of the Commission include the city of Winchester, and the counties of Clarke, Frederick, Page, Shenandoah and

Warren. The city of Winchester acts as the facility's fiscal agent. The facility serves a pre-dispositional population of 32 male and female residents ages 10 through 17. There is also a post-dispositional detention program for 8 male and female residents, ages 14 through 17, included in the rated capacity.

PROGRAMS AND SERVICES PROVIDED:

In addition to all mandated services, Northwestern Regional Juvenile Detention Center interacts with the community in obtaining such services as:

- Mental health assessments
 - On-site education through the Frederick County Public School System, including GED and art programs
 - Narcotics Anonymous/Alcohol Anonymous groups
 - Local religious-based organizations provide youth the opportunity for religious services
 - ABBA Cares (for the female population on healthy relationships)
 - I'm Just Me Movement (mentoring, positive self-esteem/self-worth)
 - Crossroads Counseling (provides aftercare for Post D residents)
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**CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

FACILITY/PROGRAM: Northwestern Regional Juvenile Detention Center

SUBMITTED BY: Erin Maloney, Superintendent

CERTIFICATION AUDIT DATES: November 19-20, 2019

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.

6VAC35-101-990 (A) Tuberculosis screening CRITICAL
Within five days of admission to the facility, each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.

Audit Finding:

The date, identification and signature of the individual conducting the assessment was missing from a tuberculosis assessment in one out of 15 medical records reviewed.

Program Response

Cause:

A tuberculosis screening was completed by our facility nurse, Leigh Ann Grubbs, on a resident to ensure they were free from communicable diseases. She forgot to sign the TB form once she completed the screening. However, she did sign and date the medical assessment, in which the TB screening is conducted at the same time.

Effect on Program:

No adverse effects on the program or the residents. The screening was completed to ensure the resident had not been exposed to or showed any signs of tuberculosis.

Planned Corrective Action:

The Superintendent met with the facility nurse to explain the importance of being attentive to detail when completing the assessments. In the future, she will thoroughly reviewing each assessment prior to signing off on the file. The Nurse and/or designee will review MARS and assessments to ensure proper documentation weekly. Staff and/or the facility physician will be directed to correct any errors immediately. NRJDC medical personnel has worked in consultation with the Superintendent to create a medical file review form in 2013 that was completed during the weekly staffing and kept in the file for quality assurance and accountability purposes. This particular file had been reviewed as stated above, but unfortunately, the missed signature on the one form was overlooked during the process.

Completion Date:

November 26, 2019, and on-going.

Person Responsible:

Facility nurse, Leigh Ann Grubbs, and facility physician, Dr. Jordan Crovatin. The ultimate responsibility for adherence to all regulations lies with the Superintendent, Erin Maloney.

Current Status on March 24, 2020: Compliant

Six applicable TB assessments were reviewed and were compliant.

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

PROGRAM AUDITED:

Sheltercare of Northern Virginia
5920 Stevenson Avenue
Alexandria, Virginia 22304
(703) 370-0208
Susan Lumpkin, Director
Susan Lumpkin [slumpkin@jdcnv.org]

AUDIT DATES:

November 4-5, 2019

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

April 14, 2017 – April 13, 2020

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS November 30, 2019:

99.65% Compliance Rating
6VAC35-41-950 (A). Work and employment

CURRENT AUDIT FINDINGS – November 5, 2019:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION April 15, 2020: Certified Sheltercare of Northern Virginia until April 13, 2023, with a letter of congratulations for 100% compliance.

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
Katherine Farmer, Central Office
Thomas Gaskins, Central Office
Learna Harris, Central Office
Katisha Cooper-King, Foundations Girls' Group Home
Dee Kirk, Central Office
Mark Lewis, Central Office
Thomasine Norfleet, Crisis Intervention Home
Shelia Palmer, Central Office

POPULATION SERVED:

Sheltercare of Northern Virginia is a pre-dispositional group home for at-risk adolescent males and females between the ages of 13 and 17. It has a capacity of 14 residents. The facility is operated by the city of Alexandria and serves residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

The facility provides a safe and structured environment for juveniles in crisis, focusing on short term goals, education and life skills utilizing evidence-based curriculum.

In addition to all mandated services Sheltercare of Northern Virginia provides the following at the facility:

- Individual and group counseling
- Life skills and educational training using evidence-based curriculum
- Crisis intervention and management
- Staffings with parents and appropriate agency personnel
- Community service
- Recreational/educational activities

Sheltercare of Northern Virginia interacts with the community in obtaining such services as:

- Education on-site through the City of Alexandria Special Education Department
 - Mental health services for residents, and training and consultation for staff through the City of Alexandria Community Services Board
 - Capital Youth Empowerment Program (CYEP) provides workshops for residents based on the evidence-based “Be Proud, Be Responsible” curriculum
 - Alexandria Sexual Assault Center provides workshops through the evidence-based curriculum, “Safe Dates.”
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**CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE**

PROGRAM AUDITED:

Rappahannock Juvenile Detention Center
275 Wyche Road
Stafford, VA 22555
(540) 658-1691
Carla White, Superintendent
cwhite@rjdc-va.com

AUDIT DATES:

October 30-31, 2019

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

April 12, 2017 – April 11, 2020

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS November 8, 2016:

100% Compliance Rating

CURRENT AUDIT FINDINGS – October 31, 2019:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION April 15, 2020: Certified the Rappahannock Juvenile Detention Center and Post-dispositional Program until April 11, 2023, with a letter of congratulations for 100% compliance.

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
John Adams, Central Office
Deidre Davis, Central Office
Learna Harris, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
James McPherson, Central Office
Shelia Palmer, Central Office

POPULATION SERVED:

Rappahannock Juvenile Detention Center is a secure custody facility operated by the Rappahannock Juvenile Detention Commission. The members of the Commission include the city of Fredericksburg, the counties of King George, Louisa, Madison, Orange, Spotsylvania,

and Stafford. The facility serves a pre-dispositional population of 80 male and female residents ages eight through 17. This includes 16 beds for the Community Placement Program (CPP). There is also a post-dispositional detention program for 10 male and female residents, ages 14 through 17, included in the rated capacity.

PROGRAMS AND SERVICES PROVIDED:

In addition to all mandated services Rappahannock Juvenile Detention Center interacts with the community in obtaining such services as:

- Mental health assessments and therapy through the Rappahannock Area Community Services Board
 - Legal guidance as needed through the Office of the Public Defender
 - On-site education through the Spotsylvania Public School System including PAWS (a reading program and therapy dogs for detained youth)
 - Reading enrichment through the Rappahannock Regional Library, which provides books, audiotapes, and movies (A librarian visits bi-weekly to work with youth to encourage reading.)
 - Groups to discuss sex and its consequences through the Fredericksburg Area HIV and Aids Support Services
 - Quarterly groups to discuss healthy relationships through the Rappahannock Council on Domestic Violence
 - Local religious-based organizations provide youth the opportunity for spiritual guidance as well as religious services
-

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

PROGRAM AUDITED:

First District Court Service Unit (Chesapeake)
301 Albemarle Drive
Chesapeake, Virginia 23320
(757) 382-8190
Elizabeth F. St. John, Director
elizabeth.st.john@djj.virginia.gov

AUDIT DATES:

November 12, 2019

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

April 14, 2017 – April 13, 2020

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – March 22, 2017:

6VAC35-150-336 (A). Social histories
6VAC35-150-350 (A). Supervision plans for juveniles
6VAC35-150-420. Contacts during juvenile's commitment

CURRENT AUDIT FINDINGS – November 12, 2019:

98.27% Compliance Rating
Repeated Deficiencies: None
6VAC35-150-410 (A). Commitment information.

DEPARTMENT CERTIFICATION ACTION April 15, 2020: Certified the 1st District Court Service Unit until April 13, 2023.

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:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Learna Harris, Central Office
Deborah Hayes, Central Office
Trenia Richards-Pyron, 2nd District CSU (VA Beach)
Valencia Wood, 3rd District CSU (Portsmouth)
Kathleen Jones, 14th District CSU (Henrico)
Robbie Davis, 29th District CSU (Tazewell)

Tracy King, 23-A District CSU (Roanoke)

POPULATION SERVED:

The 1st District Court Service Unit serves the City of Chesapeake

PROGRAMS AND SERVICES PROVIDED:

The 1st District Court Service Unit provides mandated services including:

- Juvenile Intake
- Probation
- Direct Care and Parole Supervision

The 1st District Court Service Unit interacts with the community in obtaining such services as:

- Residential Group Homes
- Electronic Monitoring with crisis intervention/face-to-face contact
- Individual, Family & Group Counseling
- Aggression Replacement Therapy
- Tidewater Juvenile Substance Abuse Program
- Family Assessment & Crisis Intervention Program
- Life Skills
- Apartment Living and Thinking For A Change through Tidewater Youth Services Commission
- Post-Dispositional Detention Program
- Shoplifting Groups
- Smoking Cessation Groups
- Virginia Teens and the Law Program
- Sex Offender Treatment and Residential Placements
- The Juvenile Conference Committee Program
- The Community Service Program
- The Fire Setter's Program
- Bank On (finance program)
- Safe Healthy Ethical Life-Long Lessons Classes (SHELL)
- Community Mental health

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

FACILITY/PROGRAM: 1st District Court Service Unit (Chesapeake)

SUBMITTED BY: Elizabeth F. St. John, CSU Director

CERTIFICATION AUDIT DATES: November 12, 2019

CERTIFICATION ANALYST: Mark Ivey Lewis

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.

6VAC35-150-410 (A). Commitment information.

A. 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.

Audit Finding:

Per approved procedures, five of eight cover letters reviewed did not include the names of any committed family members.

Three of eight case files reviewed did not have documentation that the CSU had immediately notified the CAP unit staff (one counselor supervisor and/or the CAP Manager) of the packet's posting on the shared drive via email.

Program Response

Cause:

The cause of these deficiencies centered around an incorrect template that was being used by the staff for commitment letters that did not specify adding the names of committed family members and did not specify the people that were to be notified in the CAP unit by email. This template was available on the Chesapeake Shared Computer Drive in the Commitment Documents File.

Effect on Program:

The incorrect letter template was available to staff on the Chesapeake Shared Computer Drive. It did not re-enforce the practice of listing the names of committed family members, which caused some probation officers not to list these names or make a statement that there were no committed family members. This template also did not list the names of the correct staff to email once the packet is scanned to the CAP folder. Supervisors were relying on an outdated list as a source for email recipients.

Planned Corrective Action:

The template in the shared drive has been corrected to include a separate heading for the names of committed family members. This new template also includes the names of all those who should receive an email once the commitment packet is scanned into the CAP folder. All old copies of the commitment letter have been deleted and the staff has been instructed to use only the new template for future commitments.

Completion Date:

November 12, 2019

Person Responsible:

Elizabeth F. St. John, CSUDirector

Current Status as of February 16, 2020: Compliant

Five of five commitment cover letters reviewed addressed if any family members were committed.

Five of five narratives reviewed had documentation that the CSU had notified the CAP unit staff including two counselors and the CAP manager by email that the packet's had been posted on the shared "S" drive.

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

PROGRAM AUDITED:

Second District Court Service Unit (Virginia Beach)
2425 Nimmo Parkway, Bldg.10-A
Virginia Beach, VA 23456
(757) 385-4426
Olympia A. Perkins, Director
olympia.perkins@djj.virginia.gov

AUDIT DATES:

October 7-8, 2019

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

March 15, 2017 – March 14, 2020

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – March 7, 2017

98.2% Compliance Rating
Number of Deficiencies: One
6VAC35-150-336 (A). Social histories.

CURRENT AUDIT FINDINGS- October 8, 2019

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION April 15, 2020: Certified the 2nd District Court Service Unit until March 14, 2023, 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:

Clarice Booker, Team Leader
Priscilla Boggs, 3rd District CSU (Portsmouth)
Gina Burton, 1st District CSU (Chesapeake)
Viola Evans, 14th District CSU (Henrico)
Christina Fox, 31st District CSU (Manassas)
Learna Harris, Central Office
Deborah Hayes, Central Office
Christopher Laxton, 2-A District CSU (Accomac)
Mark Lewis, Central Office
Shelia L. Palmer, Central Office

Lisa Sheads, 18th District CSU (Alexandria)

POPULATION SERVED:

The 2nd District Court Service Unit serves the City of Virginia Beach, Virginia.

PROGRAMS AND SERVICES PROVIDED:

The 2nd District Court Service Unit provide mandated services including:

- Intake
- Probation supervision
- Direct care and parole supervision
- Investigative reports

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

- Tidewater Youth Services Commission
 - Substance Abuse Groups
 - In-Home
 - ART
 - Outreach Detention/Electronic Monitoring
 - Shelter Care
 - Department of Human Services
 - Substance Abuse Evaluations and treatment
 - Psychosexual evaluations
 - Sex Offender Treatment
-

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

PROGRAM AUDITED:

Eighth District Court Service Unit (Hampton)
35 Wine Street
Hampton, Virginia 23669
(757) 727-6184
Ellen Madison, Director
Ellen.madison@djj.virginia.gov

AUDIT DATES:

October 15-16, 2019

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

March 15, 2017 – March 14, 2020

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – March 8, 2017:

100% Compliance Rating

CURRENT AUDIT FINDINGS – October 15-16, 2019

6VAC35-150-336 (A). Social histories
6VAC35-150-350 (A). Supervision plans for juveniles
6VAC35-150-420. Contacts during juvenile's commitment

DEPARTMENT CERTIFICATION ACTION April 15, 2020: Certified the 8th District Court Service Unit until March 14, 2023. The findings regarding contacts during commitment are referred to the Regional Program Manager for further monitoring.

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:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Learna Harris, Central Office
Deborah Hayes, Central Office
Brandy Newton, 2nd District CSU (VA Beach)
Bruce Call, 9th District CSU (Williamsburg)
Martha Carrol, 16th District CSU (Charlottesville)
Shatara Hurt, Richmond (13th) Court Service Unit

Priscilla Boggs, Portsmouth (3rd) Court Service Unit

POPULATION SERVED:

The 8th District Court Service Unit serves the City of Hampton.

PROGRAMS AND SERVICES PROVIDED:

The 8th District Court Service Unit provides mandated services including:

- Intake services
- Investigation services/Diagnostic
- Probation services
- Direct care supervision
- Transitional and Re-Entry Planning
- Parole Supervision

The 8th District Court Service Unit interacts with the community in obtaining such services as:

- Family Stabilization Program
- Intensive Supervision
- Community Service Coordination
- Substance Abuse Evaluations
- Substance Abuse Treatment
- Anger Management Services
- CSA/FAPT Referrals
- Outreach Detention
- Electronic Monitoring/GPS
- AMI Kids
- Employment Readiness
- Keep The Peace Program
- Anti-Consumer Theft Program
- Mental Health Screening
- Mental Health Assessment

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

FACILITY/PROGRAM: 8th District Court Service Unit (Hampton)

SUBMITTED BY: Ellen Madison, CSU Director

CERTIFICATION AUDIT DATES: October 15-16, 2019

CERTIFICATION ANALYST: Mark Ivey Lewis

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. 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 postdepositional 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:

Per approved procedures, the following information was missing from the social histories:

- Four of the ten social histories reviewed did not provide information about previous contacts with court service units in other states.**
- Four of ten social histories reviewed did not indicate the physical description of the juvenile's residence and the length of time the juvenile resided at the residence.**
- One of the two applicable social histories reviewed did not have the box checked that the most recent and relevant mental health reports were attached.**

Program Response

Cause:

Staff did not faithfully use the Social History Checklist.

Effect on Program:

Social History was submitted to the Court without all pertinent information regarding the client and family, resulting in a Violation of DJJ Social History Standards.

Planned Corrective Action:

Each Probation Officer shall use the Social History Check List and initial each element to indicate that it has been included in the Social History. Social History Check List shall be submitted to the Supervisor attached to the completed Social History.

Each Supervisor will review each Social History along with the attached Social History Check List, initial and date the Social History Check List to verify that all elements of the Standard have been included in the completed Social History documents.

Completion Date:

October 18, 2019

Person Responsible:

Ellen B, Madison, Directo; Elinor Akumah, Diagnostic Supervisor; Darrell Corbin, Parole Supervisor; Nicholas Robinson, Probation Supervisor; and Jonathan Robinson, Intake Supervisor.

Current Status as of January 16, 2020: Compliant

- Ten of the ten social histories reviewed provided information about previous contacts with court service units in other states.
 - Ten of the ten social histories reviewed indicated the physical description of the juvenile's residence and the length of time the juvenile resided at the residence.
 - Two of the three applicable social histories reviewed had the box checked that the most recent and relevant mental health reports were attached.
-

6VAC35-150-350 (A). Supervision plans for juveniles.

A. 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:

Three of the eight narratives reviewed did not have documentation that the supervisor completed a supervisory review of the supervision case plan at least once every 90 days.

Program Response

Cause:

CSU Director had assumed the role of Probation and Diagnostic Supervisor due to the vacancy of that position and three narratives were missed.

Effect on Program:

Additional services to the family could have been missed.

Planned Corrective Action:

Probation and Diagnostic Supervisors have been hired and trained. Use of BADGE Community Insights for Supervisory and Supervision Plan Reviews. This will be printed and reviewed weekly by CSU Supervisors and Director.

Completion Date:

October 18, 2019

Person Responsible:

All Supervisors and CSU Director

Current Status as of January 16, 2020: Compliant

Ten of ten narratives reviewed had documentation that the supervisor completed a supervisory review of the supervision plan at least once every 90 days..

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:

Per procedures, the case records and narratives were missing the following information:

- Four of six narratives reviewed did not have documentation that the PO was having monthly contacts with the juvenile either in person, via telephone, or via video conferencing.
 - Four of six case records reviewed did not have documentation that certain information required by procedures was being reviewed with the juvenile during each monthly contact.
 - Two of the three case records reviewed did not have documentation that certain information required by procedures was being reviewed with the family during each monthly contact.
 - Four of six narratives reviewed did not have documentation that the PO was having monthly contact with the Juvenile Correctional Center (JCC) either in person, via telephone, or via video.
 - Four of six case records reviewed did not have documentation that a date had been established for the next monthly contact with the JCC.
 - Three of the eight narratives reviewed did not have documentation that level three and level four parole cases were being reviewed at least once every 30 days.
-

Program Response

Cause:

This CSU has been experiencing a substandard performance of one of our Parole Officers. The staff member has failed to properly document contacts in BADGE for many months and has been written up under a level II recently. Supervisor and CSU Director have been working with and re-training this individual to improve the performance. Parole Supervisor has not scheduled a set date and time for the monthly meetings to staff the Level three and four cases.

Effect on Program:

Contacts missed with clients and families are unacceptable. Service and assistance are missed that is vital to the rehabilitation of our young clients. Parole Officer has missed opportunities to connect with the client and family by not sharing information and providing information as required by the Standards. Not communicating with the JCC can lead to a gap in appropriate services for our clients and not scheduling a set date for contact with the JCC has led to missed contacts with

the JCC. Parole Supervisor is responsible for making sure Level three and four cases are staffed per Standards. This is critical for Re-Entry planning and service provision.

Planned Corrective Action:

Parole Supervisor will schedule bi-monthly meetings with Parole Officers to make sure meetings are scheduled with JCC. Have the Parole Officer give dates to Supervisor when meetings have been scheduled using Google Calendar Invites. Parole Supervisor will review narratives in BADGE for content.

Completion Date:

October 18, 2019

Person Responsible:

Parole Supervisor, Parole Officer, and CSU Director.

Current Status as of January 21, 2020: Non-Compliant

- Eight of the ten narratives reviewed **had** documentation that the PO was having monthly contacts with the juvenile either in person, via telephone, or via video conferencing.
 - Seven of the ten case records reviewed **did not have** documentation that certain information required by procedures was being reviewed with the juvenile during each monthly contact. It appears that some of the case records reviewed had documentation that information required to be reviewed with the family was being reviewed with the resident instead.
 - Three of the seven applicable case records reviewed **did not have** documentation that certain information required by procedures was being reviewed with the family during each monthly contact.
 - Ten of the ten narratives reviewed **had** documentation that the PO was having monthly contacts with the Juvenile Correctional Center (JCC) either in person, via telephone, or via video.
 - Four of the ten case records reviewed **did not have** documentation that a date had been established for the next monthly contact with the JCC.
 - Two of the two applicable narratives reviewed **had** documentation that level three and level four parole cases were being reviewed at least once every 30 days.
-

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

PROGRAM AUDITED:

Thirteenth District Court Service Unit (Richmond City)
Oliver Hill Courts Building
1600 Oliver Hill Way
Richmond, Virginia 23219
Phone: (804) 646-2948
Kimberly D. Russo, Director
Kimberly.Russo@djj.virginia.gov

AUDIT DATES:

October 28, 2019

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

March 15, 2017 – March 14, 2020

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS - February 9, 2017:

96% Compliance Rating
No repeated deficiencies from previous audit.
Number of Deficiencies: Two
6VAC35-150-336 (B) Social histories
6VAC35-150-350 (A) Supervision plans for juveniles

CURRENT AUDIT FINDINGS – October 28, 2019:

96% Compliance Rating
No repeated deficiencies from previous audit.
Number of Deficiencies: Two
6VAC35-150-350 (A) Supervision plans for juveniles
6VAC35-150-420 Contacts during juvenile's commitment

DEPARTMENT CERTIFICATION ACTION April 15, 2020: Certified the 13th District Court Service Unit until March 14, 2023.

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
Learna Harris, Central Office
Deborah Hayes, Central Office

Kathleen Jones, 14th District CSU (Henrico)
Mark Lewis, Central Office
Shelia Palmer, Central Office
Kevin Sutton, 12th District CSU (Chesterfield)

POPULATION SERVED:

The 13th District Court Service Unit serves the City of Richmond.

PROGRAMS AND SERVICES PROVIDED:

The 13th District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Direct care and parole supervision
- Investigative reports

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

- Substance abuse screening and out-patient counseling groups through Virginia Health Center
- Family Focus - Sex offender outpatient services
- Mental health and mental disability services through Richmond Behavioral Health Authority
- Psychological, psycho-sexual and psychiatric evaluations through Richmond Behavioral Health authority
- Surveillance services and community service work through Richmond Justice Services
- Private in-home counseling through various agencies
- AMIKids – Restorative Justice and multi-systemic therapy

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

FACILITY/PROGRAM: 13th District Court Service Unit (Richmond)

SUBMITTED BY: Kimberly D. Russo, Court Service Unit Director

CERTIFICATION AUDIT DATES: October 28, 2019

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.

6VAC35-150-350 (B) Supervision plans for juveniles

In accordance with approved procedures, each written individual supervision plan shall be reviewed (i) with the juvenile and the juvenile's family, and (ii) by a supervisor from both a treatment and a case management perspective to confirm the appropriateness of the plan.

Audit Finding:

There was no documentation of a supervision plan review with the juvenile and/or family every 90 days in accordance with approved procedures in four out of nine applicable case records reviewed.

Program Response

Cause:

There was a misinterpretation or misunderstanding of approved procedure.

Effect on Program:

Some supervision case plans were not reviewed and documented in the case narratives in accordance with approved policy and procedures within every 90 days.

Planned Corrective Action:

The Deputy Director has met with the probation supervisors to discuss the policy and procedure to ensure probation supervisors have a general understanding of the probation officers reviewing the supervision case plan with the youth and family every 90 days. Supervision case plans are to be completed within every 90 days with the probation officer, youth, and the family. The supervision case plan will be documented in the BADGE case narrative in accordance with approved policy and procedures. Additionally, the probation supervisor will review the plan from a treatment and a case management perspective to confirm the appropriateness of the plan.

Completion Date:

Effective immediately, December 11, 2019.

Person Responsible:

CSU Director, CSU Deputy Director, Probation Supervisors, and Probation Officer.

Current Status on March 27, 2020: Compliant:

Six applicable case narratives were reviewed and were compliant.

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 there was contact with the juvenile each month to discuss progress, behavioral issues, and family updates in four out of nine applicable case records reviewed.

Program Response

Cause:

There were coordination challenges with the JCC/ CPP as it pertains to scheduling monthly contacts with juveniles in direct care. There was a misinterpretation or misunderstanding of approved procedure concerning documentation of the contact.

Effect on Program:

Some juveniles in direct care did not have the opportunity to have monthly contacts with their parole officers; therefore, juveniles did not have the opportunity to discuss behaviors and provide family updates in accordance to policy and procedures.

Planned Corrective Action:

The Deputy Director has met with the parole supervisor to discuss the policy and procedure to ensure the unit has a general understanding of the importance of having face-to-face contacts with the juvenile each month to discuss progress, behavioral issues, and family updates. Parole Officers are required to have monthly face-to-face contacts with juveniles and contacts may be made by video conferencing or by telephone. Parole supervisor will ensure parole officers utilize and follow parole templates on a monthly basis by conducting file reviews.

Completion Date:

Effective immediately, December 12, 2019.

Person Responsible:

CSU Director, CSU Deputy Director, Parole Supervisors, and Parole Officers.

Current Status on March 27, 2020: Compliant

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

PROGRAM AUDITED:

28th District Court Service Unit (Abingdon)
193 East Main Street
Abingdon, Virginia 24210
(276) 676-6284
Darcy S. Janson, Director
darcy.janson@djj.virginia.gov

AUDIT DATES:

December 16, 2019

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

March 15, 2017 – March 14, 2020

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – March 14, 2017

Number of Deficiencies—One
98% Compliance Rating
6VAC35-150-336 (A). Social histories.

