

Heidi W. Abbott, Chair
David R. Hines, Vice Chair
Karen Cooper-Collins, Secretary
Tyren Frazier
Michael N. Herring
Helivi L. Holland
Robyn Diehl McDougale
Dana G. Schrad
Jennifer Woolard



Post Office Box 1110
Richmond, VA 23218-1110
804.588.3903

COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

BOARD MEETING

April 26, 2017

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

A G E N D A

9:30 a.m. BOARD MEETING

- 1. CALL TO ORDER**
- 2. INTRODUCTIONS**
- 3. APPROVAL of November 14, 2016, MINUTES (Pages 3-9)**
- 4. PUBLIC COMMENT**
- 5. DIRECTOR'S CERTIFICATION ACTIONS: December 14, 2016 (Pages 10-42) and March 16, 2017 (Pages 43-62) - Ken Bailey, Certification Manager, Dept. of Juvenile Justice**
- 6. OTHER BUSINESS**

 - A. Regulatory Update (Pages 63-64) - Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice**
 - B. Request to Advance to the Final Stage of the Regulatory Process: Proposed Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System (6VAC35-160) (Pages 65-79) - Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice**
 - C. Update on the Statewide Continuum of Services - Valerie Boykin, Deputy Director for Community Programs, Dept. of Juvenile Justice**
 - D. Education Update - Lisa Floyd, Deputy Director for Education, Dept. of Juvenile Justice**
- 7. DIRECTOR REMARKS AND BOARD COMMENTS**
- 8. NEXT MEETING DATE: June 28, 2017, Main Street Centre, 600 East Main Street, Richmond, 12th Floor, Conference Room South**
- 9. ADJOURNMENT**

GUIDELINES FOR PUBLIC COMMENT

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

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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

DRAFT MEETING MINUTES

November 14, 2016

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

Board Members Present: Heidi Abbott, Tyren Frazier, Michael Herring, David Hines, Helivi Holland, Dana Schrad, Jennifer Woolard

Board Members Absent: Karen Cooper-Collins, Robyn McDougle

Department of Juvenile Justice (Department) Staff Present: Ken Bailey, Andrew "Andy" K. Block, Jr., Jessica Berdichevsky (Attorney General's Office), Greg Davy, Lisa Floyd, Daryl Francis, Wendy Hoffman, Kristen Peterson, Deron Phipps, Angela Valentine, Janet Van Cuyk, Courtney Warren

Guests Present: Marilyn Brown (Virginia Juvenile Detention Association), Kerry Chilton (Legal Aid Justice Center), Will Egen (Commission on Youth), Jason Houtz (Virginia Juvenile Detention Association)

CALL TO ORDER

Chairperson Heidi Abbott called the meeting to order at 9:34 a.m.

INTRODUCTIONS

Chairperson Abbott welcomed all that were present and asked for introductions.

APPROVAL of June 15, 2016, MINUTES

The minutes of the September 19, 2016, Board meeting were provided for approval. On MOTION duly made by David Hines and seconded by Michael Herring, the Board approved the minutes as presented. Motion carried.

PUBLIC COMMENT PERIOD

There was no public comment.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certification Manager, Department

Included in the Board packet are the individual audit reports and a summary of the Director's certification actions completed on October 13, 2016.

Bon Air Juvenile Correctional Center (JCC): The Certification Unit completed a monitoring visit on October 11 and found all previous violations corrected. The next monitoring visit is scheduled for December 1. The Certification Unit will then present the results of all monitoring reports to Director Andy Block with their recommendation on Bon Air's certification status which expires at the end of January 2017.

11th Court Service Unit (CSU): The 11th CSU had eight deficiencies in its audit, mostly related to documentation, with a major deficiency in misinterpretation of requirements in the resident social history. The Department has since revised and improved the procedure and training for completing a resident's social history. The Certification Unit has reviewed the documentation for social histories, and the 11th CSU is now following procedure. Director Block has certified the 11th CSU for one year with a six month monitoring visit by the regional program manager.

Chairperson Abbott asked if Mr. Bailey was comfortable with these actions. Mr. Bailey replied that he was and stated that a full audit of the 11th CSU will be completed in the coming year.

16th CSU: The audit of the 16th CSU found a minor deficiency related to a missing plan for a post-dispositional case. This deficiency has been corrected, and Director Block certified the 16th CSU for three years.

26th CSU: The audit on the 26th CSU found three deficiencies related to issues with social histories. The deficiencies have been resolved, and Director Block has certified the 26th CSU for three years.

Apartment Living Program: The Apartment Living Program is located in Virginia Beach and helps paroled youth 18 years of age or older with independent living opportunities. The residents of this program learn an array of independent living skills such as time management, money management, job seeking, and self-administration of medication. There were only two youth in the program during the audit, which was not a large sample to evaluate. The audit found five deficiencies, which have since been corrected. Most of the deficiencies were technical issues with medication reporting. They were corrected by providing the youth with additional education on the medical administration record (MAR). Director Block has certified the program for three years.

The Board had several questions on the Apartment Living Program. Director Block explained that the Apartment Living Program was approved by the Board last year for a capacity of eight youths. Since the audit, the program is full and has eight youths housed in the apartments. Director Block noted that the Apartment Living Program is very popular and currently has a waiting list for admission. This program has proven to be extremely valuable due to a significant portion of young people who leave the Department's care and are unable to return home.

Chesterfield Juvenile Detention Home and Post-Dispositional Detention Program: The home and program received 100% compliance on their last audit. The Board congratulated the Superintendent of the facility, Marilyn Brown, who was present at the meeting.

Community Attention Group Home: The audit of the Community Attention Group Home found three deficiencies. A monitoring visit was conducted on September 27, and