CURRENT AUDIT FINDINGS- December 16, 2019

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION April 15, 2020: Certified the 28th District Court Service Unit until March 14, 2023, 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, Central Office
Mark Lewis, Central Office
Kevin Heller, 27th District CSU (Pulaski)
Troy Funkhouser, 30th District CSU (Gate City)
Mark Thompson, 30th District CSU (Gate City)

POPULATION SERVED:

The 28th District Court Service Unit serve the City of Bristol and the Counties of Smyth and Washington.

PROGRAMS AND SERVICES PROVIDED:

- Intake Services

- Investigations and Reports
- Domestic Relations
- Probation and Parole

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

- Substance Abuse Counseling
 - Drug Screening
 - Adolescent Resource Specialist
 - Mental Health Counseling
 - Outreach Detention Supervision
 - Shoplifting Program
 - Community Service
 - Improving Scholars
 - Mentoring
-

VJCCCA

Virginia Juvenile Community Crime Control Act



Virginia Department of
Juvenile Justice

VJCCCA History



- **Background**
 - Enacted in 1995 to restructure funding for local juvenile justice programming
 - Intent is for localities to develop and implement programs and services to address juvenile crime
 - Emphasis placed on detention alternatives, diversion and early intervention programming

Eligible Population



- Juveniles before intake on complaints
- Juveniles before the court on petitions
 - Children in need of services
 - Children in need of supervision
 - Delinquency
- Prevention Cases (beginning in 2019)

Organization and Operations



- VJCCCA provides formula-based funding to localities; all 133 cities/counties participate
- DJJ provides TA, and has administrative oversight and monitoring of the VJCCCA plans
- Some localities contribute a required Maintenance of Effort (MOE) and/or additional local government contributions of funds.

Organization and Operations



Local Plans ↔ Statewide Process

- Every two years, localities submit a proposed plan for the use of the allocated funds.
- Plans are based on:
 - A data-driven process that includes a review of state and local data (e.g. intake data, DAI override data, risk assessment criminogenic need data)
 - An objective assessment of need for services and programs

Governance – §16.1-309.3



Local Plans ↔ Statewide Process

- Plans are developed after consultation with required plan participants:
 - J&DR Court Judges
 - Court Service Unit Directors
 - CPMT Chairs
- Plans are developed with the guidance of the DJJ VJCCA Specialists

Program Operations



- Local governing bodies determine who will manage the plan's activities
- Local governing bodies may provide programs and services directly by using funds to hire local government staff to serve as providers
- Local governing bodies may also purchase programs and services from private agencies.

Questions



- Direct VJCCA Specific Questions to:

Beth Stinnett
Statewide Program Manager
Beth.Stinnett@djj.virginia.gov

- Learn more at:

<http://www.djj.virginia.gov/pages/community/vjcca.htm>

	FY2021 MOE	FY2021 State	FY 2021 Additional Local	Total FY 2021 Budget (State, MOE, Addl Local)	FY2022 MOE	FY 2022 State	FY 2022 Additional Local	Total FY 2022 Budget (State, MOE, Addl Local)	FIPS Codes
Accomack	\$ -	\$ 23,933.00	\$ 27,720.00	\$ 51,653.00	\$ -	\$ 23,933.00	\$ 27,720.00	\$ 51,653.00	001
Albemarle	\$52,231.00	\$ 71,218.00	\$ 0.00	\$ 123,449.00	\$52,231.00	\$ 71,218.00	\$ 0.00	\$ 123,449.00	003
Alleghany	\$3,617.00	\$ 18,476.00	\$ 0.00	\$ 22,093.00	\$3,617.00	\$ 18,476.00	\$ 0.00	\$ 22,093.00	005
Amelia	\$ 2,729.00	\$ 9,913.00	\$ 0.00	\$ 12,642.00	\$ 2,729.00	\$ 9,913.00	\$ 0.00	\$ 12,642.00	007
Amherst	\$28,233.00	\$ 37,022.00	\$ 0.00	\$ 65,255.00	\$28,233.00	\$ 37,022.00	\$ 0.00	\$ 65,255.00	009
Appomattox	\$ 332.00	\$ 9,071.00	\$ 0.00	\$ 9,403.00	\$ 332.00	\$ 9,071.00	\$ 0.00	\$ 9,403.00	011
Arlington	\$ 270,059.00	\$ 270,059.00	\$ 235,210.00	\$ 775,328.00	\$ 270,059.00	\$ 270,059.00	\$ 235,210.00	\$ 775,328.00	013
Augusta	\$ 0.00	\$ 26,808.00	\$ 0.00	\$ 26,808.00	\$ 0.00	\$ 26,808.00	\$ 0.00	\$ 26,808.00	015
Bath	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	017
Bedford County	\$14,190.00	\$ 70,751.00	\$ 0.00	\$ 84,941.00	\$14,190.00	\$ 70,751.00	\$ 0.00	\$ 84,941.00	019
Bland	\$ -	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ -	\$ 6,585.00	\$ 0.00	\$ 6,585.00	021
Botetourt	\$3,300.00	\$ 13,138.00	\$ 0.00	\$ 16,438.00	\$3,300.00	\$ 13,138.00	\$ 0.00	\$ 16,438.00	023
Brunswick	\$ 635.00	\$ 11,703.00	\$ 0.00	\$ 12,338.00	\$ 635.00	\$ 11,703.00	\$ 0.00	\$ 12,338.00	025
Buchanan	\$ 809.00	\$ 67,453.00	\$ 5,313.00	\$ 73,575.00	\$ 809.00	\$ 67,453.00	\$ 5,313.00	\$ 73,575.00	027
Buckingham	\$ 287.00	\$ 8,798.00	\$ 0.00	\$ 9,085.00	\$ 287.00	\$ 8,798.00	\$ 0.00	\$ 9,085.00	029
Campbell	\$ 53,024.00	\$ 53,024.00	\$ 0.00	\$ 106,048.00	\$53,024.00	\$ 53,024.00	\$ 0.00	\$ 106,048.00	031
Caroline	\$8,460.00	\$ 14,869.00	\$ 0.00	\$ 23,329.00	\$8,460.00	\$ 14,869.00	\$ 0.00	\$ 23,329.00	033
Carroll	\$ 2,940.00	\$ 18,929.00	\$ 0.00	\$ 21,869.00	\$ 2,940.00	\$ 18,929.00	\$ 0.00	\$ 21,869.00	035
Charles City	\$9,400.00	\$ 6,585.00	\$ 0.00	\$ 15,985.00	\$9,400.00	\$ 6,585.00	\$ 0.00	\$ 15,985.00	036
Charlotte	\$ 268.00	\$ 12,976.00	\$ 0.00	\$ 13,244.00	\$ 268.00	\$ 12,976.00	\$ 0.00	\$ 13,244.00	037
Chesterfield	\$ 202,459.00	\$ 668,292.00	\$ 0.00	\$ 870,751.00	\$ 202,459.00	\$ 668,292.00	\$ 0.00	\$ 870,751.00	041
Clarke	\$ -	\$ 8,990.00	\$ 0.00	\$ 8,990.00	\$ -	\$ 8,990.00	\$ 0.00	\$ 8,990.00	043
Craig	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	045
Culpeper	\$1,119.00	\$ 51,802.00	\$ 0.00	\$ 52,921.00	\$1,119.00	\$ 51,802.00	\$ 0.00	\$ 52,921.00	047
Cumberland	\$ -	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ -	\$ 6,585.00	\$ 0.00	\$ 6,585.00	049
Dickenson	\$ 2,739.00	\$ 10,437.00	\$ 1,249.00	\$ 14,425.00	\$ 2,739.00	\$ 10,437.00	\$ 1,249.00	\$ 14,425.00	051
Dinwiddie	\$ 9,014.00	\$ 19,549.00	\$ 1,332.00	\$ 29,895.00	\$ 9,014.00	\$ 19,549.00	\$ 1,332.00	\$ 29,895.00	053
Essex	\$4,885.00	\$ 22,825.00	\$ 0.00	\$ 27,710.00	\$4,885.00	\$ 22,825.00	\$ 0.00	\$ 27,710.00	057
Fairfax County	\$ 613,374.00	\$ 600,996.00	\$ 1,673,513.00	\$ 2,887,883.00	\$ 613,374.00	\$ 600,996.00	\$ 1,673,513.00	\$ 2,887,883.00	059
Fauquier	\$ 2,886.00	\$ 36,836.00	\$ 46,600.00	\$ 86,322.00	\$ 2,886.00	\$ 36,836.00	\$ 46,600.00	\$ 86,322.00	061
Floyd	\$ -	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ -	\$ 6,585.00	\$ 0.00	\$ 6,585.00	063
Fluvanna	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	065
Franklin County	\$ 10,124.00	\$ 21,332.00	\$ 0.00	\$ 31,456.00	\$ 10,124.00	\$ 21,332.00	\$ 0.00	\$ 31,456.00	067
Frederick	\$ -	\$ 53,031.00	\$ 0.00	\$ 53,031.00	\$ -	\$ 53,031.00	\$ 0.00	\$ 53,031.00	069
Giles	\$ 385.00	\$ 9,243.00	\$ 0.00	\$ 9,628.00	\$ 385.00	\$ 9,243.00	\$ 0.00	\$ 9,628.00	071
Gloucester	\$57,125.00	\$ 44,727.00	\$ 0.00	\$ 101,852.00	\$57,125.00	\$ 44,727.00	\$ 0.00	\$ 101,852.00	073
Goochland	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	075
Grayson	\$ -	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ -	\$ 6,585.00	\$ 0.00	\$ 6,585.00	077
Greene	\$ 0.00	\$ 7,596.00	\$ 0.00	\$ 7,596.00	\$ 0.00	\$ 7,596.00	\$ 0.00	\$ 7,596.00	079
Greensville	\$ 8,668.00	\$ 6,585.00	\$ 0.00	\$ 15,253.00	\$ 8,668.00	\$ 6,585.00	\$ 0.00	\$ 15,253.00	081
Halifax	\$ 10,476.00	\$ 63,762.00	\$ 2,445.00	\$ 76,683.00	\$ 10,476.00	\$ 63,762.00	\$ 2,445.00	\$ 76,683.00	083
Hanover	\$20,556.00	\$ 81,243.00	\$ 0.00	\$ 101,799.00	\$20,556.00	\$ 81,243.00	\$ 0.00	\$ 101,799.00	085
Henrico	\$ 209,620.00	\$ 390,110.00	\$ 412,246.00	\$ 1,011,976.00	\$ 209,620.00	\$ 390,110.00	\$ 412,246.00	\$ 1,011,976.00	087
Henry	\$ 34,009.00	\$ 131,661.00	\$ 32,183.00	\$ 197,853.00	\$ 34,009.00	\$ 131,661.00	\$ 32,183.00	\$ 197,853.00	089
Highland	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	\$ 0.00	\$ 6,585.00	091
Isle of Wight	\$ 10,716.00	\$ 23,984.00	\$ 0.00	\$ 34,700.00	\$ 10,716.00	\$ 23,984.00	\$ 0.00	\$ 34,700.00	093
James City	\$144,572.00	\$ 91,512.00	\$ 0.00	\$ 236,084.00	\$144,572.00	\$ 91,512.00	\$ 0.00	\$ 236,084.00	095
King & Queen	\$2,535.00	\$ 9,336.00	\$ 4,965.00	\$ 16,836.00	\$2,535.00	\$ 9,336.00	\$ 4,965.00	\$ 16,836.00	097
King George	\$1,040.00	\$ 15,258.00	\$ 0.00	\$ 16,298.00	\$1,040.00	\$ 15,258.00	\$ 0.00	\$ 16,298.00	099
King William	\$10,300.00	\$ 6,951.00	\$ 8,550.00	\$ 25,801.00	\$10,300.00	\$ 6,951.00	\$ 8,550.00	\$ 25,801.00	101
Lancaster	\$7,908.00	\$ 20,530.00	\$ 0.00	\$ 28,438.00	\$7,908.00	\$ 20,530.00	\$ 0.00	\$ 28,438.00	103
Lee	\$ 3,333.00	\$ 27,260.00	\$ 2,146.00	\$ 32,739.00	\$ 3,333.00	\$ 27,260.00	\$ 2,146.00	\$ 32,739.00	105
Loudoun	\$ 330,708.00	\$ 145,706.00	\$ 0.00	\$ 476,414.00	\$ 330,708.00	\$ 145,706.00	\$ 0.00	\$ 476,414.00	107
Louisa	\$1,028.00	\$ 9,905.00	\$ 0.00	\$ 10,933.00	\$1,028.00	\$ 9,905.00	\$ 0.00	\$ 10,933.00	109
Lunenburg	\$ 1,047.00	\$ 13,270.00	\$ 0.00	\$ 14,317.00	\$ 1,047.00	\$ 13,270.00	\$ 0.00	\$ 14,317.00	111
Madison	\$1,494.00	\$ 6,585.00	\$ 0.00	\$ 8,079.00	\$1,494.00	\$ 6,585.00	\$ 0.00	\$ 8,079.00	113
Mathews	\$10,651.00	\$ 22,790.00	\$ 0.00	\$ 33,441.00	\$10,651.00	\$ 22,790.00	\$ 0.00	\$ 33,441.00	115
Mecklenburg	\$ 1,349.00	\$ 31,360.00	\$ 0.00	\$ 32,709.00	\$ 1,349.00	\$ 31,360.00	\$ 0.00	\$ 32,709.00	117
Middlesex	\$3,241.00	\$ 6,585.00	\$ 7,759.00	\$ 17,585.00	\$3,241.00	\$ 6,585.00	\$ 7,759.00	\$ 17,585.00	119
Montgomery	\$ 179.00	\$ 49,393.00	\$ 0.00	\$ 49,572.00	\$ 179.00	\$ 49,393.00	\$ 0.00	\$ 49,572.00	121
Nelson	\$ 202.00	\$ 10,364.00	\$ 0.00	\$ 10,566.00	\$ 202.00	\$ 10,364.00	\$ 0.00	\$ 10,566.00	125
New Kent	\$14,391.00	\$ 10,557.00	\$ 6,109.00	\$ 31,057.00	\$14,391.00	\$ 10,557.00	\$ 6,109.00	\$ 31,057.00	127
Northampton	\$ -	\$ 12,336.00	\$ 2,500.00	\$ 14,836.00	\$ -	\$ 12,336.00	\$ 0.00	\$ 12,336.00	131
Northumberland	\$6,626.00	\$ 29,083.00	\$ 0.00	\$ 35,709.00	\$6,626.00	\$ 29,083.00	\$ 0.00	\$ 35,709.00	133
Nottoway	\$ 617.00	\$ 19,399.00	\$ 0.00	\$ 20,016.00	\$ 617.00	\$ 19,399.00	\$ 0.00	\$ 20,016.00	135
Orange	\$ 2,181.00	\$ 21,728.00	\$ 0.00	\$ 23,909.00	\$ 2,181.00	\$ 21,728.00	\$ 0.00	\$ 23,909.00	137
Page	\$ -	\$ 30,076.00	\$ 0.00	\$ 30,076.00	\$ -	\$ 30,076.00	\$ 0.00	\$ 30,076.00	139
Patrick	\$ 5,984.00	\$ 25,241.00	\$ 7,898.00	\$ 39,123.00	\$ 5,984.00	\$ 25,241.00	\$ 7,898.00	\$ 39,123.00	141
Pittsylvania	\$ 29,756.00	\$ 41,765.00	\$ 0.00	\$ 71,521.00	\$ 29,756.00	\$ 41,765.00	\$ 0.00	\$ 71,521.00	143
Powhatan	\$ 2,056.00	\$ 8,468.00	\$ 10,228.00	\$ 20,752.00	\$ 2,056.00	\$ 8,468.00	\$ 10,228.00	\$ 20,752.00	145
Prince Edward	\$ -	\$ 10,840.00	\$ 0.00	\$ 10,840.00	\$ -	\$ 10,840.00	\$ 0.00	\$ 10,840.00	147
Prince George	\$ 21,972.00	\$ 52,775.00	\$ 0.00	\$ 74,747.00	\$ 21,972.00	\$ 52,775.00	\$ 0.00	\$ 74,747.00	149
Prince William	\$ 509,171.00	\$ 394,413.00	\$ 896,124.00	\$ 1,799,708.00	\$ 509,171.00	\$ 394,413.00	\$ 954,723.00	\$ 1,858,307.00	153
Pulaski	\$ -	\$ 21,321.00	\$ 1,800.00	\$ 23,121.00	\$ -	\$ 21,321.00	\$ 1,800.00	\$ 23,121.00	155

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Lappan	\$ -	\$ 9,673.00	\$ 0.00	\$ 9,673.00	\$ -	\$ 9,673.00	\$ 0.00	\$ 9,673.00	157
Richmond County	\$ 11,698.00	\$ 10,751.00	\$ 0.00	\$ 22,449.00	\$ 11,698.00	\$ 10,751.00	\$ 0.00	\$ 22,449.00	159
Roanoke County	\$ 24,644.00	\$ 179,982.00	\$ 0.00	\$ 204,626.00	\$ 24,644.00	\$ 179,982.00	\$ 0.00	\$ 204,626.00	161
Rockbridge	\$ 0.00	\$ 14,600.00	\$ 0.00	\$ 14,600.00	\$ 0.00	\$ 14,600.00	\$ 0.00	\$ 14,600.00	163
Rockingham	\$ -	\$ 44,867.00	\$ 0.00	\$ 44,867.00	\$ -	\$ 44,867.00	\$ 0.00	\$ 44,867.00	165
Russell	\$ 411.00	\$ 28,355.00	\$ 2,820.00	\$ 31,586.00	\$ 411.00	\$ 28,355.00	\$ 2,820.00	\$ 31,586.00	167
Scott	\$ 35.00	\$ 23,096.00	\$ 2,498.00	\$ 25,629.00	\$ 35.00	\$ 23,096.00	\$ 2,498.00	\$ 25,629.00	169
Shenandoah	\$ -	\$ 31,204.00	\$ 0.00	\$ 31,204.00	\$ -	\$ 31,204.00	\$ 0.00	\$ 31,204.00	171
Smyth	\$ 4,392.00	\$ 29,786.00	\$ 3,174.00	\$ 37,352.00	\$ 4,392.00	\$ 29,786.00	\$ 3,174.00	\$ 37,352.00	173
Southampton	\$ 6,340.00	\$ 10,485.00	\$ 0.00	\$ 16,825.00	\$ 6,340.00	\$ 10,485.00	\$ 0.00	\$ 16,825.00	175
Spotsylvania	\$ 39,655.00	\$ 84,641.00	\$ 0.00	\$ 124,296.00	\$ 39,655.00	\$ 84,641.00	\$ 0.00	\$ 124,296.00	177
Stafford	\$ 37,265.00	\$ 107,510.00	\$ 0.00	\$ 144,775.00	\$ 37,265.00	\$ 107,510.00	\$ 0.00	\$ 144,775.00	179
Surry	\$ 6,275.00	\$ 6,585.00	\$ 0.00	\$ 12,860.00	\$ 6,275.00	\$ 6,585.00	\$ 0.00	\$ 12,860.00	181
Sussex	\$ 3,321.00	\$ 6,585.00	\$ 0.00	\$ 9,906.00	\$ 3,321.00	\$ 6,585.00	\$ 0.00	\$ 9,906.00	183
Tazewell	\$ 923.00	\$ 46,689.00	\$ 4,219.00	\$ 51,831.00	\$ 923.00	\$ 46,689.00	\$ 4,219.00	\$ 51,831.00	185
Warren	\$ -	\$ 36,630.00	\$ 0.00	\$ 36,630.00	\$ -	\$ 36,630.00	\$ 0.00	\$ 36,630.00	187
Washington	\$ 11,856.00	\$ 34,727.00	\$ 3,637.00	\$ 50,220.00	\$ 11,856.00	\$ 34,727.00	\$ 3,637.00	\$ 50,220.00	191
Westmoreland	\$ 30,339.00	\$ 58,808.00	\$ 0.00	\$ 89,147.00	\$ 30,339.00	\$ 58,808.00	\$ 0.00	\$ 89,147.00	193
Wise	\$ 6,815.00	\$ 54,899.00	\$ 4,316.00	\$ 66,030.00	\$ 6,815.00	\$ 54,899.00	\$ 4,316.00	\$ 66,030.00	195
Wythe	\$ -	\$ 33,156.00	\$ 0.00	\$ 33,156.00	\$ -	\$ 33,156.00	\$ 0.00	\$ 33,156.00	197
York	\$ 54,146.00	\$ 54,684.00	\$ 0.00	\$ 98,830.00	\$ 54,146.00	\$ 54,684.00	\$ 0.00	\$ 98,830.00	199
Alexandria	\$ 95,575.00	\$ 185,026.00	\$ 0.00	\$ 280,601.00	\$ 95,575.00	\$ 185,026.00	\$ 0.00	\$ 280,601.00	510
Bristol	\$ 9,828.00	\$ 28,057.00	\$ 3,097.00	\$ 40,982.00	\$ 9,828.00	\$ 28,057.00	\$ 3,097.00	\$ 40,982.00	520
Buena Vista	\$ 0.00	\$ 11,657.00	\$ 0.00	\$ 11,657.00	\$ 0.00	\$ 11,657.00	\$ 0.00	\$ 11,657.00	530
Charlottesville	\$ 108,415.00	\$ 220,840.00	\$ 0.00	\$ 329,255.00	\$ 108,415.00	\$ 220,840.00	\$ 0.00	\$ 329,255.00	540
Chesapeake	\$ 83,014.00	\$ 246,857.00	\$ 0.00	\$ 329,871.00	\$ 83,014.00	\$ 246,857.00	\$ 0.00	\$ 329,871.00	550
Colonial Heights	\$ -	\$ 69,080.00	\$ 0.00	\$ 69,080.00	\$ -	\$ 69,080.00	\$ 0.00	\$ 69,080.00	570
Covington	\$ 1,054.00	\$ 7,575.00	\$ 0.00	\$ 8,629.00	\$ 1,054.00	\$ 7,575.00	\$ 0.00	\$ 8,629.00	580
Danville	\$ 26,324.00	\$ 86,999.00	\$ 13,506.00	\$ 126,829.00	\$ 26,324.00	\$ 86,999.00	\$ 13,506.00	\$ 126,829.00	590
Emporia	\$ 8,917.00	\$ 63,101.00	\$ 0.00	\$ 72,018.00	\$ 8,917.00	\$ 63,101.00	\$ 0.00	\$ 72,018.00	595
Fairfax City	\$ -	\$ 12,378.00	\$ 0.00	\$ 12,378.00	\$ -	\$ 12,378.00	\$ 0.00	\$ 12,378.00	600
Falls Church	\$ 2,815.00	\$ 120,679.00	\$ 0.00	\$ 123,494.00	\$ 2,815.00	\$ 120,679.00	\$ 0.00	\$ 123,494.00	610
Franklin City	\$ 6,195.00	\$ 15,521.00	\$ 0.00	\$ 21,716.00	\$ 6,195.00	\$ 15,521.00	\$ 0.00	\$ 21,716.00	620
Fredericksburg	\$ 33,165.00	\$ 54,975.00	\$ 0.00	\$ 88,140.00	\$ 33,165.00	\$ 54,975.00	\$ 0.00	\$ 88,140.00	630
Galax	\$ -	\$ 13,363.00	\$ 0.00	\$ 13,363.00	\$ -	\$ 13,363.00	\$ 0.00	\$ 13,363.00	640
Hampton	\$ 110,724.00	\$ 315,703.00	\$ 0.00	\$ 426,427.00	\$ 110,724.00	\$ 315,703.00	\$ 0.00	\$ 426,427.00	650
Harrisonburg	\$ -	\$ 41,964.00	\$ 0.00	\$ 41,964.00	\$ -	\$ 41,964.00	\$ 0.00	\$ 41,964.00	660
Hopewell	\$ 42,913.00	\$ 105,185.00	\$ 0.00	\$ 148,098.00	\$ 42,913.00	\$ 105,185.00	\$ 0.00	\$ 148,098.00	670
Lexington	\$ 0.00	\$ 6,608.00	\$ 0.00	\$ 6,608.00	\$ 0.00	\$ 6,608.00	\$ 0.00	\$ 6,608.00	678
Lynchburg	\$ 147,370.00	\$ 247,716.00	\$ 0.00	\$ 395,086.00	\$ 147,370.00	\$ 247,716.00	\$ 0.00	\$ 395,086.00	680
Manassas	\$ 2,510.00	\$ 59,873.00	\$ 0.00	\$ 62,383.00	\$ 2,510.00	\$ 59,873.00	\$ 0.00	\$ 62,383.00	683
Manassas Park	\$ -	\$ 20,794.00	\$ 0.00	\$ 20,794.00	\$ -	\$ 20,794.00	\$ 0.00	\$ 20,794.00	685
Martinsville	\$ 22,756.00	\$ 72,076.00	\$ 18,244.00	\$ 113,076.00	\$ 22,756.00	\$ 72,076.00	\$ 18,244.00	\$ 113,076.00	690
Newport News	\$ 226,485.00	\$ 339,437.00	\$ 0.00	\$ 565,922.00	\$ 226,485.00	\$ 339,437.00	\$ 0.00	\$ 565,922.00	700
Norfolk	\$ 639,899.00	\$ 639,899.00	\$ 0.00	\$ 1,279,798.00	\$ 639,899.00	\$ 639,899.00	\$ 0.00	\$ 1,279,798.00	710
Norton	\$ 10.00	\$ 12,062.00	\$ 1,015.00	\$ 13,087.00	\$ 10.00	\$ 12,062.00	\$ 1,015.00	\$ 13,087.00	720
Petersburg	\$ 64,836.00	\$ 84,000.00	\$ 11,814.00	\$ 160,650.00	\$ 64,836.00	\$ 84,000.00	\$ 11,814.00	\$ 160,650.00	730
Poquoson	\$ 22,659.00	\$ 10,295.00	\$ 0.00	\$ 32,954.00	\$ 22,659.00	\$ 10,295.00	\$ 0.00	\$ 32,954.00	735
Portsmouth	\$ 45,877.00	\$ 184,000.00	\$ 0.00	\$ 229,877.00	\$ 45,877.00	\$ 184,000.00	\$ 0.00	\$ 229,877.00	740
Radford	\$ -	\$ 10,199.00	\$ 900.00	\$ 11,099.00	\$ -	\$ 10,199.00	\$ 900.00	\$ 11,099.00	750
Richmond City	\$ 459,084.00	\$ 347,683.00	\$ 581,619.00	\$ 1,388,386.00	\$ 459,084.00	\$ 347,683.00	\$ 581,619.00	\$ 1,388,386.00	760
Roanoke City	\$ 274,384.00	\$ 394,210.00	\$ 0.00	\$ 668,594.00	\$ 274,384.00	\$ 394,210.00	\$ 0.00	\$ 668,594.00	770
Salem	\$ 9,418.00	\$ 52,851.00	\$ 0.00	\$ 62,269.00	\$ 9,418.00	\$ 52,851.00	\$ 0.00	\$ 62,269.00	775
Staunton	\$ 0.00	\$ 35,093.00	\$ 0.00	\$ 35,093.00	\$ 0.00	\$ 35,093.00	\$ 0.00	\$ 35,093.00	790
Suffolk	\$ 57,855.00	\$ 124,169.00	\$ 0.00	\$ 182,024.00	\$ 57,855.00	\$ 124,169.00	\$ 0.00	\$ 182,024.00	800
Virginia Beach	\$ 662,505.00	\$ 869,280.00	\$ 0.00	\$ 1,531,785.00	\$ 662,505.00	\$ 869,280.00	\$ 0.00	\$ 1,531,785.00	810
Waynesboro	\$ 0.00	\$ 55,484.00	\$ 0.00	\$ 55,484.00	\$ 0.00	\$ 55,484.00	\$ 0.00	\$ 55,484.00	820
Williamsburg	\$ 31,908.00	\$ 39,383.00	\$ 0.00	\$ 71,291.00	\$ 31,908.00	\$ 39,383.00	\$ 0.00	\$ 71,291.00	830
Winchester	\$ -	\$ 66,337.00	\$ 0.00	\$ 66,337.00	\$ -	\$ 66,337.00	\$ 0.00	\$ 66,337.00	840
	\$ 7,634,873.00	\$ 10,379,921.00	\$ 4,036,749.00	\$ 20,602,290.00	\$ 7,634,873.00	\$ 10,379,921.00	\$ 4,092,848.00	\$ 20,658,389.00	

Locality	Program Type	FY 21 Year 1 Youth	FY 21 Year 1 Budget	FY 22 Year 2 Youth	FY 22 Year 2 Budget
Accomac, Northampton	Outreach Detention/Electronic Monitoring	18	\$34,957	18	\$34,957
Accomac, Northampton	Law Related Education	60	\$13,075	60	\$13,075
Accomac, Northampton	Surveillance/Intensive Supervision	7	\$13,075	7	\$13,075
Accomac, Northampton	Coordinator/Administrative	0	\$5,382	0	\$5,382
Alexandria	Shelter Care and Less Secure Detention	50	\$220,601	50	\$220,601
Alexandria	Prevention Services (DJJ-Youth)	50	\$60,000	50	\$60,000
Amelia	Community Service	8	\$6,321	8	\$6,321
Amelia	Law Related Education	4	\$6,321	4	\$6,321
Amherst	Shelter Care and Less Secure Detention	20	\$53,580	20	\$53,580
Amherst	Outreach Detention/Electronic Monitoring	30	\$11,675	30	\$11,675
Arlington/Falls Church	Alternative Day Services and Structured Day	8	\$320,000	8	\$320,000
Arlington/Falls Church	Group Homes	9	\$331,814	9	\$331,814
Arlington/Falls Church	Outreach Detention/Electronic Monitoring	60	\$247,008	60	\$247,008
Bath	Coordinator/Administrative	0	\$25	0	\$25
Bath	Supervision Plan Services	3	\$6,560	3	\$6,560
Bedford County	Shelter Care and Less Secure Detention	43	\$60,000	40	\$60,000
Bedford County	Outreach Detention/Electronic Monitoring	23	\$24,941	28	\$24,941
Campbell	Community Service	20	\$18,514	20	\$18,514
Campbell	Coordinator/Administrative	0	\$5,302	0	\$5,302
Campbell	Shelter Care and Less Secure Detention	17	\$52,410	17	\$52,410
Campbell	Prevention Services (DJJ-Youth)	5	\$5,000	5	\$5,000
Campbell	Individual, Group, Family Counseling	3	\$1,500	3	\$1,500
Campbell	Outreach Detention/Electronic Monitoring	15	\$23,322	15	\$23,322
Caroline	Outreach Detention/Electronic Monitoring	19	\$6,392	19	\$6,392
Caroline	Substance Abuse Treatment	14	\$9,926	14	\$9,926
Caroline	Supervision Plan Services	10	\$7,011	10	\$7,011
Charlotte, Appomattox	Community Service	30	\$13,000	30	\$13,000
Charlotte, Appomattox	Surveillance/Intensive Supervision	35	\$42,000	35	\$42,000
Charlotte, Appomattox	Supervision Plan Services	10	\$8,474	10	\$8,474
Charlottesville	Community Service	20	\$50,000		
Charlottesville	Alternative Day Services and Structured Day	11	\$20,000		
Charlottesville	Life Skills	42	\$35,968		
Charlottesville	Life Skills	44	\$119,629		
Charlottesville	Outreach Detention/Electronic Monitoring	43	\$100,000		
Charlottesville	Employment/Vocational	20	\$30,000		
Charlottesville	Restitution/Restorative Justice	13	\$13,269		
Charlottesville	Outreach Detention/Electronic Monitoring	35	\$20,000		
Charlottesville	Substance Abuse Education	26	\$13,269		
Charlottesville	Coordinator/Administrative	0	\$5,308		
Charlottesville	Prevention Services (Non-DJJ Youth)	14	\$15,923		
Charlottesville	Prevention Services (Non-DJJ Youth)	12	\$5,307		
Charlottesville	Prevention Services (Non-DJJ Youth)	6	\$5,380		
Charlottesville	Prevention Services (Non-DJJ Youth)	3	\$3,652		
Charlottesville	Parenting Skills	12	\$15,000		
Chesterfield	Parenting Skills (Family Navigator)	250	\$41,060	250	\$41,060
Chesterfield	Employment/Vocational	50	\$51,000	60	\$51,000
Chesterfield	Sex Offender Treatment	10	\$11,500	10	\$11,500
Chesterfield	Alternative Day Services and Structured Day	50	\$240,200	50	\$240,200
Chesterfield	Outreach Detention/Electronic Monitoring	130	\$245,100	130	\$245,100
Chesterfield	Community Service	300	\$147,000	300	\$147,000
Chesterfield	Parenting Skills	99	\$60,065	99	\$60,065
Chesterfield	Substance Abuse Education	25	\$7,500	25	\$7,500
Chesterfield	Pro-Social Skills	75	\$3,500	75	\$3,500
Chesterfield	Coordinator/Administrative	0	\$63,826	0	\$63,826
Colonial Heights	Community Service	45	\$12,400	45	\$12,400
Colonial Heights	Office on Youth	0	\$37,500	0	\$37,500
Colonial Heights	Shoplifting and Larceny Reduction Programs	100	\$8,200	100	\$8,200
Colonial Heights	Supervision Plan Services	4	\$1,200	4	\$1,200
Colonial Heights	Coordinator/Administrative	0	\$3,480	0	\$3,480
Colonial Heights	Employment/Vocational	20	\$3,200	20	\$3,200
Colonial Heights	Parenting Skills (Family Navigator)	20	\$3,100	20	\$3,100
Craig	Supervision Plan Services	3	\$6,585	3	\$6,585
Culpeper	Pro-Social Skills	12	\$3,600	8	\$3,600
Culpeper	Coordinator/Administrative	0	\$2,646	0	\$2,646
Culpeper	Life Skills	12	\$7,200	16	\$7,200
Culpeper	Individual, Group, Family Counseling	2	\$6,019	2	\$6,019
Culpeper	Life Skills	2	\$6,072	2	\$6,072
Culpeper	Substance Abuse Treatment	5	\$6,000	5	\$6,000
Culpeper	Alternative Day Services and Structured Day	6	\$21,384	6	\$21,384
Danville	Prevention Services (Non-DJJ Youth)	8	\$21,461		
Danville	Prevention Services (DJJ Youth)	8	\$22,331		
Danville	Outreach Detention/Electronic Monitoring	10	\$37,211		
Danville	Outreach Detention/Electronic Monitoring	35	\$45,827		
Dinwiddie	Pro-Social Skills	20	\$14,947.50	20	\$14,947.50
Dinwiddie	Pro-Social Skills	20	\$14,947.50	20	\$14,947.50
Emporia, Brunswick	Outreach Detention/Electronic Monitoring	20	\$54,766	20	\$54,766
Emporia, Brunswick	Community Service	80	\$54,749	80	\$54,749
Fairfax County/City	Shelter Care and Less Secure Detention	190	\$1,432,552	190	\$1,432,552
Fairfax County/City	Outreach Detention/Electronic Monitoring	375	\$1,467,709	375	\$1,467,709
Fauquier	Restitution/Restorative Justice	15	\$1,000	15	\$1,000
Fauquier	Outreach Detention/Electronic Monitoring	35	\$32,322	35	\$32,322
Fauquier	Pro-Social Skills	10	\$5,000	10	\$5,000
Fauquier	Pro-Social Skills	10	\$18,000	10	\$18,000

Locality	Program Type	FY 21 Year 1 Youth	FY 21 Year 1 Budget	FY 22 Year 2 Youth	FY 22 Year 2 Budget
Fauquier	Supervision Plan Services	10	\$10,000	10	\$10,000
Fauquier	Pro-Social Skills	10	\$20,000	10	\$20,000
Fluvanna	Supervision Plan Services	10	\$6,585	10	\$6,585
Floyd	Supervision Plan Services	9	\$6,585	9	\$6,585
Franklin County	Outreach Detention/Electronic Monitoring	20	\$31,456	20	\$31,456
Frederick, Clarke	Coordinator/Administrative	0	\$5,857		
Frederick, Clarke	Alternative Day Services and Structured Day	30	\$45,998		
Frederick, Clarke	Alternative Day Services and Structured Day	40	\$14,714		
Frederick, Clarke	Substance Abuse Treatment	10	\$10,500		
Frederick, Clarke	Substance Abuse Education	60	\$7,000		
Frederick, Clarke	Shoplifting and Larceny Reduction Programs	30	\$10,000		
Frederick, Clarke	Pro-Social Skills	25	\$6,000		
Frederick, Clarke	Outreach Detention/Electronic Monitoring	25	\$20,000		
Frederick, Clarke	Supervision Plan Services	10	\$6,289		
Frederick, Clarke	Law Related Education	15	\$2,000		
Fredericksburg	Shelter Care and Less Secure Detention	4	\$35,000	4	\$35,000
Fredericksburg	Outreach Detention/Electronic Monitoring	28	\$8,500	28	\$8,500
Fredericksburg	Supervision Plan Services	10	\$34,640	10	\$34,640
Fredericksburg	Restitution/Restorative Justice	5	\$3,000	5	\$3,000
Fredericksburg	Substance Abuse Education	6	\$3,000	6	\$3,000
Fredericksburg	Community Service	16	\$4,000	16	\$4,000
Giles	Supervision Plan Services	10	\$9,628	10	\$9,628
Gooschland	Community Service	20	\$6,585	20	\$6,585
Grayson, Carroll, Galax	Pro-Social Skills	27	\$1,746	27	\$1,746
Grayson, Carroll, Galax	Community Service	135	\$30,720	135	\$30,720
Grayson, Carroll, Galax	Outreach Detention/Electronic Monitoring	35	\$7,500	35	\$7,500
Grayson, Carroll, Galax	Shoplifting and Larceny Reduction Programs	8	\$339	8	\$339
Grayson, Carroll, Galax	Substance Abuse Education	26	\$1,512	26	\$1,512
Greene	Supervision Plan Services	10	\$7,596	10	\$7,596
Halifax	Outreach Detention/Electronic Monitoring	49	\$43,225	49	\$43,225
Halifax	Outreach Detention/Electronic Monitoring	31	\$17,198	31	\$17,198
Halifax	Supervision Plan Services	10	\$4,000	10	\$4,000
Halifax	Community Service	30	\$12,260	30	\$12,260
Hampton	Outreach Detention/Electronic Monitoring	100	\$97,000		
Hampton	Outreach Detention/Electronic Monitoring	30	\$45,000		
Hampton	Surveillance/Intensive Supervision	56	\$98,000		
Hampton	Pro-Social Skills	40	\$44,000		
Hampton	Substance Abuse Treatment	40	\$50,000		
Hampton	Individual, Group, Family Counseling	10	\$7,427		
Hampton	Supervision Plan Services	5	\$5,000		
Hampton	Alternative Day Services and Structured Day	20	\$50,000		
Hampton	Prevention Services (Non-DJJ Youth)	0	\$30,000		
Hanover	Surveillance/Intensive Supervision	40	\$23,216	40	\$23,216
Hanover	Community Service	150	\$25,350	150	\$25,350
Hanover	Prevention Services (DJJ-Youth)	50	\$20,310	50	\$20,310
Hanover	Coordinator/Administrative	0	\$5,064	0	\$5,064
Hanover	Outreach Detention/Electronic Monitoring	35	\$27,859	35	\$27,859
Henrico	Coordinator/Administrative	0	\$182,607.28	0	\$182,607.28
Henrico	Pro-Social Skills	80	\$15,420.00	80	\$15,420.00
Henrico	Pro-Social Skills	20	\$3,040.00		
Henrico	Home-Based, In-Home Services	50	\$235,597.00		
Henrico	Outreach Detention/Electronic Monitoring	230	\$327,681.00		
Henrico	Community Service	44	\$24,792.00		
Henrico	Parenting Skills	40	\$4,530.00		
Henrico	Outreach Detention/Electronic Monitoring	160	\$47,961.00		
Henrico	Shoplifting and Larceny Reduction Programs	120	\$9,057.00		
Henrico	Shoplifting and Larceny Reduction Programs	30	\$14,391.00		
Henrico	Coordinator/Administrative	0	\$76,354.72		
Henrico	Individual, Group, Family Counseling	40	\$13,012.00		
Henrico	Supervision Plan Services	10	\$26,333.00		
Henrico	Parenting Skills	6	\$31,200.00		
Henrico	Prevention Services (Non-DJJ Youth)	200	\$0.00		
Highland	Coordinator/Administrative	0	\$346	0	\$346
Highland	Supervision Plan Services	10	\$6,239	10	\$6,239
Hopewell	Outreach Detention/Electronic Monitoring	25	\$72,726	25	\$72,726
Hopewell	Community Service	28	\$16,850	28	\$16,850
Hopewell	Law Related Education	33	\$15,869	33	\$15,869
Hopewell	Supervision Plan Services	8	\$25,438	8	\$25,438
Hopewell	Coordinator/Administrative	0	\$7,405	0	\$7,405
Hopewell	Substance Abuse Education	20	\$9,810	20	\$9,810
King George	Outreach Detention/Electronic Monitoring	18	\$6,000	18	\$6,000
King George	Community Service	5	\$4,298	5	\$4,298
King George	Supervision Plan Services	10	\$6,000	10	\$6,000
King William, Charles	Coordinator/Administrative	0	\$9,499	0	\$9,499
King William, Charles	Community Service	50	\$39,250	50	\$39,300
King William, Charles	Law Related Education	40	\$19,750	40	\$20,180
King William, Charles	Surveillance/Intensive Supervision	12	\$24,500	12	\$25,000
King William, Charles	Outreach Detention/Electronic Monitoring	20	\$55,500	20	\$57,205
King William, Charles	Supervision Plan Services	7	\$26,475	7	\$26,500
King William, Charles	Substance Abuse Education	25	\$15,000	25	\$15,900
Lexington, Buena Vista	Office on Youth	0	\$16,003	0	\$16,227
Lexington, Buena Vista	Coordinator/Administrative	0	\$3,602	0	\$4,004
Lexington, Buena Vista	Outreach Detention/Electronic Monitoring	20	\$26,198	20	\$26,972

Locality	Program Type	FY 21 Year 1 Youth	FY 21 Year 1 Budget	FY 22 Year 2 Youth	FY 22 Year 2 Budget
Lexington, Buena Vista,	Surveillance/Intensive Supervision	35	\$34,222	35	\$32,822
Loudoun	Shelter Care and Less Secure Detention	85	\$477,414	85	\$477,414
Loudoun	Law Related Education	75	\$3,000	75	\$3,000
Louisa	Supervision Plan Services	10	\$10,933	10	\$10,933
Lynchburg	Shelter Care and Less Secure Detention				
Madison	Supervision Plan Services	10	\$8,079	10	\$8,079
Manassas City	Prevention Services (Non-DJJ Youth)	15	\$6,000		
Manassas City	Law Related Education	20	\$1,633		
Manassas City	Individual, Group, Family Counseling	25	\$35,000		
Manassas City	Supervision Plan Services	10	\$13,750		
Manassas City	Prevention Services (DJJ-Youth)	15	\$6,000	15	\$6,000
Manassas Park	Law Related Education	5	\$600	5	\$600
Manassas Park	Individual, Group, Family Counseling	10	\$10,194	10	\$10,194
Manassas Park	Shelter Care and Less Secure Detention	10	\$10,000	10	\$10,000
Martinsville, Henry,	Group Homes	14	\$151,427		
Martinsville, Henry,	Outreach Detention/Electronic Monitoring	38	\$70,212		
Martinsville, Henry,	Shelter Care and Less Secure Detention	23	\$128,413		
Mecklenburg	Surveillance/Intensive Supervision	15	\$16,209	15	\$16,209
Mecklenburg	Supervision Plan Services	10	\$4,500	10	\$4,500
Mecklenburg	Substance Abuse Education	28	\$12,000	28	\$12,000
Montgomery	Community Service	100	\$26,150	100	\$26,150
Montgomery	Outreach Detention/Electronic Monitoring	10	\$14,550	10	\$14,550
Montgomery	Supervision Plan Services	10	\$1,711	10	\$1,711
Montgomery	Pro-Social Skills	75	\$7,161	75	\$7,161
Nelson	Shelter Care and Less Secure Detention	4	\$7,000	4	\$7,000
Nelson	Outreach Detention/Electronic Monitoring	8	\$3,566	4	\$3,566
Newport News	Outreach Detention/Electronic Monitoring	250	\$359,630	250	\$359,630
Newport News	Outreach Detention/Electronic Monitoring	150	\$279,630	150	\$279,630
Norfolk	Outreach Detention/Electronic Monitoring	200	\$430,000	200	\$430,000
Norfolk	Group Homes	34	\$505,000	34	\$505,000
Norfolk	Outreach Detention/Electronic Monitoring	265	\$28,000	265	\$28,000
Norfolk	Law Related Education	100	\$36,000	100	\$36,000
Norfolk	Alternative Day Services and Structured Day	40	\$21,308	40	\$21,308
Norfolk	Pro-Social Skills	25	\$15,000	25	\$15,000
Norfolk	Parenting Skills	40	\$50,000	40	\$50,000
Norfolk	Employment/Vocational	24	\$40,000	24	\$40,000
Norfolk	Pro-Social Skills	10	\$25,000	10	\$25,000
Norfolk	Alternative Day Services and Structured Day	0	\$100	0	\$100
Norfolk	Restitution/Restorative Justice	0	\$100	0	\$100
Norfolk	Supervision Plan Services	0	\$200	0	\$200
Norfolk	Coordinator/Administrative	0	\$63,990	0	\$63,990
Norfolk	Substance Abuse Education	0	\$100	0	\$100
Norfolk	Outreach Detention/Electronic Monitoring	30	\$60,000	30	\$60,000
Norfolk	Pro-Social Skills	0	\$5,000	0	\$5,000
Nottoway	Community Service	8	\$9,908.00	8	\$9,908.00
Nottoway	Law Related Education	4	\$10,108	4	\$10,108
Orange	Office on Youth	0	\$3,705	0	\$3,705
Orange	Coordinator/Administrative	0	\$1,000	0	\$1,000
Orange	Community Service	30	\$500	30	\$500
Orange	Pro-Social Skills	12	\$4,000	12	\$4,000
Orange	Substance Abuse Treatment	12	\$4,000	12	\$4,000
Orange	Supervision Plan Services	12	\$4,704	12	\$4,704
Orange	Outreach Detention/Electronic Monitoring	15	\$6,000	15	\$6,000
Page	Pro-Social Skills	10	\$18,000	10	\$18,000
Page	Substance Abuse Treatment	8	\$6,400	9	\$6,400
Page	Supervision Plan Services	10	\$1,991	10	\$1,991
Page	Substance Abuse Education	8	\$2,560	8	\$2,560
Page	Prevention Services (DJJ-Youth)	10	\$1,125	10	\$1,125
Petersburg	Outreach Detention/Electronic Monitoring	70	\$70,038.00	70	\$70,038.00
Petersburg	Surveillance/Intensive Supervision	50	\$37,537.00	50	\$37,537.00
Petersburg	Community Service	30	\$19,218.50	30	\$19,218.50
Petersburg	Law Related Education	25	\$7,506.00	25	\$7,506.00
Petersburg	Life Skills	25	\$18,318.50	25	\$18,318.50
Petersburg	Coordinator/Administrative	0	\$8,032.00	0	\$8,032.00
Pittsylvania	Supervision Plan Services	5	\$5,000	5	\$5,000
Pittsylvania	Outreach Detention/Electronic Monitoring	32	\$20,200	32	\$20,200
Pittsylvania	Outreach Detention/Electronic Monitoring	24	\$36,321	24	\$36,321
Pittsylvania	Shelter Care and Less Secure Detention	3	\$10,000	3	\$10,000
Powhatan	Community Service	15	\$10,376	15	\$10,376
Powhatan	Life Skills	15	\$10,376	15	\$10,376
Prince George	Community Service	50	\$48,840	50	\$48,840
Prince George	Outreach Detention/Electronic Monitoring	8	\$25,907	8	\$25,907
Prince William	Shelter Care and Less Secure Detention	150	\$1,670,429	150	\$1,716,795
Prince William	Outreach Detention/Electronic Monitoring	168	\$446,616	168	\$448,353
Pulaski	Outreach Detention/Electronic Monitoring	9	\$7,939	9	\$7,939
Pulaski	Community Service	58	\$13,382	58	\$13,382
Pulaski	Pro-Social Skills	30	\$1,800	30	\$1,800
Radford	Community Service	22	\$7,199	22	\$7,199
Radford	Supervision Plan Services	10	\$3,900	10	\$3,900
Rappahannock	Supervision Plan Services	2	\$500	2	\$500
Rappahannock	Outreach Detention/Electronic Monitoring	5	\$2,173	5	\$2,173
Rappahannock	Pro-Social Skills	6	\$2,950	6	\$2,950
Rappahannock	Restitution/Restorative Justice	4	\$600	4	\$600

Locality	Program Type	FY 21 Year 1 Youth	FY 21 Year 1 Budget	FY 22 Year 2 Youth	FY 22 Year 2 Budget
Rappahannock	Pro-Social Skills	6	\$2,450	6	\$2,450
Rappahannock	Pro-Social Skills	2	\$1,000	2	\$1,000
Richmond City	Home-Based, In-Home Services	35	226,723.00	35	226,723.00
Richmond City	Alternative Day Services and Structured Day	36	280,670.00	36	280,670.00
Richmond City	Outreach Detention/Electronic Monitoring	200	417,334.00	200	417,334.00
Richmond City	Community Service	130	168,289.00	130	168,289.00
Richmond City	Supervision Plan Services	10	5,000.00	10	5,000.00
Richmond City	Coordinator/Administrative	0	20,000.00	0	20,000.00
Richmond City	Surveillance/Intensive Supervision	100	270,370.00	100	270,370.00
Rockingham	Restitution/Restorative Justice	32	\$4,000	32	\$4,000
Rockingham	Restitution/Restorative Justice	10	\$2,000	10	\$2,000
Rockingham	Law Related Education	50	\$32,603	50	\$32,603
Rockingham	Outreach Detention/Electronic Monitoring	15	\$18,640	15	\$18,640
Rockingham	Coordinator/Administrative	0	\$4,617	0	\$4,617
Rockingham	Pro-Social Skills	20	\$4,720	20	\$4,720
Rockingham	Pro-Social Skills	20	\$3,200	20	\$3,200
Rockingham	Supervision Plan Services	10	\$7,841	10	\$7,841
Rockingham	Pro-Social Skills	10	\$1,250	10	\$1,250
Rockingham	Parenting Skills	40	\$7,960	40	\$7,960
Roanoke City	Pro-Social Skills	36	\$7,500	36	\$7,500
Roanoke City	Community Service	60	\$77,654	60	\$77,654
Roanoke City	Life Skills	45	\$46,295	45	\$46,295
Roanoke City	Individual, Group, Family Counseling	25	\$47,533	25	\$47,533
Roanoke City	Coordinator/Administrative	0	\$33,430	0	\$33,430
Roanoke City	Shelter Care and Less Secure Detention	3	\$29,205	3	\$29,205
Roanoke City	Supervision Plan Services	9	\$2,000	9	\$2,000
Roanoke City	Outreach Detention/Electronic Monitoring	120	\$208,819	120	\$208,819
Roanoke City	Outreach Detention/Electronic Monitoring	80	\$60,506	80	\$60,506
Roanoke City	Substance Abuse Education	70	\$46,852	70	\$46,852
Roanoke City	Surveillance/Intensive Supervision	70	\$108,800	70	\$108,800
Roanoke County, Salem	Outreach Detention/Electronic Monitoring	85	\$171,850	85	\$171,850
Roanoke County, Salem	Substance Abuse Education	130	\$30,100	130	\$30,100
Roanoke County, Salem	Community Service	160	\$27,000	160	\$27,000
Roanoke County, Salem	Restitution/Restorative Justice	20	\$20,500	20	\$20,500
Roanoke County, Salem	Coordinator/Administrative	0	\$13,445	0	\$13,445
Roanoke County, Salem	Shelter Care and Less Secure Detention	6	\$4,000	6	\$4,000
Shenandoah	Supervision Plan Services	10	\$10,920	10	\$10,920
Shenandoah	Substance Abuse Treatment	25	\$5,784	25	\$5,784
Shenandoah	Prevention Services (D.J.J-Youth)	10	\$4,500	10	\$4,500
Shenandoah	Pro-Social Skills	10	\$10,000	10	\$10,000
Spotsylvania	Restitution/Restorative Justice	20	\$3,000	20	\$3,000
Spotsylvania	Outreach Detention/Electronic Monitoring	100	\$30,500	100	\$30,500
Spotsylvania	Community Service	36	\$36,000	36	\$36,000
Spotsylvania	Substance Abuse Treatment	12	\$6,000	12	\$6,000
Spotsylvania	Shelter Care and Less Secure Detention	9	\$35,000	8	\$35,000
Spotsylvania	Substance Abuse Education	12	\$2,000	12	\$2,000
Spotsylvania	Supervision Plan Services	10	\$2,296	10	\$2,296
Stafford	Shelter Care and Less Secure Detention	6	\$45,750	6	\$45,750
Stafford	Parenting Skills	20	\$15,000	20	\$15,000
Stafford	Pro-Social Skills	35	\$5,000	35	\$5,000
Stafford	Office on Youth	75	\$31,000	75	\$31,000
Stafford	Outreach Detention/Electronic Monitoring	35	\$38,025	35	\$38,025
Stafford	Supervision Plan Services	10	\$10,000	10	\$10,000
Surry	Office on Youth	5	\$5,060		
Surry	Supervision Plan Services	1	\$2,200		
Surry	Law Related Education	4	\$2,650		
Surry	Prevention Services (Non-D.J.J Youth)	5	\$2,950		
Tidewater Youth	Shelter Care and Less Secure Detention	148	\$568,100	148	\$568,100
Tidewater Youth	Shelter Care and Less Secure Detention	27	\$330,148	27	\$330,148
Tidewater Youth	Shelter Care and Less Secure Detention	28	\$253,771	28	\$253,771
Tidewater Youth	Life Skills	28	\$38,268	28	\$38,268
Tidewater Youth	Substance Abuse Treatment	110	\$230,153	110	\$230,153
Tidewater Youth	Outreach Detention/Electronic Monitoring	272	\$390,214	272	\$390,214
Tidewater Youth	Outreach Detention/Electronic Monitoring	272	\$77,312	272	\$77,312
Tidewater Youth	Pro-Social Skills	35	\$72,500	35	\$72,500
Tidewater Youth	Individual, Group, Family Counseling	30	\$74,590	30	\$74,590
Tidewater Youth	Community Service	65	\$28,462	65	\$28,462
Tidewater Youth	Pro-Social Skills	240	\$124,000	240	\$124,000
Tidewater Youth	Home-Based, In-Home Services	21	\$36,780	21	\$36,780
Tidewater Youth	Pro-Social Skills	42	\$81,500	42	\$81,500
Tidewater Youth	Parenting Skills	10	\$10,500	10	\$10,500
Tidewater Youth	Home-Based, In-Home Services	13	\$30,500	13	\$30,500
Warren	Substance Abuse Education	10	\$3,200	10	\$3,200
Warren	Substance Abuse Treatment	10	\$8,000	10	\$8,000
Warren	Prevention Services (D.J.J-Youth)	20	\$1,500	20	\$1,500
Warren	Pro-Social Skills	10	\$18,000	10	\$18,000
Warren	Supervision Plan Services	10	\$5,930	10	\$5,930
Washington, Bristol	Community Service	300	\$43,250	300	\$43,250
Washington, Bristol	Outreach Detention/Electronic Monitoring	90	\$195,874	90	\$195,874
Washington, Bristol	Outreach Detention/Electronic Monitoring	60	\$147,582	70	\$147,582
Washington, Bristol	Coordinator/Administrative	0	\$50,750	0	\$50,750
Waynesboro, Augusta	Office on Youth	0	\$6,015	0	\$6,015
Waynesboro, Augusta	Shoplifting and Larceny Reduction Programs	10	\$100	10	\$100

Locality	Program Type	FY 21 Year 1 Youth	FY 21 Year 1 Budget	FY 22 Year 2 Youth	FY 22 Year 2 Budget
Waynesboro, Augusta	Pro-Social Skills	15	\$4,000	15	\$4,000
Waynesboro, Augusta	Supervision Plan Services	3	\$1,400	3	\$1,400
Waynesboro, Augusta	Outreach Detention/Electronic Monitoring	25	\$35,080	25	\$35,080
Waynesboro, Augusta	Surveillance/Intensive Supervision	40	\$56,270	24	\$56,270
Waynesboro, Augusta	Coordinator/Administrative	0	\$6,120	0	\$6,120
Waynesboro, Augusta	Parenting Skills	7	\$7,000	7	\$7,000
Waynesboro, Augusta	Life Skills	17	\$1,750	17	\$1,750
Westmoreland, Essex	Community Service	43	\$84,751	43	\$84,751
Westmoreland, Essex	Outreach Detention/Electronic Monitoring	28	\$63,952	28	\$63,952
Westmoreland, Essex	Life Skills	20	\$52,750	20	\$52,750
Wythe, Bland	Community Service	88	\$19,323	88	\$18,923
Wythe, Bland	Outreach Detention/Electronic Monitoring	12	\$13,010	12	\$13,410
Wythe, Bland	Pro-Social Skills	20	\$7,408	20	\$7,408
York, Gloucester, James	Group Homes	8	\$209,215	8	\$209,215
York, Gloucester, James	Shelter Care and Less Secure Detention	14	\$111,584	14	\$111,584
York, Gloucester, James	Surveillance/Intensive Supervision	23	\$52,270	23	\$52,270
York, Gloucester, James	Outreach Detention/Electronic Monitoring	50	\$108,928	50	\$108,928
York, Gloucester, James	Community Service	125	\$41,856	125	\$41,856
York, Gloucester, James	Law Related Education	125	\$29,974	125	\$29,974
York, Gloucester, James	Substance Abuse Education	35	\$25,625	35	\$25,625
York, Gloucester, James	Supervision Plan Services	5	\$2,000	5	\$2,000

COMMONWEALTH OF VIRGINIA

Department of Juvenile Justice

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TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

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

DATE June 24, 2020

I. SUMMARY OF ACTION REQUESTED

The Department of Juvenile Justice (the department) respectfully requests the State Board of Juvenile Justice (board) to authorize amendments to the Regulation Governing Juvenile Correctional Centers (6VAC35-71) for advancement to the Final Stage of the regulatory process pursuant to the Administrative Process Act set forth 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 juvenile correctional centers that may be constructed in the Commonwealth in the future. These amendments also will apply to any future privately operated juvenile correctional center.

The department respectfully requests the board to approve the submission of amendments to the Regulation Governing Juvenile Correctional Centers for advancement to the Final 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 regulations "necessary to carry out the provisions of this title and other laws of the Commonwealth." This includes the authority to adopt regulations governing the operation of juvenile correctional centers. The department assists the board by facilitating the review of existing regulations and submitting them to the board for evaluation 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, followed by a 30-day public comment period ending on November 2, 2016, which yielded no public comments. Contemporaneously, the department convened a committee with representatives from its Division of Operations and its Health Services, Certification, Training, and Policy units to review the existing regulation and propose amendments.

In November 2017 and January 2018, the board authorized submission of specific proposed amendments for advancement to the Proposed Stage of the regulatory process. The amendments were submitted to the Virginia Regulatory Town Hall where they underwent Executive Branch review, before being published in the Virginia Register of Regulations in September 2019. After a 60-day public comment period that yielded only one set of comments from the disAbility Law Center of Virginia (dLCV), the department conducted a final review of the regulation and is recommending additional amendments based on this review.

III. BACKGROUND OF PROPOSED CHANGES

Improper Incorporation by Reference

Effective January 1, 2016, pursuant to 1VAC7-10-140, state agencies may not incorporate their own documents into a regulation by reference unless the agency establishes the documents or circumstances are highly unusual. The JCC regulations currently contain numerous provisions requiring staff in a juvenile correctional center to comply with certain directives “in accordance with written procedures” (or some other variation). When the department’s certification unit assesses compliance for these provisions, the unit looks to confirm compliance with the regulatory directive, as well as the applicable written procedure. Because the department has not demonstrated that its procedures are unique and highly unusual, these references violate 1VAC7-10-140 and should be removed. As part of its review, the reconvened committee consulted each applicable procedure currently incorporated by reference into the regulation to determine whether any of the provisions contained in those procedures should be included expressly in the regulation. The committee determined that most of the applicable written procedures were operational in nature and not appropriate for inclusion in a regulation; therefore, the committee recommended striking each such reference. The committee recommended similar amendments to remove many references to written procedures that outlined specific, detailed requirements. The committee recommended striking references to written procedures in the following sections: §§ 10, 30, 50, 60, 70, 75, 80, 110, 220, 270, 410, 420, 470, 480, 510, 520, 530, 540, 545, 560, 570, 580, 610, 690, 720, 745, 747, 765, 770, 815, 820, 900, 1000, 1030, 1050, 1060, 1070, 1110, 1120, 1140, 1175 (*replacing existing § 1130*), and 1210.

Mechanical Restraint, Protective Devices, and Mechanical Restraint Chair Provisions

Regulations currently in effect for JDCs and JCCs regarding mechanical restraints are very similar in content and contain few restrictions on the use of such devices. Both chapters prohibit the use of mechanical restraints (including the restraint chair) as a punishment or sanction, require staff authorized to use restraints to receive training in their use, and prohibit mechanical restraint use by staff who have not received adequate training. Under existing regulations, written procedures shall govern the use of mechanical restraints and specify the conditions for such use.

Recognizing the health and safety repercussions if these devices are applied improperly or negligently, the board asked the department to recommend options for additional limitations and restrictions on the use of mechanical restraints with particular emphasis on the mechanical restraint chair. A workgroup consisting of representatives from the JCC and several JDC superintendents suggested additional restrictions on the use of these devices, and at its May 2019 meeting, the board approved these proposed amendments for incorporation into the Regulations Governing Juvenile Secure Detention Centers (6VAC35-101). Because proposed amendments to the JCC regulation were moving through the Executive Branch review process, the department agreed to incorporate any proposed amendments regarding mechanical restraints into the JCC regulatory action after the public comment period of the Proposed Stage.

This proposal amends Section 10 to incorporate the mechanical restraint-related definitions approved by the board in May (*mechanical restraint*, *mechanical restraint chair*, and *protective device*). Additionally, the proposal amends Sections 160, 170, 1180 and 1190; adds new sections 1195 and 1203 through 1208; and repeals Section 1200 to reflect the proposed amendments to the JDC regulation as approved by the board in May 2019. The board already approved much of the language in these sections conveyed as amendments and appearing in stricken or underscored red text. The summaries contained in Parts IV through the end of this memo are limited to a discussion on amendments made after the board meeting in May 2019.

Finally, the proposal includes amendments to the definition of spit guards and reflects the anticipated new treatment surrounding these devices as approved by the board in March 2020.

IV. SUMMARY OF SUBSTANTIVE RECOMMENDATIONS – SIGNIFICANT IMPACT

The department proposes the following substantive changes, which may have a significant impact on facility operations, residents, or staff in juvenile correctional centers.

Definition of direct care employee – Section 10

Under Section 830 of this chapter, at least one direct care employee must be present and responsible for the supervision of every eight residents during resident waking hours. Section 10 defines a direct care employee as one whose primary job responsibilities include: (i) maintaining resident safety, care, and well-being; (ii) implementing the structured program of care and the behavior management program; and (iii) maintaining facility security. Only staff who meet this definition can satisfy the staffing ratio requirements.

In January 2019, the department made a minor change to its security staff classification by retitling the security specialist position and modifying expectations regarding duties. Before that time, the security specialists' responsibilities included maintaining the security of the facility, conducting perimeter checks, operating the central control center, and conducting searches at the security entrance. Security specialists primarily served a security function and did not meet the definition of a direct care employee. The position, now referred to as "resident specialist" (RS) must fulfill all of the security-related functions previously required of security specialists. In addition, now the position is responsible for temporarily assuming the posts of a direct care employee and providing coverage in individual housing units when there is a shortage of resident specialist I and II direct care employees on the units. Although the new RS position receives the same volume and content of training mandated for a direct care employee and shares the same job responsibilities as other direct care employees, the position does not meet the technical direct care employee definition because its **primary** job responsibilities continue to center on security.

Proposal: The proposal expands the definition of "direct care employee" to include these newly titled RS positions that receive initial and annual training in the same areas as other direct care employees to carry out their expanded duties.

Definition of room confinement – Section 10

The board-approved amendments require JCCs to follow numerous regulatory requirements before placing residents in room confinement. Section 10 defines room confinement as the involuntary placement of a resident in his room or other designated room, together with additional restrictions. Timeout periods and confinement during lockdowns are expressly excluded from the definition. The committee believed these carve-outs were

necessary to ensure that timeout periods and lockdowns would not be subject to the same restrictions and conditions as room confinement. The committee has since identified several additional scenarios necessitating temporary confinement in order to enable the safe and seamless execution of staff duties within housing units. These exceptions include room confinement for the purpose of: (i) enabling residents to shower, (ii) conducting facility counts, and (iii) executing shift changes. The committee agreed that many of the conditions and parameters placed on room confinement would not fit in the context of temporary confinement periods for these purposes.

Proposal: The proposal explicitly excludes from the definition of room confinement, confinement for the purposes addressed above. The proposal also strikes the language identifying the permissible purposes for room confinement because those purposes are addressed in Section 1140.

Room confinement – Section 1140

- **Release from confinement (subsection A):** The board-approved amendments require certain information be included in written procedures governing room confinement, including the necessary steps to release the resident to a less restrictive setting once the threat necessitating confinement has abated. Under the department's current procedures, there is no incremental approach for releasing residents from confinement to a less restrictive setting. Rather, a resident prepared for release is released into the general population.

Proposal: The proposal acknowledges this practice by requiring the written procedures to address the steps needed to release the resident **from room confinement**, rather than to a less restrictive setting. Conforming amendments are made in subsection D of this section.

- **Exhibiting self-injurious behavior while confined (subsection B):** The board-approved amendments address the process for responding to residents exhibiting self-injurious behavior while confined. Staff must take appropriate action in response and monitor the resident according to established protocols, which may include constant supervision. The committee had concerns with this vague language and recommended amendments to the regulation to delineate staff expectations more clearly.

Proposal: The proposal requires that staff take appropriate action in response to the behavior to prevent further injury and to notify supervisory staff. Additionally, staff must adjust the frequency of the face-to-face checks as needed, but the checks must occur no less than once every 15 minutes.

- **Permitted justification for room confinement (subsection C):** The board-approved amendments allow room confinement only: (i) if a resident's actions threaten facility security or the safety and security of residents, staff or others in the facility; or (ii) to prevent property damage committed with the intent of fashioning an object that may threaten facility safety or security. The committee was concerned that this provision was too narrow and would prevent the department from using confinement to address a resident destroying property for purposes other than fashioning a threatening device or object.

Proposal: The proposal expands the property damage justification to allow room confinement as a means of preventing any damage to real or personal property if such damage would threaten facility safety or security.

- **Approximating opportunities of residents in general population (subsection E):** The board-approved amendments require staff to provide confined residents with the same opportunities as other residents on the unit including as much time out of their rooms as security considerations permit.

Proposal: The proposal modifies this language to outline the resident’s rights while confined (e.g., the right to receive applicable medical and mental health treatment, education, daily nutrition, and daily opportunities for bathing).

- **Room confinement exceeding five days; case management review(subsection L):** Under the board-approved amendments, room confinement periods that exceed five days must undergo a case management review that involves: (i) review by a facility-level review committee (Institutional Classification Review Committee or ICRC) at its next scheduled meeting immediately upon expiration of the five-day period; and (ii) referral to the division-level review committee (Central Classification Review Committee or CCRC) if the facility-level committee determines the resident should remain confined. Upon such referral, the CCRC must review the confinement at its next scheduled meeting immediately following the ICRC review. Per the board-approved amendments, additional recurring reviews shall continue according to the same schedule until one of the committees recommends the resident’s release from confinement. The Deputy Director of Residential Services may reduce the frequency of or waive the division level reviews in accordance with written procedures.

The dLCV recommends adding a requirement directing both review committees to complete their case management reviews within two business days to ensure that residents are not being confined to their rooms for longer than necessary.

Proposal: The department believes it would be logistically impossible to conduct both reviews within two business days. The latest point at which the department will convene the division-level committee is within seven business days following the referral. The proposal modifies the language to require the division-level review to occur no later than seven business days after the referral. The proposal also requires the Deputy Director of Residential Services to provide a rationale for waiving the division-level reviews and to document the rationale in the resident’s record.

- **Delayed effective date (subsection M):** Though not immediately apparent from the placeholder language in subsection M of the board-approved amendments, the department intended to delay implementing the provisions related to room confinement until January 1 of the first January that falls at least nine months after the other regulatory provisions of this action take effect. The dLCV discourages a delayed implementation date and recommends that the department implement these provisions as early as possible due to the detrimental physical and mental health effects of room confinement.

Proposal: The proposal strikes the delayed implementation placeholder language. All of the proposed regulatory amendments, including those involving room confinement, will take effect on the same date.

Definition of juvenile correctional center—Section 10; new Applicability section—Section 15

The current regulation defines “juvenile correctional center” to include public or private facilities operated by or under contract with DJJ that provide care to residents committed to DJJ. The board-approved amendments exclude from this definition facilities that operate alternative direct care placement programs. This amendment sought to

prevent juvenile detention centers operating alternative direct care programs and other entities not customarily considered juvenile correctional centers from the reach of these regulations. Since the board approved this language, however, the committee has determined that narrowing the definition of juvenile correctional center in this manner may result in the unintentional invalidation of community placement programs and other alternative direct care programs.

Additionally, the current regulation contains five provisions that apply exclusively to juvenile boot camp programs. Juvenile boot camps have not operated in the Commonwealth since 2003 and during their operation, many program participants were not committed to the Department of Juvenile Justice. These programs are starkly different from juvenile correctional centers in terms of programming and operations and arguably, should be addressed in a separate chapter.

Proposal: The proposal strikes the exclusionary language in the definition and adds a new applicability section (§ 15) that makes this chapter apply exclusively to state-operated juvenile correctional centers and juvenile correctional centers governed by the Private Juvenile Corrections Management Act (66-25.3 *et seq.*), both of which currently are governed by this chapter. The proposal excludes from this chapter juvenile boot camps and locally, regionally, or privately operated alternative direct care programs. The proposal also repeals Part X of this chapter, which includes all of the boot-camp related provisions (§§ 1230-1270) and makes other conforming changes.

New chapter addressing boot camps—Chapter 73

Proposal: The proposal creates a new chapter under which all of the juvenile boot camp provisions will fall. The new chapter preserves the current provisions in Chapter 71 applicable to boot camps with some minor amendments. The proposal also adds a new definitions section to address terminology used in the boot camp-related regulatory provisions.

Boot camp, program description (replacing Section 1270 with 6VAC35-73-50)

The current regulation requires boot camps to write out and maintain their program descriptions, which must address incentives and sanctions, the program's length, and other specific issues. Per recommendation of the dLCV, boot camps should operate as therapeutic communities in the same manner as juvenile correctional centers under Section 735 of the regulations. While the department supports the concept of considering a youth's therapeutic needs for all programming, the boot camp facilities were not intended to operate as therapeutic communities.

Proposal: The proposal adds a provision to the new 6VAC35-73-50 requiring the boot camp's program description to specify that programming for boot camps must consider each participant's therapeutic needs.

Lockdown definition – Section 10

As originally amended, the action adds a definition for lockdown to describe instances in which all or some residents are restricted to their housing units or areas within their housing units or within the JCC for one of several specifically enumerated purposes, including relieving temporary tensions within the facility and conducting a facility search for missing tools or other contraband.

Proposal: Per recommendation of the dLCV, the proposal narrows the definition of lockdown to apply only for purposes of relieving severe tensions within the facility that may threaten or critically affect staff or residents or threaten public safety. The proposal also strikes the reference to missing tools and security contraband, as lockdowns are not limited to these types of searches.

Grievance procedures – Section 80

The board-approved amendments direct DJJ to have a grievance procedure that, among other things, requires staff to review emergency grievances immediately and to provide a resolution no later than eight hours after the review. The regulation does not define the term “emergency grievance.” The dLCV observed that this section fails to establish a deadline for reviewing and resolving non-emergency grievances.

Proposal: Rather than referencing the undefined term, “emergency grievance,” the proposal adds an explanatory clause making the 8-hour deadline applicable to grievances that pose an immediate risk of harm to a resident. The proposal sets the deadline for addressing, correcting, or referring other non-emergency grievances to external organizations at 30 business days after receipt of the grievance.

Searches of residents – Section 480

Under the board-approved amendments, staff may conduct patdown, frisk, and strip searches of residents, as well as visual inspections of a resident’s body cavity. Although exigent circumstances that potentially threaten the resident’s health allow for exceptions, generally, if staff determine that a manual or instrumental search of a resident’s body cavity is necessary, the resident must be transported to a local medical facility. The proposed amendments do not place any restrictions on staff when those exigent circumstances demand a manual or instrumental cavity search.

Proposal: The proposal limits the staff who may conduct onsite instrumental and manual body cavity searches in such exigent circumstances to include only qualified medical professionals.

Weapons – Section 510

Currently, weapons, including firearms, are not permitted on the premises or during JCC activities unless authorized by written procedures, the director, or the director’s designee. Written procedures govern possession, use, or storage of authorized firearms and other weapons.

Proposal: The proposal removes the reference to written procedures and provides that law enforcement officers may bring such weapons on the premises if secured in a locked cabinet or their vehicle’s trunk, or if the department has requested law enforcement intervention in an emergency. The proposal also allows the director to permit such weapons on the premises.

Transportation – Section 540

The board-approved amendments require the JCC to follow written safety and security procedures governing transportation and directs the facility to have written procedures requiring staff who transport residents to maintain and verify a valid driver’s license and notify the superintendent of any change in their driver’s license status. Finally, in accordance with an active variance issued in 2016, the board-approved amendments require security employees or direct care employees to supervise residents during routine and emergency supervision. The board-approved amendments appear to prohibit others, including law-enforcement officers, from supervising residents during routine and emergency vehicular transportation if a security or direct care employee is not present.

Proposal: The proposal directs staff who transport residents to complete related required training. Additionally, consistent with failed legislation introduced in 2019, the proposal directs staff to convey pertinent written information to any party transporting a resident off campus that will alert the transporter to the resident's medical or mental health status and related concerns that might jeopardize the resident's safety. Staff also must provide the transporter with whatever medication the resident may need to take during transport or while offsite. Finally, the proposal moves subsection D and adds an introductory clause in this amended subsection to clarify that residents may be supervised by non-JCC personnel when being transported offsite.

Showers – Section 610

Currently, JCCs must provide residents with an opportunity to shower daily, except where written procedures allow an exception to maintain facility security or to manage maladaptive behavior. These cases must be approved by the superintendent, his designee, or a mental health professional. Current regulation also allows the board to approve an exception.

Proposal: The proposal removes the board's authority to approve an exception. The board's broad regulatory and variance authority enable it to amend or temporarily suspend the application of a regulation, rendering this exception unnecessary. Moreover, if the facility has a compelling need to deprive a resident of his daily opportunity to shower, obtaining approval from the board may present logistical challenges. The committee recommends replacing this language with a broader exception applicable when there is a documented emergency.

Monitoring residents placed in mechanical restraints – Section 1190

The board-approved amendments require staff, whenever they place a resident in mechanical restraints to: (i) make the resident reasonably comfortable and make water, meals, and toilet accessible; (ii) check the resident face-to-face at least every 15 minutes; and (iii) attempt verbal engagement with the resident during each such check. Although the JCC does not use health-trained staff, the amendments also require such staff to monitor the resident for signs of circulation and for injuries during these checks. Additionally, the amendments require staff to allow residents restrained for more than one hour to exercise their limbs for at least 10 minutes every two hours to prevent blood clots. These provisions may present logistical challenges when staff transport mechanically restrained residents offsite.

Finally, the board-approved amendments address the mandated response when a mechanically restrained resident exhibits self-injurious behavior during restraint. Staff must respond to the behavior appropriately and monitor the resident in accordance with established protocols, which may include constant supervision. The committee considered this language vague and recommended more details regarding staff expectations when responding to self-injurious residents.

Proposal: The proposal allows any staff to monitor the resident at 15-minute intervals for signs of circulation and for injuries rather than limiting this authority to health-trained staff. Medical staff, in turn, must conduct a formalized, thorough check of the resident at least once every two hours while the resident remains mechanically restrained. This proposal is consistent with best practices regarding mechanical restraint use. The proposal also exempts staff from each of these requirements when they transport mechanically restrained residents off campus. As for self-injuring mechanically restrained residents, the

proposal requires that staff take appropriate action to prevent further injury and to notify supervisory staff and adjust the frequency of the face-to-face checks if needed.

Mechanical restraint chair; general provisions - Section 1203

Among the numerous controls on restraint chair use, the board-approved amendments require direct care employees to notify the health authority immediately after placing a resident in the chair to assess the resident's health condition, determine whether the restraint is contraindicated, and advise whether the resident should be in a unit for emergency involuntary treatment. According to the department's Health Services Unit, DJJ's health authority is not the appropriate party to conduct these assessments or to make these determinations. Instead, the health authority's role should be limited to ensuring that the resident is assessed for any contraindications to the restraint chair and that a mental health clinician conducts a subsequent assessment to determine whether the resident requires transfer to a medical or mental health unit. Because the juvenile correctional center has nursing staff on hand who can assess the resident as his behavior escalates, the workgroup recommends that the initial assessment occur **before** the resident is placed in the chair. Finally, the board-approved amendments direct staff to debrief after releasing the resident.

Proposal: The proposal adopts the committee's recommendation requiring the health authority **or his designee** to ensure that the medical and mental health assessment regarding contraindications be conducted **before** placing the resident in the chair and requiring immediate notification to the health authority or designee upon placement. The health authority, in turn, must ensure that a subsequent assessment is conducted by a mental health clinician to determine whether the resident requires transfer. Finally, the proposal modifies the debriefing requirement to clarify that the debriefing must include staff involved in the chair use, as well as supervisory staff, and that the debriefing must occur after **each use of the restraint chair**, rather than after releasing the resident from the restraint. The department believes that this amendment allows staff more flexibility regarding the timing for conducting the debriefing.

Mechanical restraint chair use for purposes other than controlled movement; conditions for use – Section 1205

Subsection D of this section directs staff to ensure that if a resident is placed in a restraint chair for any purpose other than for controlled movement, a health-trained staff member must monitor the resident for signs of circulation and injuries. This provision is inconsistent with the department's current practices, as the existing JCC does not have health-trained staff.

Proposal: The proposal replaces "health-trained staff" with a "licensed medical provider," as the individual required to monitor the resident as part of the checks occurring at 15-minute intervals.

Limitations of restraint use on pregnant women – Section 1209

The federal Juvenile Justice Delinquency Prevention Act of 1974 (JJDP A) was reauthorized and amended by the Juvenile Justice Reform Act of 2018. As part of the 2018 amendments, the JJDP A bans physical and mechanical restraints in juvenile justice facilities when used on certain known pregnant residents.

Proposal: In order to comply with the JJDP A, the proposal adds a new provision that prohibits juvenile correctional center staff from using physical restraints, mechanical restraints, protective devices or the mechanical restraint chair on a resident known to be pregnant while in labor, during delivery or during post-partum recovery, unless the resident presents an immediate threat of hurting herself, staff, or others. Additionally, abdominal restraints, leg and ankle restraints, wrist restraints, behind-the-back, and four-

point restraints will be prohibited on known pregnant residents unless the resident presents an immediate threat of hurting herself, staff, or others, or presents a risk of escape that cannot be reasonably minimized.

V. SUMMARY OF SUBSTANTIVE RECOMMENDATIONS – MODERATE IMPACT

Incident reports – Section 60

Currently, staff must report certain serious incidents to the director, the resident’s parent or legal guardian, and the supervising court service unit within 24 hours of the incident and in accordance with written procedures. Serious illnesses, incidents, injuries, and accidents, as well as escapes and all other incidents required in written procedures are subject to this reporting requirement.

Proposal: To comply with the provisions of 1VAC7-10-140, the proposal removes the reference to written procedures and limits the categories of incidents that are subject to the incident reporting requirements in this chapter to those currently enumerated in the regulation. The proposal also expands the list to include any mechanical restraint chair use, regardless of the duration or purpose. Finally, the proposal directs DJJ to establish written procedures identifying additional “serious incidents” subject to this reporting requirement that will govern the incident reporting process and to make such procedures accessible to staff. This language will give DJJ the discretion to identify additional reportable incidents, but the facility will not be under any regulatory requirement to report such additional incidents.

Smoking prohibitions – Section 400

The board-approved amendments prohibit residents from using, possessing, purchasing, or distributing tobacco and nicotine vapor products. Staff, contractors, and interns may not use these products in any area of the premises.

Proposal: The proposal seeks to expand the list of prohibited items to include alternative nicotine products, CBD oil, or any other substance prohibited by state or federal law.

Emergency and evacuation procedures – Section 460

The proposal eliminates an inconsistency in the regulation. Section 60 (incident reports) currently requires the JCC to report to the director or his designee, the parent or legal guardian, and the supervising court service unit within 24 hours of the incident, fires, group disturbances, hostage situations, riots, and other emergencies, as mandated in written procedures. Section 460, however, requires the facility to report these emergencies to the director or designee, parents or legal guardians, and board no later than 72 hours after stabilizing the incident.

Proposal: The proposal conforms Section 460 to the incident reporting requirements in Section 60. Additionally, it clarifies that the parents or legal guardians of all residents, whether or not the emergency affects the resident, must be notified under this provision.

Resident mail – Section 560

The proposal replaces the director/designee with the superintendent/designee as the individual authorized to allow staff to read incoming or outgoing resident mail upon determining that there is a reasonable belief that the security of the facility is threatened. The proposal makes additional amendments for clarification.

Visitation—Section 580

The board-approved amendments contain a new mandate in proposed subsection B that requires JCC staff to provide visitors with occasional opportunities to view the resident’s housing unit or room and to interact with

staff, unless impracticable or hazardous to safety or security. The amendments also prohibit facility staff from unreasonably limiting visits from immediate family members and natural supports and allow for limitations only as authorized in written procedures, applicable regulations, or court order.

Proposal: The proposal strikes the entirety of proposed subsection B requiring opportunities to visit the resident's room and housing unit. The committee believes the provision is inappropriate for a regulation. The proposal also eliminates the restriction on unreasonably limiting visitation for immediate family members and natural supports and instead allows the facility to limit these visits only if documented and based on facility security needs and the behavior of individual residents and visitors.

Resident transfer between and within JCCs—Section 710

Currently, if JCC staff transfer a resident to a more restrictive unit or program within the JCC or between JCCs, staff must provide the resident with due process safeguards before the transfer. The dLCV recommends that DJJ document these safeguards in writing and provide the resident with a copy at orientation and before transfer.

Proposal: The proposal adopts the dLCV's recommendation, but clarifies that the due process safeguards are applicable to resident reassignments within the JCC (suggesting permanency), rather than temporary transfers within the JCC (for safety or other purposes).

Discharge—Section 720

The current regulation requires JCC staff to follow written procedures in discharging residents. JCC staff must include in the case record for indeterminately committed residents not released by court order a discharge plan that accords with written procedures, a comprehensive discharge summary, and documentation that staff discussed the discharge with the resident, the parent or legal guardian, and the CSU. For residents serving a determinate commitment or discharged pursuant to a court order, the case record must contain only a copy of the court order. The workgroup maintained that the inclusion of the discharge plan need not be regulated and that there is no justification for relaxing the documentation and information storage requirements for determinately committed residents.

Proposal: In addition to striking the references to written procedures, the proposal eliminates the requirement that the case record include a discharge plan. The proposal also makes the documentation requirements that currently apply to residents serving an indeterminate commitment applicable to all residents discharged from direct care. The case records of residents who served a determinate commitment or were discharged by court order also must continue to include a copy of the court order.

Hospitalization and other outside medical treatment of residents – Section 1060

Currently, when a resident needs medical attention off campus, staff must transport the resident safely and in accordance with applicable security procedures applied consistent with the severity of the medical condition. With the exception of residents under the Psychiatric Inpatient Treatment of Minors Act, staff must escort and supervise these residents until they make other appropriate security arrangements. Facility staff must notify the parent or legal guardian (as appropriate and applicable) of this off-campus medical visit as soon as practicable.

Proposal: The proposal corrects an erroneous citation to the Psychiatric Inpatient Treatment of Minors Act (currently referenced as beginning at § 16.1-355, rather than § 16.1-335). The proposal also replaces the directive to comply with security procedures when such residents are transported off campus with a

mandate that such transportation comply with 6VAC35-71-540 (*establishing rules for residents transported offsite by non-DJJ staff; establishing licensure and training conditions for staff responsible for conducting the transport; and limiting DJJ staff who are authorized to supervise residents during routine and emergency transportation*). The proposal requires any exceptions to these rules be applied in accordance with the resident's medical condition. Finally, the proposal directs the facility, where applicable, to notify the parent or legal guardian of the resident's offsite health care visit in accordance with the incident reporting notification requirements established in Section 60 (e.g., within 24 hours of the incident), rather than "as soon as practicable."

Disciplinary process – Section 1110

As part of the formal disciplinary process that staff must follow when residents are alleged to have violated a rule that cannot be resolved informally, staff must conduct a disciplinary hearing. Staff must document the hearing and retain a record for six months.

Proposal: The proposal extends the required record retention period from six months to three years to align with the time needed to demonstrate compliance for a certification audit, as provided in 6VAC35-71-30.

Timeout – Sections 10 and 1120

Pursuant to the board-approved amendments, facilities that use timeout must implement written procedures that allow placement in timeout only after applying less restrictive alternatives. Section 10 defines "timeout" as a behavior management technique program component designed to address problematic behavior by moving a resident away from a source of reinforcement for 60 minutes or until the behavior subsides, whichever occurs first. Because by definition timeout periods are limited to 60 minutes, and because residents need not serve timeout behind a locked door, the committee believes that timeout periods already constitute one of the least restrictive alternatives. The board-approved amendments also prohibit the use of timeout to address aggressive behaviors or to address chargeable offenses as designated in procedures.

Proposal: The proposal makes the following amendments:

- Changes the Section 10 timeout definition by striking the "program component" language because timeouts are not a current component of the department's behavior management program. The proposal clarifies this definition by adding the qualifier "minor" to convey that timeouts should address minor problematic behavior. The proposal makes additional technical changes to the definition.
- Strikes the language directing staff to apply other, less restrictive alternatives before using timeout;
- Strikes the prohibition on using timeout to address chargeable offenses to avoid conflicting with the incorporation by reference issue and allows timeouts only to address minor inappropriate or problematic behavior, consistent with the language in the timeout definition.

VI. SUMMARY OF SUBSTANTIVE RECOMMENDATIONS – MINOR IMPACT

Reporting criminal activity – Section 75

The proposal makes the duty to notify appropriate agencies of suspected staff or resident criminal violations applicable to the superintendent or his designee.

Organizational communications – Section 110

The board-approved amendments require the assistant superintendent and community managers in the JCC to visit the housing units under their jurisdiction regularly and frequently. Additionally, DJJ must establish written procedures governing these visits that specify the required duration, activities to be observed, and process for documenting such visits. DLCV recommends adding a requirement that such procedures also address the frequency of these visits.

Proposal: The committee believes that prescribing the specific duration, frequency, documentation methods, and activities of these visits, even in written procedures, is far too prescriptive and may reduce staff flexibility and negate the intended purpose of these meetings. Instead, the proposal's broader language directs DJJ to have rules regarding these visits in its written procedures.

Background checks – Section 140

Currently, individuals employed in a JCC and certain contractors must undergo a host of background checks before working in the JCC. An exception allows employees to be hired pending the results of the fingerprint checks if all the other applicable background checks have been completed. The current regulation and board-approved language improperly references the wrong section and subsections regarding this requirement. The proposal corrects this error.

Required initial training – Section 160

In order to reflect a requirement for training on procedures regarding the disciplinary process set out in Section 1110, the proposal adds the disciplinary process as a required topic of training for direct care, direct supervision, and security employees.

The proposal also corrects language in subsection E of this provision, as adopted by the board, that requires medication administrators to either complete a medication management training program or be **certified** by the Commonwealth before they may administer medication. The Commonwealth serves as the licensing authority for these individuals; therefore the term, "certified," is not the proper terminology.

Maintenance of records – Section 260

The current regulation requires staff to follow written procedures to keep case records and health care records up-to-date and uniform.

Proposal: The proposal removes this requirement in its entirety, as the directive is more appropriate as a written procedure. In an effort to comply with 1VAC7-10-140, the proposal also requires DJJ to have procedures in place for maintaining and managing case records in JCCs.

Space utilization – Section 410

The current regulation requires the provision of a designated visiting area that allows for informal communication and opportunities for physical contact between residents and visitors in each JCC in accordance with written procedures. Although primarily operational in nature, the written procedures allow only limited, monitored physical contact between residents and visitors.

Proposal: The proposal replaces the reference to written procedures with a requirement that the opportunities for physical contact be limited and monitored.

Animals on the premises – Section 440

The proposal makes a minor amendment to clarify that animals maintained on the premises must be kept a reasonable distance from eating and food preparation areas and a safe distance from water supplies. The proposal inadvertently removed eating areas from this list.

Prohibited actions – Section 550

The proposal removes discrimination in violation of executive orders from the list of actions staff may not take in their interactions with residents. The workgroup considered this change unwarranted because state agencies must comply with active executive orders, even in the absence of conforming regulatory language.

Telephone calls – Section 570

Rather than permitting telephone calls in accordance with written procedures, the proposal directs staff to allow residents to call immediate family members or natural supports according to a flexible schedule based on facility security needs and other scheduled activities. The proposal also cross-references Section 590, which addresses resident contacts with legal representatives.

Residents' funds – Section 670

The proposal revives the current regulatory language that permits a resident's funds to be used for his benefit and removes the specific references to activities, services, or goods for the resident. The proposal also clarifies that if the resident's funds are used to pay non court-ordered or non-judicial-ordered restitution for damaged property or personal injury, such damage or injury must have resulted from an institutional incident.

Resident personal possessions – Section 690

The current regulation sets forth the process for handling unauthorized items the resident has on his person when he arrives at the facility. Currently, among other requirements, staff must discard contraband in accordance with written procedures. The committee believes the scope of the directive to dispose of such items is narrow and intended to apply solely to illegal contraband items and that such illegal items should not have been addressed in a regulatory section involving residents' personal possessions. Therefore, the committee recommends striking this reference. The proposal makes additional amendments to reflect applicable statutory language.

Family engagement – Section 765

The proposal makes modifications to the newly adopted family engagement section of the regulation by removing the requirement that written procedures specify the number of weekly telephone calls JCC staff must allow a resident, in favor of a requirement that staff comply with Section 570 (*requiring opportunities for calls to family members and natural supports, giving staff flexibility to schedule these calls based on security and scheduled activities, and complying with Section 590 regarding phone calls with legal counsel*). The proposal also relaxes the duties of facility staff to plan events and activities that include family members.

Staff supervision of residents – Section 820

The proposal makes a minor edit to correct an improper reference to security series staff in subdivision F(2). The proposed amendment provides that before direct supervision staff may be alone with a resident outside the active supervision of a direct care employee, the staff must complete certain agency-approved training. The provision applies to direct supervision staff outside the active supervision of direct care, rather than security, employees.

Staffing pattern – Section 830

The proposal adds a new subsection D that incorporates language from an existing variance authorizing security employees to supervise residents outside the presence of direct care staff in the infirmary or nurse's station without conflicting with ratio requirements contained in this section. To the extent that there are security employees who do not meet the definition of direct care staff as defined in Section 10, this provision allows such staff to supervise residents outside the presence of direct care employees.

Residents' health records – Section 1020

The proposal corrects an error regarding the grade levels for which hearing and vision exams are required, as mandated in the State Board of Education's Regulations. These tests must be conducted on third, seventh, and tenth graders, and not eighth graders, as required by the board-approved amendments. The proposal allows for exceptions to these testing requirements, as authorized in § 22.1-273 of the Code.

Emergency medical services – Section 1050

Currently, staff must respond to medical or dental emergencies in accordance with written procedures. Consistent with other areas of the regulation, the proposal replaces this provision with language directing such staff to respond within the scope of their training and certification.

Medication – Section 1070

Subsection K of this section requires staff to follow applicable laws and regulations when disposing or storing unused, expired, and discontinued medications. The proposal expands this provision to apply to medical implements (e.g., syringes), in addition to discontinued medications.

Release physical – Section 1080:

The proposal makes a minor amendment to remove the requirement that a qualified health care practitioner be operating under the supervision of a physician before the practitioner may conduct a resident's release physical. Pursuant to regulations promulgated by the Board of Health Professions, some practitioners can qualify for independent practice. Striking this supervision requirement leaves the issue properly in the hands of the Board of Health Professions.

VII. OTHER DEFINITIONAL CHANGES, CLARIFICATIONS, AND TECHNICAL AMENDMENTS

Definitions

- Case record (§10): The proposal strikes "record" as a possible synonymous term for "case record" because the regulation's use of the term "record" extends to other records, such as criminal records and background records. Conforming changes are made throughout the chapter.
- Natural support: The proposal modifies the board-approved definition of natural support to require department approval for such associations and makes additional technical amendments.
- Vulnerable population: The definition removes the examples of factors that could signify a resident's vulnerable status in order to prevent the assumption that such factors are necessarily indicative of a vulnerable status. The amendments move these factors back to Section 555.

Reorganizing provisions

In order to group all “restraint” provisions together, the proposal repeals Section 1130 (physical restraints) and places it in a new Section 1175 that immediately precedes the provisions addressing mechanical restraints. Amendments are made to Section 1175 to eliminate duplicative language and provide additional clarification. Conforming changes are made to other sections of this chapter.

Medical References

The proposal replaces references to “physician” throughout the regulation with “licensed physician” and, where authorization is granted or a duty is imposed upon a physician in this chapter, expands the authorization or duty so that it also includes “licensed medical providers (i.e., physician assistants and nurses), consistent with accepted medical practices. Such changes are made to §§ 185, 550, 960, 1040, 1070, and 1080. The proposal also adds the “licensed” qualifier to “health care provider” references.

The proposal replaces references to medical records with health care records where the intent is to capture the entire compilation of health-related records, including medical, dental, and behavioral health records. The proposal adds a new definition for health care to reflect this intent. Amendments are being proposed to §§ 260, 550, 710, 990, and 1020.

The Virginia legislature recently amended the statutory definition for “qualified mental health professional” so that the term captures a broader category of mental health professionals. Because the most recent statutory definition encompasses individuals who are not clinicians, the workgroup recommends establishing a new term for individuals employed in the mental health field who are responsible for conducting assessments and making other determinations related to a resident’s mental health needs. The workgroup established a new term, “mental health clinician,” defined in Section 10, to include licensed clinicians who assess, diagnose, treat, plan, implement treatment, and provide similar clinical counseling services, or licensed-eligible clinicians being supervised by such mental health clinicians. The proposal replaces references to “qualified mental health professional,” with “mental health clinician” in §§ 545, 630, 805, 1140, and 1190, as well as § 30 of Chapter 73 (formerly 6VAC35-71-1250).

Employees versus staff

The proposal makes several technical amendments including replacing references to direct care staff, direct supervision staff, and security staff with direct care, direct supervision, and security **employees** (§§ 10, 220, 320, 500, 540, 745, 820, and 830).

Technical changes:

The proposal makes technical changes to the following sections to conform to the requirements in the Style Manual: §§ 10, 220, 430, 460, 545, 680, 820, 1070, and 1110. The proposal also makes numerous amendments to simplify language and clarify concepts.

Because a JCC is an entity and not a person, the workgroup has recommended replacing certain personifying references to JCCs or facilities with “the JCC administration” or “JCC staff.” Such amendments are made to §§ 30, 60, 90, 120, 140, 180, 280, 290, 410, 420, 430, 450, 460, 480, 520, 530, 540, 555, 630, 660, 680, 690, 700, 735, 740, 745, 765, 770, 820, 880, 890, 1000, 1030, 1050, 1070, 1110, 1140, 1175 (formerly § 1130), 1180, and 1210.

DEPARTMENT (BOARD) OF JUVENILE JUSTICE
Periodic Review of Regulation Governing Juvenile Correctional Centers

CHAPTER 71 (6VAC35-71)

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 the act~~ 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 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 physical forces, such as sound, electricity, heat, cold, light, water, or noise, or 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 that emphasizes ~~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 nonsecure 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 the collection of 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 an 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 who 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~~ subdivision A 14 ~~of A-17~~ of

§ 16.1-278.8 of the Code of Virginia is under the supervision of staff in a juvenile correctional center operated by or under contract with the department.

"Direct care staff ~~employee~~" means ~~the-an~~ 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. For purposes of this chapter, the term "direct care employee" shall include a security employee assigned, either on a primary or as-needed basis, to perform the duties of clauses (i) through (iii) of this definition and who is required to receive initial and annual training in these areas in order to carry out the responsibilities in clauses (i) through (iii) of this definition.

~~"Direct supervision" or "directly supervise" means 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~~ a method of resident supervision in which the act of a direct supervision employee is authorized to provide providing services to a resident while direct care staff employees 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.

~~"Direct supervision employee" means a staff member~~ an employee 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.

"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~~ hostage situation, major disturbances disturbance, escape, and ~~or~~ bomb threats threat. Emergency For purposes of this definition, "emergency" does not include regularly scheduled employee time off or other situations that reasonably could be reasonably anticipated.

"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 that reports a condition or situation that relates to department procedure and that presents a risk of hardship or harm to a resident ~~and relates to department procedure.~~

~~"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.~~

"Health care record" means the complete record of all health care services provided to a resident, including medical, dental, orthodontic, mental health, family planning, obstetrical, gynecological, health education, and other ancillary records.

"Health care services" means those actions, ~~preventative~~ preventive 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 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~~ and appropriately supervised to carry out specific duties with regard to the administration of health care.

"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 or~~ 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~~ resident's needs. 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 department, 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. ~~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 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 unit or several separate living 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 including a court, legal counsel, administrator of the grievance system, the department, or the regulatory authority.~~

"Lockdown" means the restriction of all or a group of residents to their housing unit, an area within their housing unit, or another area within a JCC for the purpose of (i) relieving temporary tensions within the facility ~~that may threaten or critically affect staff or residents or present a risk to public safety~~; (ii) conducting a facility search for ~~missing tools or other security~~ contraband; (iii) responding to an imminent threat to the security and control of the facility or to the safety of staff, residents, or the public; or (iv) responding to other unexpected circumstances that threaten the safe operation of the facility, such as a loss of electricity, a critical shortage of staff, or an emergency.

"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~~chapter, mechanical restraints ~~are limited to~~shall include handcuffs, handcuff covers, leather restraints, flex-cuffs, handcuffs, leather restraints, waist chains, leg irons, restraining belts and straps, helmets, spit guards and waist chains, anti-mutilation gloves, and restraint chairs.

"Mechanical restraint chair" means an approved chair used to restrict the freedom of movement or voluntary functioning of a portion of an individual's body as a means of controlling his physical activities while the individual is seated and either stationary or being transported.

"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.

"Mental health clinician" means a clinician licensed to provide assessment, diagnosis, treatment planning, treatment implementation, and similar clinical counseling services, or a license-eligible clinician under supervision of a licensed mental health clinician.

"Natural support" means a department-approved personal association and pro-social relationship typically developed in the community, that enhances the quality and security of life for a resident and that is expected to provide post-release support, including an extended family member, person serving as a mentor, or 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 of 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 position 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 his 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 device" means an approved device placed on a portion of a resident's body to protect the resident or staff from injury.

~~"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 regardless of age, who is committed to the 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 employee has no responsibility to perform duties related to employment at the JCC or with the department.

"Room confinement" means the involuntary placement of an individual resident in the resident's room or other designated room, except during normal sleeping hours, and the imposition of additional restrictions for the purpose of (i) ensuring the safety of the resident, staff, or others within the facility; (ii) ensuring the security of the facility; or (iii) protecting property within the facility. For purposes of this regulationchapter, room confinement shall not include (i) any

timeout period; (ii) confinement during normal sleeping hours; (iii) confinement for purposes of allowing residents within a housing unit to shower safely; (iv) confinement for purposes of conducting facility counts; (v) confinement during shift changes; or (vi) ~~or any~~ confinement resulting from a lockdown.

"Rules of conduct" means a listing list 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 sanctions consequences that may be applied when impermissible behaviors occur.

"Security ~~staff~~employee" means an staff-employee who are-is 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 onsite or offsite, by a qualified health care professional.

"Spit guard" means a protective device designed for the purpose of preventing the spread of communicable diseases as a result of spitting or biting.

"Superintendent" means the individual who ~~has the responsibility~~ is responsible for the on-site onsite 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 minor 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, not to exceed 60 minutes.~~

"Volunteer" or "intern" means any-an 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 factors such 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.~~

6VAC35-71-15. Applicability.

This chapter applies exclusively to: (i) state-operated juvenile correctional centers and (ii) privately operated juvenile correctional centers governed by the Juvenile Corrections Private Management Act (§ 66-25.3 et seq. of the Code of Virginia). Parts I through VIII apply to state-operated and privately operated facilities. Part IX applies solely to privately operated juvenile correctional centers. Provisions applicable to juvenile boot camps and locally, regionally, or privately operated alternative direct care programs for juveniles are not included in this chapter.

6VAC35-71-30. Certification.

A. The JCC administration shall maintain a current certification demonstrating compliance with the provisions of the Regulations Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities (6VAC35-20).

B. The JCC administration 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.

6VAC35-71-50. Variances and waivers.

A. Board action may be requested by the ~~superintendent~~ director or the director's 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 Regulation 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. If the superintendent has submitted a variance request to the director or the director's designee concerning a noncritical regulatory requirement, and board action has been requested formally by the director or the director's 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. The waiver shall be subject to the requirements in 6VAC35-20-93.

6VAC35-71-60. Serious incident ~~Incident~~ reports.

A. The following events shall be reported to the director or the director's designee as soon as practicable, but no later than 24 hours after the incident, ~~and in accordance with written department procedures~~ to the director or his designee:

1. Any A serious illness, incident, injury, or accident involving the serious injury of a resident;

2. Any A resident's absence from the facility without permission; and

~~3. All other situations required by written procedures.~~

3. The facility's use of the mechanical restraint chair, regardless of the purpose or duration of use.

B. As appropriate and applicable, ~~the~~ facility staff 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~~ Facility staff shall prepare and maintain a written report of the events listed in subsections A and C of this section ~~which~~ that 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 department shall establish written procedures that address any additional serious incidents that must be reported, the process for notifying the parties identified in subsection B of this section, and the steps for completing and submitting the written report required in subsection D. The JCC administration shall ensure the written procedures are accessible to JCC staff.

EF. The resident's case record shall contain a written reference (i) that an incident occurred and (ii) of all applicable reporting.

FG. 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 Virginia 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 the a JCC, occurring ~~on~~ during a JCC-sponsored 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 the director's designee, (ii) the supervising court services service 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 child protective services in accordance with subsection A of this section,~~ 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. ~~Action~~ The 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 case 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 superintendent or the superintendent's 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. ~~The~~ In accordance with written procedures, the ~~The~~ superintendent or the superintendent's designee, ~~in accordance with written procedures,~~ shall notify the appropriate persons or agencies,

including ~~law enforcement~~ 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 superintendent and applicable staff shall assist and cooperate with the investigation of ~~any such these~~ complaints and allegations, ~~as necessary~~ subject to restrictions in federal or state law.

6VAC35-71-80. Grievance procedure.

A. ~~The superintendent or the superintendent's designee shall ensure the facility's compliance with the department's grievance procedure.~~ The department shall have a grievance procedure in place that shall provides 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 that pose an immediate risk of harm to a resident, with resolution as soon as practicable but no later than eight hours after the initial review, and review and resolution of all other grievances as soon as practicable but no later than 30 business days after receipt of the grievance. For purposes of this subdivision, a grievance may be deemed resolved once the issue has been addressed or corrected by facility staff or referred to an external organizational unit.

B. Residents shall be oriented to the grievance procedure in an age ~~or~~ and 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.

Each A. ~~A-The JCC administration, except RDC, shall have a resident advisory committee maintain a student government association that (i) is representative of the facility's population and (ii) shall meet monthly with the superintendent or designees during which time the residents shall be given the opportunity to raise matters of 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 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.~~

B. The student government association shall develop a constitution and bylaws that 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 with the superintendent or the superintendent's designee at least once per month, during which time the representatives shall be given the opportunity to raise matters that concern the residents and 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 or the superintendent's designee, the JCC ~~administration~~ shall provide regular opportunities for the student government association to meet as a body and with the residents they represent.

E. The facility ~~administration~~ shall maintain a current copy of the constitution and bylaws required in subsection B of this section that 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

6VAC35-71-110. Organizational communications.

A. The superintendent or the superintendent's 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 ~~administration~~ shall ensure that the establish written procedures that require the assistant superintendent and the community manager assigned to each specific housing unit shall to make regular, consistent, and frequent visits to each housing unit under their jurisdiction. The written procedures also shall provide rules regarding these visits, in accordance with written procedures established pursuant to subsection D of this section.~~

~~C. The superintendent shall make such visits, at a minimum, one time visit every housing unit and activity area at least once per month.~~

~~D. The JCC shall establish written procedures governing the visits required in subsection B of this section that shall specify the required duration of each visit, the information and activities that should be observed, and the manner in which the visits shall be documented.~~

6VAC35-71-120. Community relationships.

~~Each~~The JCC administration shall designate a community liaison and, if appropriate, a community advisory committee that serves to serve as a link between the facility and the community, ~~which~~. The community advisory committee may include facility neighbors, local ~~law enforcement~~, law-enforcement and local government officials.

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 determine 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~~ In order 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~~ section subsection A have been completed;
2. The JCC provides the applicant ~~is given with~~ 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 the 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~~ satisfied.

C. ~~Documentation~~ The JCC administration shall retain 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 ~~who and~~ have contact with residents.

6VAC35-71-160. Required initial training.

A. ~~Each employee~~ JCC employees 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 and employees responsible for the direct supervision of residents shall and security employees, before that employee is being~~ responsible for the ~~direct supervision of supervising a resident, shall~~ complete at least 120 hours of training, which shall include training in the following areas:

- ~~1. Emergency preparedness and response;~~
- ~~2. 1. 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, including the requirements for sustaining a therapeutic community environment, as required in 6VAC35-71-735. 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, ~~and the disciplinary process in accordance with 6VAC35-71-1110;~~

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 restraints, and mechanical restraints and protective devices, and the mechanical restraint chair, as provided in 6VAC35-71-1130-1175, and 6VAC35-71-1180, and 6VAC35-71-1203;~~

6. Emergency preparedness and response, as provided in 6VAC35-71-460;

7. Standard precautions, as provided in 6VAC35-71-1000;

~~6.~~ 8. Child abuse and neglect;

~~7.~~ 9. Mandatory reporting;

10. Residents' rights, including the prohibited actions provided for in 6VAC35-71-550;

~~8.~~ 11. Maintaining appropriate professional relationships;

~~9.~~ 12. Appropriate interaction among staff and residents;

~~10.~~ 13. 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~~ positions 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. 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.~~

C. Direct supervision employees shall complete an initial 80 hours of agency-approved training, ~~inclusive of~~including the topics enumerated in subsection B of this section, 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~~including (i) tuberculosis control practices and (ii) the topics enumerated in subdivisions B 5 through B 16 of this section, 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 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~~licensed 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.

~~F. When~~ G. If 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.

~~G. H.~~ H. Volunteers and interns shall be trained in accordance with 6VAC35-71-240 (~~volunteer and intern orientation and training~~).

I. 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 that addresses any professional development needs.

1. ~~Direct care staff and employees who provide~~ security employees, direct supervision of ~~the residents~~ employees, and employees providing medical services shall complete 40 hours of training annually, ~~inclusive of~~ including 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 and employees who provide~~ security employees, and direct supervision of ~~the residents~~ employees shall complete annual refresher retraining training 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 by 6VAC35-71-160 B 3;
2. Suicide prevention;
2. 3. Maintaining appropriate professional relationships;
3. 4. Appropriate interaction among staff and residents;
4. 5. Child abuse and neglect;
5. 6. Mandatory reporting;
6. 7. Resident rights, including but not limited to the prohibited actions provided for in 6VAC35-71-550 (prohibited actions);
7. 8. Standard precautions; and
8. 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 subdivisions C 2 through C 9 of this section.

~~D. E.~~ E. 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.

~~E. F.~~ Employees who administer medication shall complete annual refresher training on the administration of medication, which shall, at a minimum, include at a minimum a review of the components required in 6VAC35-71-1070.

~~F. When~~ G. If an individual is employed by contract to provide services for which licensure by a professional organization is required, documentation of the individual's current licensure shall constitute compliance with this section.

~~G. H.~~ All staff approved to apply physical restraints as provided for in 6VAC35-71-~~1130-1175~~ (physical-restraint) shall be trained as needed to maintain the applicable current certification.

~~H. I.~~ All staff approved to apply mechanical restraints, protective devices, or the mechanical restraint chair shall be retrained annually as required by 6VAC35-71-1180 and 6VAC35-71-1203 (mechanical-restraints).

~~I. J.~~ 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.

A The facility administration 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. Employees~~ Each (i) employee 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 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 licensed physician or health trained personnel ~~licensed medical provider~~ 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 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.

6VAC35-71-220. Selection and duties of volunteers and interns.

A. ~~Any~~ A JCC that uses volunteers or interns shall ~~implement~~ have written procedures in place 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~~ clearly in writing.

D. Volunteers and interns may not be responsible for the duties of direct care or direct supervision ~~staff employees, nor, in no event~~ may a volunteer or intern be authorized to be alone with residents.

6VAC35-71-260. Maintenance of case 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 health care records, including behavioral health records, as applicable, ~~and medical records and medical records,~~ shall be kept on each resident. ~~Health care~~ Health care ~~Medical~~ records shall be maintained in accordance with 6VAC35-71-1020 (~~residents' health records~~) and applicable statutes and regulations. Behavioral health ~~care~~ medical health records may be kept separately from other medical health care records.

C. ~~Each case record~~ Case records and health care record ~~medical records 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 department shall have written procedures in place for the maintenance and management of case records in juvenile correctional centers. The procedures for ~~management of residents' managing resident 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~~ by 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 health care 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) the 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 as a part of the resident's record 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 administration shall maintain documentation of its-the 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 administration shall maintain a current copy of its-the facility's 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-these requirements, in accordance with a schedule that is approved by the superintendent.

1. The facility administration 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, at a minimum, quarterly, at a minimum.

B. Whenever safety, emergency, ~~and or~~ communications equipment or a ~~system is found to be systems are determined~~ to be defective, immediate steps shall be taken to rectify the situation and to repair, remove, or replace the defective equipment or systems.

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. Night lighting shall be sufficient to observe residents.
- D. Operable flashlights or battery-powered lanterns shall be accessible to each security staff employee and direct care staff employee on duty.
- E. Outside entrances and parking areas shall be lighted.

6VAC35-71-360. Sleeping areas.

A. Male Generally, male and female residents shall have separate sleeping areas; however, nothing in this chapter shall preclude a facility from making a placement decision based upon a case-by-case analysis, as required in 6VAC35-71-555, of whether a placement would ensure a resident's health and safety or present management or security problems, as required in 6VAC35-71-555.

B. 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-deckerbunk 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 the director's designee.

C. 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).

D. 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 of at least 7-1/2 feet, in-height exclusive of protrusions, duct work, or dormers.

6VAC35-71-400. Smoking, vaping, and other prohibitionprohibitions.

Residents shall be prohibited from using, possessing, purchasing, or distributing: (i) any tobacco products, ~~or~~ nicotine vapor products, or alternative nicotine products as defined in § 18.2-371.2 of the Code of Virginia; (ii) cannabidiol oil or THC-A as defined in § 54.1-3408.3 of the Code of Virginia; or (iii) any other substance that is prohibited by state or federal law. Tobacco products, including cigarettes, cigars, pipes, and bidis, smokeless tobacco, such as chewing tobacco or snuff, shall and vapor products, such as electronic cigarettes, electronic cigars, electronic cigarillo, electronic pipes, or similar products or devices. These products may not be used by staff, contractors, interns, or visitors in any areas of the facility or its area on the premises where residents may see or smell the tobacco product.

6VAC35-71-410. Space utilization.

- A. Each The JCC administration 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. ~~Space~~ 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 opportunities for limited, monitored 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 ~~facilities~~ rooms or other spaces designated to ensure privacy of 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 for multiple purposes but shall be in functional condition for the designated purpose.

6VAC35-71-420. Kitchen operation and safety.

A. ~~Each facility~~ The facility administration 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 administration shall ~~follow~~ have 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~~ U.S. 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~~ requirement applies to all areas of the facility and to items within the facility, including (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~~ Conditions conducive to harboring or breeding insects, rodents, or other vermin shall be eliminated immediately. ~~Each~~ The facility administration shall document efforts to eliminate ~~such~~ these conditions, as applicable.

6VAC35-71-440. Animals on the premises.

A. Animals maintained on the premises shall be housed:

1. ~~Housed~~ Kept at a reasonable distance from sleeping, living, eating, and eating and food preparation areas, as well as a safe distance from water supplies;

~~B. Animals maintained on the premises shall be tested~~ 2. Tested, inoculated, and licensed as required by law; and

3. Provided with clean sleeping areas and adequate food and water.

~~C. B.~~ The premises shall be kept reasonably free of stray domestic animals.

~~D. Pets shall be provided with clean sleeping areas and adequate food and water.~~

Part IV
Safety and Security

6VAC35-71-450. Fire Prevention Plan.

~~Each~~ The JCC administration 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. ~~The plan,~~ which 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 residents, employees, contractors, interns, volunteers, and 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 notification ~~of~~ notifying 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 assistance in walking-require other special accommodations.

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 list-lists of major resources such as local emergency shelters; and
6. Schedule A 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-The training shall include-be conducted in accordance with 6VAC35-71-160 and 6VAC35-71-170 and shall outline the employees' responsibilities for:

1. Alerting emergency personnel and sounding alarms;
2. Implementing evacuation procedures, including evacuation of residents with individuals who require special needs (i.e., deaf, blind, nonambulatory)-accommodations;
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-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-The JCC administration 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-off a disaster, fire, emergency, or any other condition that may jeopardize the health, safety, and welfare of residents occurs, the facility administration shall take appropriate action to protect the health, safety, and welfare of the residents and to remedy the conditions condition as soon as possible.

F. In-the-event-off a disaster, fire, emergency, or any other condition that may jeopardize the health, safety, and welfare of residents occurs, the-facility staff should first shall respond and stabilize the disaster or emergency. After-Once the disaster or emergency is stabilized, the-facility staff shall (+) report the disaster or emergency and the conditions at the facility to (a) the parents or legal guardians of all residents, and (b) the director or his the director's designee, of the conditions at the facility and the applicable court service units in accordance with 6VAC35-71-60. A report also shall be made to the(ii) report the disaster or emergency to the regulatory authority within the same timeframe. -Such-The 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-exits shall be posted on each floor in locations where they can-are easily be seen-by-visible 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 within seven days of a substantive change in the procedures.

I. ~~At The facility~~ administration shall conduct at least one evacuation drill ~~(the simulation of the facility's emergency procedures)~~ to simulate its the facility's evacuation procedures 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. ~~Buildings~~ The buildings in which the drill was conducted;
2. ~~Date~~ The date and time of the drill;
3. ~~Amount~~ The amount of time taken to evacuate the buildings; and
4. ~~Specific~~ The 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 The JCC administration 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 JCC shall ~~follow~~ have written security procedures in place related to the following:

1. Post orders or shift duties for each 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. A JCC may conduct a search of a resident only for the purposes of maintaining facility security and controlling contraband and only in a manner that while, to the greatest extent possible, protects protecting the resident's dignity of the resident.

B. Staff in the JCC shall adhere to the following requirements when conducting searches of residents, ~~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. 1. Searches are shall be conducted only by personnel who have received the required training and are authorized to conduct such searches.
3. 2. The resident shall not be touched any more than is necessary to conduct the search.

~~3. The facility~~Facility staff shall not search or physically examine a transgender or intersex resident solely for the purpose of determining the resident's genital status.

B. ~~C. 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. ~~DC.~~ 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. ~~Manual and~~ ED. Except in exigent circumstances creating a potential threat to the health of a resident, if it is determined that a manual or instrumental ~~searches~~ search of the anal cavity or vagina is necessary, the resident shall be transported to a local medical facility. In exigent circumstances that create a potential threat to the health of a resident, manual or instrumental searches of the anal cavity or vagina shall be conducted by a qualified medical professional. in accordance with written procedures, 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.

~~An~~ 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 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~~employees, security ~~staff~~employees, or law-enforcement officials.

6VAC35-71-510. Weapons.

No firearms or other weapons shall be permitted on ~~the JCC's~~ JCC premises and ~~or~~ during JCC-related activities ~~except as provided~~ authorized in written procedures or authorized by the director or the director's 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. unless:

1. The weapon belongs to a law-enforcement officer and is either (i) secured in a locked cabinet; (ii) secured in the trunk of the officer's vehicle; or (iii) present on the premises in response to a request for law-enforcement intervention in an emergency; or

2. The director or the director's designee authorizes the weapon to be brought on the premises.

6VAC35-71-520. Equipment Inventory.

~~The facility~~Facility staff shall ~~follow~~have written procedures in place governing the inventory and control of all of the facility's 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~~JCC administration shall ~~implement~~have written safety rules in place for use and maintenance of power equipment.

6VAC35-71-540. Transportation.

A. ~~Each~~The JCC administration 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 rules for and security procedures governing transportation of residents and for the use and maintenance of vehicles.

~~CB.~~ Written procedure~~procedures~~ shall ~~provide for~~require the verification of appropriate licensure for staff whose duties involve transporting residents. At a minimum, the procedures shall direct this staff to (i) maintain a valid driver's license and (ii) report to the superintendent or the superintendent's designee any change in their driver's license statuses, including any suspensions, restrictions, or revocations. that facility staff whose duties involve transporting residents offsite:

1. Maintain a valid driver's license and report to the superintendent or the superintendent's designee any change in the individual's driver's license status, including any suspensions, restrictions, or revocations; and

2. Complete all related training.

C. Except when residents are transferred by non-JCC personnel as authorized in subsection D, residents shall be supervised by security employees or direct care employees during routine and emergency vehicle transportation.

D. If a person or entity other than personnel in the JCC assumes custody of the resident for purposes of transportation, staff shall:

1. Provide the person or entity with a written document that identifies any pertinent information known to the facility concerning the resident's immediate medical needs or mental health condition that reasonably could be considered necessary for the resident's safe transportation and supervision, including the resident's recent suicidal ideations or suicide attempts. Any such information shall be provided in a manner that protects the confidentiality of the information in accordance with § 16.1-300 of the Code of Virginia and applicable rules and regulations regarding confidentiality of juvenile records.

2. Provide the individual transporting the resident with any medication the resident may be required to take during transport or while absent from the facility.

D. Residents shall be supervised by security staff or direct care staff during routine and emergency vehicle transportation.

6VAC35-71-545. Lockdowns.

A JCC may impose a lockdown ~~only in accordance with the following requirements within a facility in accordance with written procedures that require the following:~~

1. ~~With the exception of a lockdown to respond to an emergency, as defined in 6VAC35-71-10, a lockdown may not be imposed until the superintendent or the superintendent's designee provides approval;~~
2. ~~In the event of~~ an emergency ~~necessitating~~ necessitates a lockdown, the superintendent shall be notified as soon as practicable;
3. The ~~facility shall have written procedures in place for notifying administrators above the level of superintendent superintendent's supervisor and the administrator at the next level in the department's reporting chain of command shall be notified~~ of all lockdowns except lockdowns for routine ~~facility contraband~~ searches;
4. ~~In the event that~~ If the lockdown extends beyond 72 hours, the lockdown and the steps being planned or taken to resolve the situation shall be reported immediately to the administrator who is two levels above the superintendent in the department's reporting chain-of-command;
5. Whenever residents are confined to a locked room as a result of a lockdown, the staff shall:
 - a. ~~Check each locked-down resident visually at least every 15 minutes, and more frequently if necessitated by the circumstances;~~
 - b. ~~Ensure that each resident has a means of immediate communication with staff, either verbally or electronically, throughout the duration of the confinement period;~~
 - c. ~~Ensure that each resident is afforded the opportunity for at least one hour of large muscle exercise outside of the locked room every calendar day unless the resident displays behavior that is threatening or presents an imminent danger to himself or others, or unless the circumstances that required the lockdown justify an exception.~~
 - d. ~~Ensure that the superintendent or the superintendent's designee makes personal contact with each resident who is confined every calendar day; and~~
 - e. ~~In response to a resident who exhibits self-injurious behavior after being in room confinement, (i) take appropriate action in response to the behavior, (ii) consult with a qualified mental health clinician professional immediately thereafter and document the consultation, and (iii) monitor the resident in accordance with established protocols, including constant supervision, if appropriate.~~

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~~ licensed ~~medical provider~~ 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' resident's rights, including but not limited to any form of physical abuse, sexual abuse, or sexual harassment, nor shall the residents-resident be subject to retaliation for reporting these 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 actions that normally inflicts-inflict 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 or physician health care professional licensed medical provider or poison control center for a legitimate medical purpose and documented in the resident's medical-health care 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 and 6VAC35-71-170, as applicable.

6VAC35-71-555. Vulnerable population.

A. The facility administration shall implement a procedure for assessing whether a resident is a member of a vulnerable population. Factors including the resident's height and size, English proficiency, sexual orientation, history of being bullied, or history of self-injurious behavior may be considered in determining whether a resident is a member of a vulnerable population. The resident's views with respect to his safety shall be given serious consideration.

B. If the assessment determines a resident is a member of a vulnerable population, the facility administration shall implement any identified additional precautions such as heightened need for supervision, additional safety precautions, or separation from certain other residents. The facility administration 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, bi-sexual, 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 this 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' Resident 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 nonlegal mail for contraband. When based on legitimate facility interests of facility order and security, nonlegal mail may be ~~read, censored, or rejected~~ in accordance with written procedures and subject to the restrictions in subsection D of this action. The resident shall be notified when incoming or outgoing letters are withheld ~~in part or in full~~ or redacted, 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, except as authorized in subsection D. ~~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 ~~may not read~~ incoming or 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 superintendent or his ~~the~~ director's superintendent's designee has determined that there is a reasonable belief that the security of a facility is threatened. ~~When so authorized staff may read such this 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-mail 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 this~~ 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~~ procedures governing correspondence of residents shall be made available to all employees and residents and updated as needed.

6VAC35-71-570. Telephone calls.

~~Telephone Residents shall be permitted to make 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.~~

A. Residents shall be permitted to call family members or natural supports. Facility staff shall have flexibility in scheduling these calls based on facility security needs and scheduled activities.

B. Resident telephone calls with their legal representatives shall comply with 6VAC35-71-590.

6VAC35-71-580. Resident Contacts and Visitation.

A. In order to ensure that residents maintain strong family and community relationships, a resident's contacts and visits with immediate family members or legal guardians shall and natural supports may not be restricted solely for punitive purposes, nor may they be subject to unreasonable limitations, and any. Any limitation shall be documented and based on implemented only as permitted by written procedures, other applicable regulations, or by order of a court, or written visitation procedures that balance (i) the need for facility security and order and; (ii) the behavior of individual residents and the visitors, and (iii) the importance of helping the resident maintain strong family and community relationships.

~~B. Residents shall be permitted to have visitors, consistent with written procedures that take into account (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. Written procedures shall provide for the accommodation of special circumstances.~~

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 this access is impracticable or would threaten the safety or security of residents, staff, or other visitors. Written visitation procedures shall outline the parameters governing this access and provide for the accommodation of special circumstances.

CB. Copies of the visitation procedures shall be mailed, either electronically or via first class mail, to the residents' resident's parents or legal guardians, as applicable and appropriate, and other applicable persons no later than the close of the next business day after arrival the resident arrives at the JCC, unless a copy already has already been provided to the individual them.

DC. Resident visitation at an employee's the home is of an employee, volunteer, intern, or contractor shall be is prohibited.

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 clinician or (ii) approved by the regulatory authority when there is a documented emergency.

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 the 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 to maintain facility security if food or culinary equipment has been used inappropriately, resulting in a threat to facility security, and the special diet or alternative dietary schedule is approved by the superintendent or the superintendent's designee, or a mental health professional/clinician.~~ In such circumstances if a facility provides special diets or alternative dietary schedules, the meals shall meet the minimum nutritional requirements of all applicable federal dietary requirements, such as the 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 has prescribed a special diet ~~has been prescribed by a physician for the staff or residents or unless the staff or residents are observing established religious dietary practices.~~

E. ~~There~~ A-The JCC administration shall not ~~be allow~~ allow more than ~~45~~ 14 hours to pass 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~~ A-The JCC administration shall ~~assure~~ ensure that food is available to residents who for documented medical or religious reasons need to eat breakfast before the ~~45-14~~ hours have expired.

6VAC35-71-660. Recreation.

A. ~~Each~~ A-The JCC administration shall implement a recreational program plan ~~that includes developed and supervised by a person trained in recreation or a related field. The plan shall include:~~

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' Resident funds.

A. Residents'-A resident's 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 pay~~ payment of any restitution for damaged property or personal injury resulting from an

institutional incident, as determined by in accordance with the process established in disciplinary procedures 6VAC35-71-1110.

Part VI
Program Operation

6VAC35-71-680. Admission and orientation.

A. Written ~~procedure~~ procedures 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~~ required by 6VAC35-71-690 (~~residents' personal possessions~~);
3. Health screening ~~of the resident~~ as ~~provided for in~~ required by 6VAC35-71-940 (~~health screening at admission~~);
4. ~~Notification of~~ Notice 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 the 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 written information describing rules of conduct, the sanctions for rule violations, and the disciplinary process. These Staff shall have the discretion to provide residents who are noncompliant or are displaying maladaptive behavior one or more at least one opportunities opportunity to view the written information instead of providing the resident with a copy. The written information shall be explained to the resident and documented by the dated signature of the resident and staff. In the event that if staff exercises exercise the discretion not to provide the resident with a written copy, staff must provide the resident with a copy of the written information once the resident demonstrates the ability to comply with the rules of the facility.~~

~~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~~).
6. The resident's rights relating to religious participation as required by 6VAC35-71-650 (~~religion~~).

C. The facility administration 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 or limited English proficiency.~~

D. The facility ~~administration~~ shall maintain documentation that the requirements of this section have been satisfied.

6VAC35-71-690. Residents' ~~Resident~~ personal possessions.

A. Each ~~A~~ JCC ~~administration~~ shall inventory ~~residents' each~~ resident's personal possessions upon admission and document the information in ~~residents' the~~ resident's case records.

~~B. The department shall have written procedures for the disposition or storage of~~ When a resident arrives at a JCC with items that the resident is not permitted to possess in the facility, ~~staff shall:~~ At a minimum, the procedures shall require that if the items are nonperishable property that the resident may otherwise legally possess, staff shall: (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 or the resident's parent or legal guardian.

~~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 3. Make (ii) make reasonable, documented efforts to return the property to the resident, or resident's parent or legal guardian.~~

B. Personal property that remains unclaimed six months ~~following a resident's discharge from DJJ and~~ after a documented attempt to return the property may be disposed of in accordance with § 66-17 of the Code of Virginia. ~~and written procedures governing unclaimed personal property.~~

6VAC35-71-700. Classification plan.

A. ~~A~~The JCC ~~administration~~ shall utilize an objective classification system for determining appropriate ~~security levels~~ the a resident's level of risk, needs, and the most appropriate services of the residents and for assigning ~~them~~ the resident to living units according to their a housing unit based on the resident's needs and existing resources.

B. Residents shall be placed according to their classification levels. ~~Such classification~~ These classifications 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 and reassignment 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 health care records, 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~~ If a resident is transferred reassigned to a more restrictive unit, or program, or facility within a JCC or transferred between JCCs, the JCC ~~administration~~ shall provide due process safeguards for ~~residents~~ the resident prior to their ~~reassignment or~~ transfer. The due process safeguards shall be documented in writing and provided to the resident, both during orientation and when facility staff determine that reassignment or transfer is necessary.

C. In the case of emergency transfers, ~~such~~ the safeguards and notifications shall be instituted as soon as practicable after transfer.

6VAC35-71-720. Release-Discharge from direct care.

~~A. Residents shall be released discharged from a JCC in accordance with written procedure.~~

~~BA. The case record of each resident servicing committed to the department and discharged from direct care an indeterminate commitment, who is not released discharged pursuant to a court order, shall contain the following:~~

~~1. A discharge plan developed in accordance with written procedures;~~

~~21. Documentation that the release discharge was discussed with the parent or legal guardian, if applicable and appropriate, the court services-service unit, and the resident; and~~

~~32. As soon as possible, but no later than 30 days after release discharge, a comprehensive release discharge summary placed in the resident's record and, which also shall be 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, if any;~~

~~d. The names-name of the persons-person to whom the resident was released discharged;~~

~~e. Dates of admission and release-discharge; and~~

~~f. Date-The date the release-discharge summary was prepared and the identification of the person preparing it.~~

~~GB. In addition to the requirements in subsection A of this section, tThe case record of each resident serving a determinate commitment or released-discharged pursuant to an order of a court also 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.~~

6VAC35-71-735. Therapeutic communities in housing units.

~~A. A-The JCC administration shall ensure that each housing unit functions as a therapeutic community that, at a minimum, includes the following components:~~

~~1. Designated staff 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~~The facility administration 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~~ the resident's 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 program.

A. ~~Each~~ A ~~The~~ JCC ~~administration~~ shall implement a behavior management program approved by the director or the director's designee. ~~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.~~ and shall adhere to written procedures governing the behavior management program.

B. Written procedures governing this program shall ~~provide the following:~~

1. List the behavioral expectations for the resident;
2. ~~Define and list~~ List and explain techniques that are available or used and ~~available for use to manage behavior, including incidents of noncompliance;~~
3. ~~Specify the staff members who may authorize the use of each technique;~~
4. ~~3.~~ Specify the processes for implementing the program; and
5. ~~Means~~ 4. Identify the means of documenting and monitoring of ~~the program's~~ implementation.

C. ~~When~~ if substantive revisions are made to the behavior management program, ~~written information concerning the revisions shall be provided to the residents and direct care staff~~ residents and direct care ~~staff employees~~ shall be notified of these revisions in writing prior to implementation.

6VAC35-71-747. Behavior support contract.

A. ~~When~~ if a resident exhibits a pattern of behavior indicating a need for behavioral support ~~in addition to that beyond 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 assisting~~ to assist the resident ~~to self-manage in self-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 the contracts will be utilized and (ii) the means of documenting and monitoring the contract's implementation.

B. The facility shall have written procedures in place that address the circumstances under which the contract will be utilized and the means of documenting and monitoring the contract's implementation.

~~BC. Prior to working alone with an Staff regularly assigned to work with a resident, each staff member in a housing unit shall review and be prepared to implement the resident's behavior support contract.~~

6VAC35-71-765. Family engagement.

~~To the extent practicable and in accordance with written procedures, a the JCC administration shall adhere to the following in order to ensure the inclusion and involvement of immediate family members and natural supports during a resident's commitment to the department:~~

- ~~1. Permit the resident a specified number of weekly telephone calls, as identified in written procedures, to immediate family members or natural supports in accordance with 6VAC35-71-570;~~
- ~~2. Ensure the periodic arrangement of events and activities, as specified in written procedures, in which family members will be invited to participate;~~
- ~~3. Ensure that a designated visiting area is available that is conducive to family visits in accordance with 6VAC35-71-410; and~~
- ~~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 ~~administration~~ shall ~~implement~~ have written procedures in place governing case management services, ~~which that~~ 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~~ reentry 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.

6VAC35-71-805. Suicide prevention.

Written procedure shall ~~provide~~ require that (i) there is a suicide prevention and intervention program developed in consultation with a qualified medical professional or mental health ~~professional~~ clinician 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 and 6VAC35-71-170, as applicable.

6VAC35-71-815. Daily housing unit log.

A. A daily housing unit log shall be maintained in each housing unit, ~~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 housing unit 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~~ Direct care employees shall provide 24-hour awake supervision seven days a week.

B. No ~~member of the~~ direct care staff employee 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 employees shall be scheduled with an average of at least two rest days per week in any four-week period.

D. Direct care staff employees 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 employee on duty and actively supervising residents at all times ~~that~~ in areas of the premises in which one or more residents are present.

F. Notwithstanding the requirement in subsection E of this section, an employee 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 outside the active supervision of a direct care staff employee:

1. The direct supervision employee completes the training required by 6VAC35-71-160 C and satisfies any additional retraining requirements provided for in 6VAC35-71-170;

2. The ~~staff employee~~ completes agency-approved training for direct supervision employees on safety and security including training on the supervision of residents, verbal de-escalation techniques, personal protection techniques, and emergency intervention ~~prior to before~~ being alone with residents outside of the active supervision of ~~security series staff direct care employees~~;

3. The direct supervision ~~staff employee~~ passes an assessment demonstrating the ability to perform all physical requirements related to personal protection;

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~~; and

5. The direct supervision employee notifies the direct care employee immediately ~~prior to before~~ and immediately ~~following after~~ meeting with the resident.

F. G. The facility ~~administration~~ shall ~~implement have~~ written procedures ~~in place~~ 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. H. Staff shall regulate the movement of residents within the facility in accordance with written procedures.~~

H. ~~H.~~ ~~No~~ The JCC ~~administration shall~~ ~~may not~~ 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~~ ~~employee~~ awake, on duty, and responsible for supervision of every ~~40~~ ~~eight~~ residents, or portion thereof, ~~on the premises or participating in~~ ~~wherever there are youth are~~ present in the facility, as well as wherever residents are attending off-campus, facility-sponsored activities. ~~However, pursuant to 6VAC35-71-540, security staff employees 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 employees, provided the same staffing ratios are maintained as required in this subsection.~~

B. During the hours that residents are scheduled to sleep, there shall be ~~no less than at least~~ one direct care ~~staff member~~ ~~employee~~ awake, on duty, and responsible for supervision of every 16 residents, or portion thereof, ~~on the premises~~ ~~wherever there are youth are~~ present in the facility.

C. ~~There shall be at~~ least one direct care ~~staff member~~ ~~employee shall be~~ on duty and responsible for the supervision of residents in each building or ~~living~~ ~~housing~~ unit where residents are sleeping.

~~D. Notwithstanding the requirements in this section, residents may be supervised by security employees or direct care employees while assigned to or receiving health care services in the infirmary or nurse's station.~~

6VAC35-71-880. ~~Local health~~ Health authority.

~~A. The~~ JCC ~~administration shall ensure that a licensed~~ 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~~ ~~arranging~~ 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.~~

~~B. Treatment by nursing personnel~~ A. Licensed health care professionals shall be performed ~~provide treatment~~ pursuant to the laws and regulations governing the ~~applicable~~ 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 administration 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 in place 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 18 years of age and consents to these 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 licensed physician or dentist to be contacted;
2. ~~Name,~~ 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.~~

6VAC35-71-930. Consent to and refusal of health care services.

A. ~~The~~ An appropriately trained ~~appropriately trained~~ medical professional shall advise the resident ~~or~~ and parent or legal guardian, as applicable and appropriate, shall be advised by an ~~appropriately trained medical professional~~ of (i) the material facts regarding the nature, consequences, and risks of the proposed treatment, examination, or procedure; and (ii) the alternatives to ~~it~~ the proposed treatment, examination, or procedure.

B. ~~Health~~ Consent to health 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 health care and~~ 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.

6VAC35-71-960. Medical examinations.

A. Within five days of ~~arrival~~ an initial intake at a JCC, all residents ~~who are not directly transferred from another JCC~~ shall be medically examined by a licensed physician or a qualified licensed health care practitioner operating under the supervision of a licensed 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. ~~For residents~~ Residents transferring from one to the JCC to another, shall be acceptable from a direct care placement may submit the report of a medical examination conducted within the preceding 13 months 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.

6VAC35-71-990. Health screening for intrasystem transfers.

A. All residents transferred between JCCs shall receive a medical, dental, and mental health screening by ~~health 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 health care 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 aware of the required treatment for the resident and the procedures to protect residents and staff; and

~~1.2.~~ 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 administration shall ~~implement~~have written procedures in place, approved by ~~a medical professional~~the health authority, 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 and 6VAC35-71-170; 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.

6VAC35-71-1020. Residents' health ~~Resident~~ medical health records.

A. Each resident's health ~~health~~ medical health care 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 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. ~~Vision exam~~ Hearing and vision exams, conducted, at a minimum, on students in grades three, seven, ~~eight~~, and 10, pursuant to 8VAC20-250-10, unless any of the exceptions listed in § 22.1-273 of the Code of Virginia apply;
- c. ~~Hearing exam;~~
- d. ~~General~~ c. A statement of the resident's 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 health care 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 health care~~ record shall include notations of health and dental complaints and injuries and shall ~~summarize a summary of the resident's~~ symptoms and treatments given.

E. ~~Each~~ A resident's health ~~medical health care~~ 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 procedures s shall provide that residents' ~~each resident's~~ active health ~~medical health care~~ 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 available~~ Available to authorized staff consistent with applicable state and federal laws.

G. ~~Residents'~~ A resident's inactive health records shall be retained and disposed of as required by The Library of Virginia.

6VAC35-71-1030. First aid kits.

A. ~~Each facility~~ A ~~The JCC~~ administration shall ~~have maintain~~ first aid kits that shall be maintained within the facility, as well as in facility vehicles used to transport residents. ~~The facility shall have in accordance with~~ written procedures in place that shall address addressing the (i) contents; (ii) location; and (iii) method of restocking first aid kits.

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 licensed physician consistent with established protocols and written or verbal orders issued by personnel authorized by law to give ~~such~~ these 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 ~~The JCC~~ administration shall ~~have 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~~ Onsite first aid and crisis intervention.

C. Staff who respond to medical or dental emergencies shall do so ~~in accordance with written procedures within the scope of their training and certifications.~~

6VAC35-71-1060. Hospitalization and other outside medical treatment of residents.

A. ~~When~~ If a resident needs hospital care or other medical treatment outside the facility:

1. The resident shall be transported ~~safely and in accordance with applicable safety and security procedures that are applied consistent with the severity of the medical condition; and in accordance with 6VAC35-71-540.~~

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~~ 16.1-335 et seq. of the Code of Virginia).

3. Any exceptions to subsections 1 and 2 shall be made in accordance with the resident's medical condition.

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~~ health care as soon as is practicable in accordance with 6VAC35-71-60.

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 licensed physician or licensed health care provider 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 these 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 include that includes~~ the:

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. ~~Dates~~ Date the medication was discontinued or changed.

H. ~~In the event of~~ if a medication incident or an adverse drug reaction occurs, 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 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 administration shall ~~follow~~ have procedures for managing ~~such these~~ refusals, ~~which that~~ shall address:

1. ~~Manner~~ The manner by which medication refusals are documented; and
2. Physician follow-up, as appropriate.

K. Disposal and storage of unused, expired, and discontinued medications and medical implements 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 non-pay 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 licensed 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 prior to release.

Part VIII -- Behavior Interventions

Article 1, Behavior, Discipline, and Room Confinement

6VAC35-71-1110. Disciplinary process.

A. ~~A~~ The JCC administration 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.

B. Each The JCC administration shall follow written procedures for handling address (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 in subsections C, D, and E of this section. ~~Such The procedures shall provide for (i) graduated sanctions and (ii) staff and resident orientation and training on the procedures.~~

~~B. When C.~~ If 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 a written copy of the report within 24 hours of the alleged rule violation; however, staff shall have the discretion to provide residents who are noncompliant or are displaying maladaptive behavior at least one or more opportunities opportunity to view the written report instead of providing a copy to the resident within 24 hours of the alleged rule violation. ~~In the event that staff exercises exercise~~ this option, a copy of the written report shall be provided to the resident once the resident demonstrates that he is able to comply with the rules of the facility.

~~C. D.~~ 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 the superintendent's 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.

~~D E.~~ 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, excluding weekends and holidays. The hearing may be postponed with the resident's consent.
2. The resident alleged to have committed the rule ~~violations-violation~~ shall be given at least 24 ~~hours-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 employee~~ 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 these~~ 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~~three years.

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 the superintendent's 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 the superintendent's 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~~timeframes do not include weekends and holidays.

~~E. 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) timeout shall ~~implement~~have written procedures governing in place that provide the following:~~

~~1. 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. The area in which a resident is placed.~~

1. A resident may be placed in timeout only after less restrictive alternatives have been applied;

21. Timeout may be imposed only to address minor ~~behavior infractions inappropriate or problematic behavior~~, 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;~~

32. A resident shall be released from the timeout period when the resident demonstrates the ability to rejoin the group activity and comply with ~~the~~ expectations that are in place; and

43. Staff shall be authorized to determine 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 communicate~~ have a means of immediate communication with staff, either verbally or electronically.

C. Staff shall ~~check on~~ monitor the resident in the timeout area 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, or the public.~~

~~1. Staff shall use the least force 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 restraint.~~

~~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 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. The staff position who will write the report and time frame;~~

~~3. The staff position who will review the report for continued staff development for performance improvement and the time frame for this review;~~

~~4. 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 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;~~

~~6. Description of 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 governing room~~ confinement shall address the following issues:

1. The actions or behaviors that may result in room confinement;
2. The factors, such as age, developmental level, or disability, that should be considered prior to placing a resident in room confinement;
3. The process for determining whether the resident's behavior threatens the safety and security of the resident, others, or the facility; the protocol for determining whether the threat necessitating room confinement has ~~been~~ abated; and the necessary steps for releasing the resident ~~to a less restrictive setting~~ from room confinement after the threat ~~is~~ ~~has~~ abated; and
4. The circumstances under which a debriefing with the resident should occur after the resident is released from confinement; the party that should conduct the debriefing; and the topics that should be discussed in the debriefing, including the cause and impact of the room confinement and the appropriate ~~post-confinement~~ measures ~~post-confinement~~ to support positive resident outcomes.

~~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~~

B. If a resident is placed in room confinement, regardless of the duration of the confinement period or the rationale for the confinement, staff shall take measures to ensure the continued health and safety of the confined resident. At a minimum, the following measures shall be ~~applied~~ taken:

1. Staff shall monitor the resident visually at least every 15 minutes, and more frequently if indicated by the circumstances. If a resident is placed on suicide precautions, staff shall ~~make~~ ~~conduct~~ additional visual checks as determined by the ~~qualified mental health professional~~ ~~mental health clinician~~.
2. A qualified medical ~~health professional~~ or ~~mental health professional~~ ~~mental health clinician~~ shall, ~~at least once daily~~, visit with the resident ~~at least once daily~~ to assess the resident's medical and mental health status.
3. The resident shall have a means of immediate communication with staff, either verbally or electronically, throughout the duration of the confinement period.
4. The resident shall be afforded the opportunity for at least one hour of large muscle activity outside of the locked room every calendar day unless the resident displays behavior that is threatening, presents an imminent danger to himself or others, or ~~otherwise justifies an exception or unless~~ other circumstances, ~~such as lockdown or power failure~~, prevent the activity. The reasons for the exception shall be approved by the ~~superintendent or his designee~~ and documented ~~in accordance with written procedures~~.
5. If the resident ~~, while placed in room confinement~~, exhibits self-injurious behavior ~~while in room confinement~~, staff shall (i) take appropriate action in response to the behavior to prevent further injury and to notify supervisory staff; (ii) consult with a ~~qualified mental health professional~~ ~~mental health clinician~~ immediately after the threat ~~is~~ ~~has~~ abated and document the consultation; and (iii) ~~monitor the resident in accordance with established protocols~~ ~~adjust the frequency of face-to-face checks, as needed, never allowing more than 15 minutes to pass between checks, including constant supervision, if appropriate~~.

C. A resident shall never be placed in room confinement as a sanction for noncompliance or as a means of punishment. Room confinement may be imposed only in response to the following situations:

1. If a resident's actions threaten facility security or the safety and security of residents, staff, or others in the facility; or

2. In order to prevent damage to real or personal property ~~when the damage is committed with the intent of fashioning an object or device~~ that may threaten facility security or the safety and security of residents, staff, or others in the facility.

D. Room confinement may be imposed only after less restrictive measures have been exhausted or cannot be employed successfully. Once the threat necessitating the confinement ~~is has~~ abated, staff shall initiate the process for releasing the resident from confinement ~~and returning him to a lesser restrictive setting.~~

E. ~~In the event that~~ if a resident is placed in room confinement, the resident shall be ~~provided medical and mental health treatment, as applicable, education, daily opportunities for bathing, and daily nutrition in accordance with 6VAC35-71-630 afforded the same opportunities as other residents in the housing unit, including treatment, education, and as much time out of the resident's room as security considerations allow.~~

F. Within the first three hours of a resident's placement in room confinement, a designated staff member shall communicate with the resident to explain (i) the reasons for which the resident has been placed in confinement; (ii) the expectations governing behavior while ~~placed~~ in room confinement; and (iii) the steps necessary ~~in order~~ for ~~a-the~~ resident to be released from room confinement.

G. A resident confined for six or fewer waking hours shall be afforded the opportunity at least once during the confinement period to communicate ~~with a staff member~~, wholly apart from the communications required in subsection F of this section, ~~with a staff member~~ regarding his status or the impact of the room confinement. A resident confined for a period that exceeds six waking hours shall be afforded an opportunity twice daily during waking hours for these communications.

H. The superintendent or the superintendent's designee shall make personal contact with every resident who is placed in room confinement each day of confinement.

~~D-I.~~ If a resident is ~~confined to a locked~~ placed in room confinement for more than 24 hours, the superintendent or ~~the superintendent's~~ designee shall be notified ~~and shall provide written approval for any continued room confinement beyond the 24-hour period.~~

~~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.~~

J. The facility superintendent's supervisor shall provide written approval before any room confinement may be extended beyond 48 hours.

K. The administrator who is two levels above the superintendent in the department's reporting chain-of-command shall provide written approval before any room confinement may be extended beyond 72 hours. The administrator's approval shall be contingent upon receipt of a written report outlining the steps being taken or planned to resolve the situation. The facility administration shall convene a treatment team consisting of stakeholders involved in the resident's treatment to develop this plan. The department shall establish written procedures governing the development of this plan.

L. Room confinement periods that exceed five days shall be subject to a case management review ~~process in accordance with written procedures that provide the following~~ adheres to the following requirements:

1. A facility-level review committee shall conduct a case management review at the committee's next scheduled meeting immediately following expiration of the five-day period.

2. If the facility-level case management review determines a need for the resident's continued confinement, the case shall be referred for a case management review at the division-level committee meeting, which shall occur no later than seven business days following the referral's next scheduled meeting immediately following the meeting for the facility-level review.

3. Upon completion of the initial reviews in subdivisions L 1 and L 2 of this section, any additional time that the resident remains in room confinement shall be subject to a recurring review by the facility-level review committee and the division-level review committee, as applicable, until either committee recommends the resident's release from room confinement. ~~However, u~~ Upon written request of the division-level review committee, the administrator who is two levels above the superintendent in the department's reporting chain-of-command shall be authorized to reduce the frequency of or waive the division-level reviews ~~in accordance with written procedures. The rationale for the waiver shall be documented and placed in the resident's record.~~

~~M. The provisions of this section shall become effective (insert effective date of this regulation).~~

Article 2, Physical Restraints

6VAC35-71-1175. Physical Restraints

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, staff, or 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. Physical restraint may be implemented, monitored, and discontinued only by staff trained in the proper and safe use of restraint in accordance with the requirements in 6VAC35-71-160 and 6VAC35-71-170.

B. The JCC administration shall have written procedures in place governing use of physical restraint that shall:

1. Require training in crisis prevention and behavior intervention techniques that staff may use to control residents whose behaviors pose a risk;

2. Identify the staff position that will write the report and timeframe for completing the report;

3. Identify the staff position that will review the report for continued staff development for performance improvement and the timeframe for this review; and

4. Identify the 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.

C. Each application of physical restraint shall be fully documented in the resident's record. The documentation shall include the:

1. Date and time of the incident;

2. Staff involved in the incident;

3. Justification for the restraint;

4. Less restrictive behavior interventions that were attempted unsuccessfully prior to using physical restraint;

5. Duration of the restraint;

6. Description of the method of physical restraint techniques used;

7. Signature of the person completing the report and date; and

8. Reviewer's signature and date.

Article 3, Mechanical Restraints and Protective Devices

6VAC35-71-1180. Mechanical restraints and protective devices.

~~A. Written procedure shall govern the use of mechanical restraints and shall specify:~~

~~1. The conditions under which 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. 2. 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 noncompliant and needs to be moved for the resident's own safety or security;~~

~~4. That residents a resident 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 or record 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, including which training shall address procedures for checking the resident's resident for signs of circulation and checking for injuries; and (ii) only properly trained staff shall use restraints.~~

~~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. 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.

A. Mechanical restraints and protective devices may be used for the following purposes subject to the restrictions enumerated in this section: (i) to control residents whose behavior poses an imminent risk to the safety of the resident, staff, or others; (ii) for purposes of controlled movement, either from one area of the facility to another or to a destination outside the facility; and (iii) to address emergencies.

B. When JCC staff use mechanical restraints or protective devices, they shall observe the following general requirements:

1. Mechanical restraints and protective devices shall be used only for as long as necessary to address the purposes established in subsection A. Once the imminent risk to safety has abated, the resident has reached the intended destination within the facility or has returned to the facility from a destination offsite, or the emergency has been resolved, the mechanical restraint or protective device shall be removed.

2. The superintendent or the superintendent's designee shall be notified immediately upon using mechanical restraints or protective devices in an emergency.

3. The facility administration may not use mechanical restraints or protective devices as a punishment or a sanction.

4. Residents shall not be restrained to a fixed object or restrained in an unnatural position.

5. A mental health clinician or other qualifying licensed medical professional may order termination of a mechanical restraint or protective device at any time upon determining that the item poses a health risk to the resident.

6. Each use of a mechanical restraint or protective device, except when used to transport a resident or during video court hearing proceedings, shall be documented in the resident's case record and in the daily housing unit log;

7. A written system of accountability shall be in place to document routine distribution of mechanical restraints and protective devices;

8. All staff who are authorized to use mechanical restraints or protective devices shall receive training in such use in accordance with 6VAC35-71-160 and 6VAC35-71-170, as applicable; and only trained staff shall use restraints or protective devices.

C. If staff in a JCC use a mechanical restraint to control a resident whose behavior poses a safety risk in accordance with subdivision (A)(i) of this section, they shall notify a qualified health care professional and a mental health clinician before continuing to use the restraint and, if applicable, the accompanying protective device if the imminent risk has abated but staff determine that continued use of the mechanical restraint is necessary to maintain security due to the resident's ongoing credible threat to injure himself or others. This may include instances in which the resident verbally expresses the intent to continue the actions that required the restraint.

D. Staff in a juvenile correctional center may not use a protective device unless the use is in connection with a restraint and shall remove the device when the resident is released from the restraint.

E. In addition to the requirements in subsections A through D of this section, if staff in a juvenile correctional center use a spit guard to control resident behavior, they shall observe the following requirements:

1. Staff may not use a spit guard unless it possesses the following characteristics:

a. The spit guard's design may not inhibit the resident's ability to breathe;

b. The spit guard must be constructed to allow for visibility;

c. The spit guard must be manufactured and sold specifically for the prevention of biting or spitting.

2. The spit guard may be used only on a resident who: (i) previously has bitten or spat on a person at the facility, or (ii) in the course of a current restraint, threatens or attempts to spit on or bite or actually spits on or bites a staff member.

3. The spit guard must be applied in a manner that will not inhibit the resident's ability to breathe.

4. While the spit guard remains in place, staff shall provide for the resident's reasonable comfort and ensure the resident's access to water and meals, as applicable;

5. Staff must employ constant supervision of the resident while the spit guard remains in place to observe whether the resident exhibits signs of respiratory distress. If any sign of respiratory distress is observed, staff shall take immediate action to prevent injury and to notify supervisory staff.

6. Staff may not use a spit guard on a resident who is unconscious, vomiting, or in obvious need of medical attention.

6VAC35-71-1190. Monitoring residents placed in mechanical restraints.

A. Written ~~procedure-procedures~~ shall provide that ~~when-if~~ a resident is placed in mechanical restraints, except when being transported offsite, 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 face-to-face check on the resident at least every 15 minutes, and more often if the resident's behavior warrants. During each check, a staff member shall monitor the resident for signs of circulation and for injuries.

3. Attempt to engage verbally with the resident during each periodic check. These efforts may include explaining the reasons for which the resident is being restrained or the steps necessary to be released from the restraint or otherwise attempting to deescalate the resident.

B. If a resident remains in a mechanical restraint for a period of two hours or more, except during transportation of residents offsite:

1. The resident shall be permitted to exercise his limbs for a minimum of 10 minutes every two hours in order to prevent blood clots; and

2. A medical staff member shall conduct a check on the resident at least once every two hours.

BC. When a resident is placed in mechanical restraints for more than ~~two hours-cumulatively~~ one consecutive-continuous hour 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/mental health clinician. This consultation shall be documented.

GD. 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 to prevent further injury and to notify supervisory staff; (ii) consult with a qualified mental health professional/mental health clinician and medical staff immediately ~~consult with, thereafter and document that they have consulted with, a mental health professional the consultation;~~ and (iii) adjust the frequency of face-to-face checks as needed ~~monitor the resident shall be monitored in accordance with established protocols, including constant supervision, if appropriate. Any such~~ The protocols shall be in compliance ~~comply with the written procedures required by 6VAC35-71-1200 (restraints for medical and mental health purposes).~~

6VAC35-71-1195. Written procedures regarding mechanical restraints and protective devices.

The department shall develop written procedures approved by the director that reflect the requirements established in this article.

6VAC35-71-1200. Restraints for medical and mental health purposes(Repealed).

Written procedure shall govern the use of restraints for medical and mental health purposes. Written procedure should ~~shall~~ identify (i) 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.

Article 4, Mechanical Restraint Chair

6VAC35-71-1203. Mechanical restraint chair; general provisions.

If staff in a JCC utilize a mechanical restraint chair, they shall observe the following requirements, regardless of whether the chair is used for purposes of controlled movement in accordance with 6VAC35-71-1204 or for other purposes in accordance with 6VAC35-71-1205:

1. The restraint chair shall never be applied as punishment or as a sanction.
2. All staff authorized to use the restraint chair shall receive training in such use in accordance with 6VAC35-71-160 and 6VAC35-71-170.
3. Prior to placement in the chair, the health authority or the health authority's designee shall ensure that the resident's medical and mental health condition are assessed to determine whether the restraint is contraindicated based on the resident's physical condition or behavior and whether other accommodations are necessary.
4. The superintendent or the superintendent's designee shall provide approval before a resident may be placed in the restraint chair.
5. Staff shall notify the health authority or designee immediately upon placing the resident in the restraint chair. The health authority or designee also shall ensure that a mental health clinician conducts an assessment to determine whether, on the basis of serious danger to self or others, the resident should be in a medical or mental health unit for emergency involuntary treatment. The requirements of this subdivision shall not apply when the restraint chair is requested by a resident for whom such voluntary use is part of an approved plan of care by a mental health clinician in accordance with subsection C of 6VAC35-71-1205.

5. If the resident exhibits self-injurious behavior after being placed in the mechanical restraint chair, staff shall: (i) take appropriate action in response to the behavior to prevent further injury and to notify supervisory staff and (ii) consult a mental health clinician immediately thereafter and obtain approval for continued use of the restraint chair;

6. The health authority or his designee, a mental health clinician, or other qualifying licensed medical professional may order termination of restraint chair use at any time upon determining that use of the chair poses a health risk;

7. Each use of the restraint chair shall constitute a serious incident, to which the provisions of 6VAC35-71-60 shall apply;

8. Each use of the restraint chair shall be documented in the resident's case record and in the daily housing unit log. The documentation shall include the:

a. Date and time of the incident;

b. Staff involved in the incident;

c. Justification for the restraint;

d. Less restrictive interventions that were attempted or an explanation of why the restraint chair is the least restrictive intervention available to ensure the resident's safe movement;

e. Duration of the restraint;

f. Signature of the person documenting the incident and date;

g. Indication that all applicable approvals required in this article have been obtained; and

h. Reviewer's signature and date.

9. Staff involved in the use of the chair, together with supervisory staff, shall conduct a debriefing after each use of the restraint chair.

6VAC35-71-1204. Mechanical restraint chair use for controlled movement; conditions.

A. JCC staff shall be authorized to use a mechanical restraint chair for purposes of controlled movement of a resident from one area of the facility to another, provided the following conditions are satisfied:

1. The resident's refusal to move from one area of the facility to another poses a direct and immediate threat to the resident or others or interferes with required facility operations; and

2. Use of the restraint chair is the least restrictive intervention available to ensure the resident's safe movement.

B. When facility staff utilize the restraint chair in accordance with this section, staff shall remove the resident from the chair immediately upon reaching the intended destination. If staff determine upon reaching the intended destination that continued restraint is necessary, staff shall consult with a mental health clinician for approval of the continued restraint.

6VAC35-71-1205. Mechanical restraint chair use for purposes other than controlled movement; conditions for use.

A. JCC staff shall be authorized to use a mechanical restraint chair for purposes other than controlled movement provided the following conditions are satisfied:

1. The resident's behavior or actions present a direct and immediate threat to the resident or others;

2. Less restrictive alternatives were attempted but were unsuccessful in bringing the resident under control or abating the threat;

3. The resident remains in the restraint chair only for as long as necessary to abate the threat or help the resident gain self-control.

B. Once the direct threat has abated, if staff determine that continued restraint is necessary to maintain security due to the resident's ongoing credible threat to injure himself or others, staff shall consult a mental health clinician for approval of the continued restraint. The ongoing threat may include instances in which the resident verbally expresses the intent to continue the actions that required the restraint.

C. JCC staff shall be excused from the requirements in subsections A and B of this section when the restraint chair is requested by a resident for whom such voluntary use is part of an approved plan of care by a mental health clinician.

D. Whenever a resident is placed in a restraint chair for purposes other than controlled movement, staff shall observe the following monitoring requirements:

1. Employ constant, one-on-one supervision until the resident is released from the chair;

2. Attempt to engage verbally with the resident during the one-on-one supervision. These efforts may include explaining the reasons for which the resident is being restrained or the steps necessary to be released from the restraint or otherwise attempting to deescalate the resident;

3. Ensure that a licensed medical provider monitors the resident for signs of circulation and for injuries at least once every 15 minutes; and

4. Ensure that the resident is reasonably comfortable and has access to water, meals, and toilet.

6VAC35-71-1206. Monitoring residents placed in a mechanical restraint chair.

A. If a resident remains in the restraint chair for a period of two hours or more, the resident shall be permitted to exercise his limbs for a minimum of 10 minutes every two hours to prevent blood clots.

B. The JCC administration shall ensure that a video record of the following is captured and retained for a minimum of three years in accordance with 6VAC35-71-30:

1. The placement of a resident in a restraint chair when a resident is restrained for purposes of controlled movement;

2. The entire restraint from the time the resident is placed in the restraint chair until his release when a resident is restrained in the chair for purposes other than controlled movement. The JCC may satisfy this requirement by positioning the restraint chair within direct view of an existing security camera.

6VAC35-71-1207. Department monitoring visits; annual reporting; board review

A. If staff in a JCC use a mechanical restraint chair to restrain a resident, regardless of the purpose or duration of the use, the JCC shall be subject to a monitoring visit conducted by the department pursuant to the authority provided in 6VAC35-20-60. The purpose of the monitoring visit shall be to assess staff compliance with the provisions of this article.

B. Upon completion of the monitoring visit, the department shall provide the JCC administration with a written report of its findings in accordance with 6VAC35-20-90.

C. The department shall document each monitoring visit conducted pursuant to subsection A of this section and provide a written report to the board annually that details at a minimum the following information regarding each separate incident in which the restraint chair is used:

1. The facility in which the chair is used;
2. The date and time of the use;
3. A brief description of the restraint, including the purpose for which the restraint was applied, the duration of the restraint, and the circumstances surrounding the resident's release from the restraint;
4. The extent to which the JCC complied with the regulatory requirements related to mechanical restraint chair use as set forth in Article 4 (6VAC35-71-1203 et seq.) of this part; and
5. The plans identified to address findings of noncompliance, if applicable.

D. The annual report shall be placed on the agenda for the next regularly scheduled board meeting for the board's consideration and review.

6VAC35-71-1208. Written procedures regarding mechanical restraint chairs.

Department staff shall develop written procedures approved by the director that reflect the requirements established in this article.

Article 5, Limitations on Restraints

6VAC35-71-1209. Pregnant residents; limitations on use of physical restraints, mechanical restraints, and the mechanical restraint chair.

A. Staff in a juvenile correctional center may not use physical restraints, mechanical restraints; protective devices, or the mechanical restraint chair on a resident known to be pregnant during labor, delivery, or post-partum recovery unless credible, reasonable grounds exist to believe the resident presents an immediate and serious threat of hurting herself, staff, or others.

B. Abdominal restraints, leg and ankle restraints, wrist restraints behind the back, and four-point restraints may not be used on a resident known to be pregnant unless: (i) credible, reasonable grounds exist to believe the resident presents an immediate and serious threat of hurting herself, staff, or others; or (ii) reasonable grounds exist to believe the detainee presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method.

C. This section shall not apply to orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or any other devices or methods that involve the physical holding of a resident for purposes of conducting routine physical examinations or tests, protecting the resident from falling out of bed, or permitting the resident to participate in activities without the risk of physical harm.

Part IX Privately operated JCCs

6VAC35-71-1210. Private contracts for JCCs.

A. Each ~~A~~ **The administration for** privately operated ~~JCC~~ **JCCs** shall abide by the requirement requirements of (i) the Juvenile Corrections Private Management Act (§ 66-25.3 et seq. of the

Code of Virginia), (ii) ~~its~~ the governing contract with the department, and (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~~ The administration for privately operated JGG-JCCs shall develop procedures, approved by the department director or the director's designee, to facilitate the transfer of the operations of the facility to the department in the event of the termination of the contract.

~~Part X~~ ~~Boot Camps~~

6VAC35-71-1230. Definition of boot camp. (Repealed.)

~~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.~~

6VAC35-73-1240. Staff Physical and Psychological Qualifications. (Repealed.)

~~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' Resident physical qualifications. (Repealed.)

~~The boot camp shall have written procedures that govern:~~

- ~~1. Admission, including a required which shall require a written statement from (i) a physician that the resident meets the American Pediatric Society's guidelines is cleared to participate in contact sports; and (ii) from 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' Resident nonparticipation. (Repealed.)

~~The boot camp shall have written procedures approved by the department director for dealing with addressing residents who are do not complying comply with boot camp program requirements.~~

6VAC35-71-1270. Program description. (Repealed.)

~~The boot camp shall have a written program description that states specifies:~~

- ~~1. How residents' physical training, work assignment assignments, education and vocational career readiness training, and treatment program participation will be interrelated;~~
- ~~2. The length duration of the boot camp program and the kind and duration of treatment and supervision that will be provided upon the resident's release from the residential 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 type of treatment and supervision that will be provided upon the resident's release from the program;~~

~~4. Whether residents will be cycled through the program individually or in platoons; and~~

~~5. 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.~~

DOCUMENTS INCORPORATED BY REFERENCE (6VAC35-71)

~~Compliance Manual—Juvenile Correctional Centers, effective January 1, 2014, Virginia Department of Juvenile Justice~~

CHAPTER 73 (6VAC35-73)

Regulation Governing Juvenile Boot Camps

6VAC35-73-10. Definitions.

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

"Boot camp" means a short-term secure or nonsecure 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.

"Department" means the "Department of Juvenile Justice."

"Director" means the director of the department.

"Resident" means an individual, regardless of age, who resides in a juvenile boot camp.

6VAC35-73-20. 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.

6VAC35-73-30. Resident physical qualifications.

The boot camp shall have written procedures that govern:

1. Admission, which shall require a written statement from (i) a licensed physician or licensed medical provider that the resident is cleared to participate in contact sports; and (ii) a mental health clinician that the resident is an appropriate candidate for a boot camp program; and
2. Discharge, should a resident be physically unable to continue the program.

6VAC35-73-40. Resident nonparticipation.

The boot camp shall have written procedures approved by the director or the director's designee for addressing residents who do not comply with boot camp program requirements.

6VAC35-73-50. Program description.

The boot camp shall have a written program description that specifies:

1. How residents' physical training, work assignments, education and career-readiness training, and treatment program participation will be interrelated;
2. The 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 type of treatment and supervision that will be provided upon the resident's release from the program;
4. That the programming for such boot camp shall consider the therapeutic needs of each participant;
5. Whether residents will be cycled through the program individually or in platoons; and
6. The program's incentives and sanctions, including whether military or correctional discipline will be used and what summary punishments are permitted.

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November 27, 2019

Kristen Peterson, Regulatory Coordinator
Department of Juvenile Justice
PO Box 1110
Richmond, VA 23218-1110

RE: Regulations Governing Juvenile Correctional Centers

Dear Ms. Peterson,

The disAbility Law Center of Virginia (dLCV), the Commonwealth's federally mandated protection and advocacy system, respectfully submits the following public comment in relation to the Department of Juvenile Justice's (DJJ's) periodic review of its *Regulations Governing Juvenile Correctional Centers* (Regulations). For clarity, "Draft" means the September 20, 2019 draft regulations for this section.

dLCV would like to start by commending the Department of Juvenile Justice (Department), its Board, and participating stakeholders for all the dedicated work put into this process. It is clear that a strong focus was placed on ensuring proper care and treatment of youth committed to the Department.

In part, the proposed regulations give youth a stronger voice regarding their care (see the expanded role of the student government association, in Draft 6VAC35-71-90) and provide opportunities to maintain and strengthen family relations (see Draft 6VAC35-71-580 and Draft 6VAC35-71-765). At the center of these various initiatives is a commitment to work towards providing youth with a therapeutic environment. (Draft 6VAC35-71-735).

Regarding youth health and safety, the Department has made drastic changes to their regulations regarding room confinement. (Draft 6VAC35-71-1140). Room confinement is a traumatic experience that research has shown often exacerbates the behaviors that led to room confinement. The new proposed regulations ensure that staff do not subject youth to room confinement merely as punishment and that this practice is only used when necessary to maintain safety and security. When room confinement is used, the proposed regulations provide additional due process and health protections for youth. dLCV supports the Department's effort to reduce the use of room confinement and to increase the protections for youth when room confinement is used.

Member of the National Disability Rights Network

In addition, the proposed regulations also place additional restrictions on the use of the mobile restraint chair, a device which dLCV has seen lead to trauma, injury and even death. While dLCV advocates for the complete ban of the mobile restraint chair as it is unnecessary (evidenced by the fact that several juvenile detention centers do not use this device) and dangerous, the additional restrictions are an improvement from the regulations currently in effect. (Draft 6VAC35-71-1180)

dLCV has several recommendations regarding the most recent draft of the Regulations:

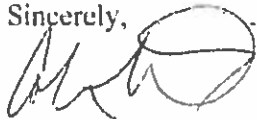
1. Due to the detrimental physical and mental health effects of room confinement, dLCV urges that the effective date of the revised 6VAC35-71-1140 be as early as possible.
2. The current proposed language allows the Department to manage and contract with "Boot Camps." (Draft Part X "Boot Camps") dLCV recommends that Boot Camps have the same requirements to maintain a therapeutic community environment as juvenile correctional centers.
3. The current proposed language allows for a facility to be put on "Lockdown" for the purpose of "relieving temporary tensions within the facility." The use of a "Lockdown" can result in confinement of youth to their housing unit or cells and thus should only be used when necessary for safety and security. The current phrase "relieving temporary tension within the facility" is vague and open to broad interpretation. dLCV recommends that this phrase be removed, or in the alternative, narrowed or defined in order to ensure that a facility is not placed on "Lockdown" unless necessary for safety and security. (Draft 6VAC35-71-10 and Draft 6VAC35-71-545)
4. dLCV recommends that the language prohibiting the use of spit guards and similar devices that the Board incorporated into the proposed juvenile detention center (JDC) regulations at the May 2019 DJJ Board meeting also be included in these Regulations. (See May 2019 board packet and corresponding board minutes) The additional protections for youth subjected to the mobile restraint chair incorporated into the JDC regulations at this meeting should also be included in the juvenile correctional center regulations. (*Id.*) However, the juvenile correctional center regulations should *not* expand the scope of use for this device beyond the current draft language due to the dangers in using this device, which are discussed briefly above. The limitation that staff only use this device in very specific circumstances for controlled movement of a resident should be retained in the proposed juvenile correctional center regulations.
5. dLCV recommends that there be a requirement that the facility-level review committee and the division-level review committee complete all case management reviews for youth confined to their rooms for more than five days within two business days. The current proposed language for this section bases the review time on the "next scheduled meeting" for these committees which fails to ensure that the committees complete the reviews within a certain time frame. Due to the detrimental effects of room confinement, these reviews should be completed as soon as possible and as frequent as possible to protect youth from

being confined to their rooms for longer than necessary. (6VAC35-71-1140(L) Draft).

6. For room confinement reports made to an administrator under Draft 6VAC35-71-1140(K), dLCV recommends that the report be required to contain a summary of the facts leading to the room confinement in addition to the current draft requirement for the report to outline "the steps being taken or planned to resolve the situation."
7. dLCV recommends a response time for all grievances, to ensure that violations of resident's rights are resolved in a timely manner. (Draft 6VAC35-71-80)
8. The "due process safeguards" afforded to residents when the facility transfers them to a more restrictive setting in accordance with Draft 6VAC35-71-710(B), should be required to be documented in writing and provided to the resident both at orientation and when the facility decides that it will make such a transfer.
9. Written procedures governing required housing unit visits of the assistant superintendent and the community manager should also specify the required frequency of such visits. (6VAC35-71-110(B) & (D) Draft).

DJJ should adopt the above recommendations and incorporate them into the *Regulations Governing Juvenile Correctional Centers*. dLCV is in strong support of all the current revisions that protect the rights and safety of youth in the care of the Department. Thank you for your thoughtful consideration of dLCV's public comment.

Sincerely,



Colleen Miller
Executive Director

**DEPARTMENT OF JUVENILE JUSTICE
REGULATORY UPDATE**

June 24, 2020

CURRENT ACTIONS:

6VAC35-41 Regulation Governing Juvenile Group Homes and Halfway Houses

Stage: Proposed (Standard Regulatory Process)

Status: This regulation was last amended effective January 1, 2014. This action involves a comprehensive review of the regulatory requirements. The Notice of Intended Regulatory Action (NOIRA) was published in the *Virginia Register* on October 31, 2016. At the NOIRA stage, no public comments were submitted. The action was submitted through the proposed stage on April 17, 2020 and is currently being reviewed by the Office of the Attorney General (OAG).

Next step: Once the OAG completes its review, the action will advance to the Department of Planning and Budget (DPB), which will conduct an Economic Impact Analysis (EIA).

6VAC35-170 Regulation Governing Minimum Standards for Juvenile Information Requests from and Research Involving Human Subjects within the Department of Juvenile Justice

Stage: (Fast-Track Process)

Status: This chapter was last amended effective December 1, 2016. This regulatory action seeks minor amendments to the process for requesting and approving requests for data and human research proposals. The fast-track action is currently under review by the OAG.

Next step: Once the OAG completes its review, the action will advance to DPB, which will determine whether the action is appropriate for the fast-track process and prepare a policy analysis and EIA.

6VAC35-71 Regulation Governing Juvenile Correctional Centers

Stage: Proposed (Standard Regulatory Process).

Status: This regulation became effective on January 1, 2014. This action involves a comprehensive review of the regulatory requirements. The NOIRA was published in the *Virginia Register* on October 3, 2016. At the NOIRA stage, no public comments were submitted. Now in the Proposed Stage, the action has been approved by DPB, the Secretary of Public Safety and Homeland Security (SPSHS), and the Governor's Office. The Proposed action was published in the *Virginia Register of Regulations* on September 30, 2019 and the 60-day public comment period ended on November 29, 2019.

Next step: The board is considering additional amendments for advancement to the Final Stage of the process through the Virginia Regulatory Town Hall.

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

Stage: Proposed (Standard Regulatory Process)

Status: This regulation became effective on January 1, 2014. This action involves a comprehensive review of the regulatory requirements. The NOIRA was published in the *Virginia Register* on October 17, 2016. At the NOIRA Stage, no public comments were submitted. The action was submitted through the Proposed Stage on September 3, 2019 and is currently being reviewed by the OAG.

Next step: DPB will complete an EIA and policy analysis.

6VAC35-30 Regulation Governing State Reimbursement of Local Juvenile Residential Facility Costs

Stage: NOIRA (Standard Regulatory Process)

Status: This regulation was last amended effective July 1, 2011. This action involves a comprehensive overhaul of the process localities follow to obtain state reimbursement for local facility construction and renovation projects. The NOIRA has undergone review by DPB and the SPSHS, and currently is under review in the Governor's office.

Next step: Once the Governor's office completes its review, the action will be published in the *Virginia Register of Regulations*, followed by a 30-day public comment period.

6VAC35-180 Regulations Governing Mental Health Services Transition Plans for Incarcerated Juveniles

Stage: NOIRA (Standard Regulatory Process)

Status: This regulation became effective January 1, 2008 and has never been amended. This action involves a comprehensive overhaul of the regulatory requirements to ensure the continued provision of post-release services for incarcerated juveniles with a substance abuse, mental health, or other therapeutic need. The NOIRA has undergone review by DPB and the SPSHS, and currently is under review in the Governor's office.

Next step: Once the Governor's office completes its review, the action will be published in the *Virginia Register of Regulations*, followed by a 30-day public comment period.

Department of Juvenile Justice

Response to COVID 19 Pandemic
Overview to Board of Juvenile Justice

June 24, 2020

Valerie Boykin
Director



Virginia Department of Juvenile
Justice

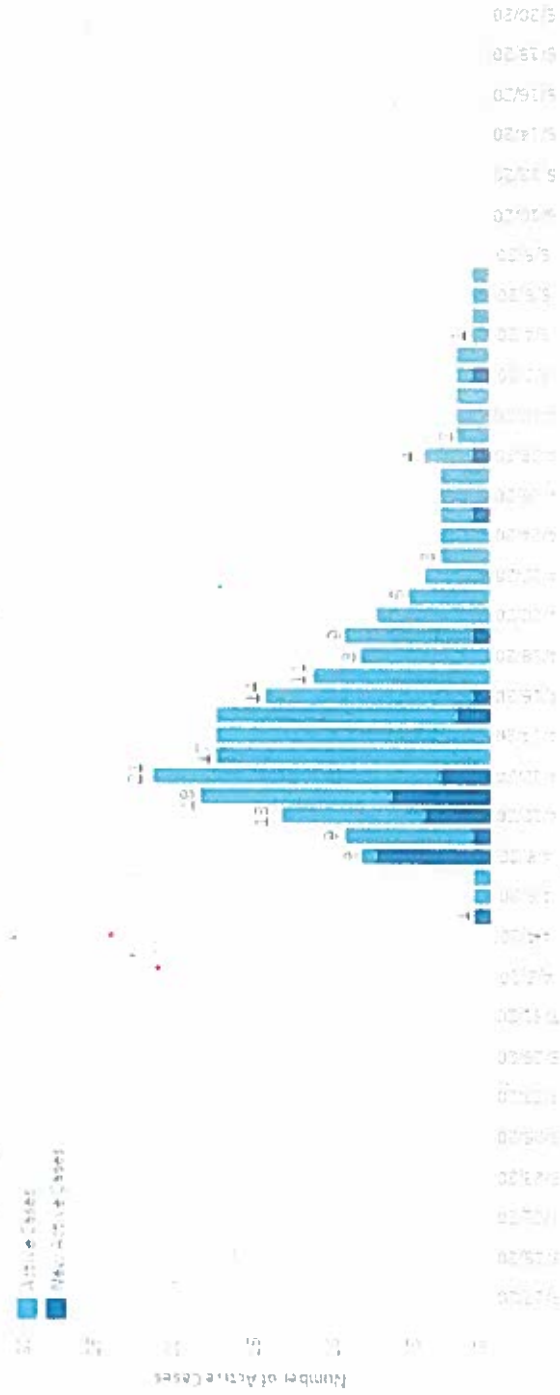
DJJ Pandemic Response



- Staged Response Plan (Across Divisions)
- State of Emergency Declared
- First Positive Results (Direct Care)
- Bon Air
 - VDH Guidance
 - Medical Quarantine
 - Medical Isolation
- Communications
 - Internal
 - External
- Current Status
- Website Updates: COVID-19 page at www.djj.virginia.gov



COVID-19 Cases Among Residents at Bon Air JCC by Day





DJJ Committed Youth COVID19 Numbers

Updated as of 9 a.m. Monday June 8

Bon Air JCC		Alternative Placements (DJJ's contracted residential treatment programs for committed youth)					
Residents		Staff		Residents		Staff	
Active Cases in Medical Isolation	Recovered (no longer in medical isolation)	Active Cases Not at Work	Recovered (returned to work)	Active Cases in Medical Isolation	Recovered (no longer in medical isolation)	Active Cases Not at Work	Recovered (returned to work)
0	29	6	8	0	1	3	6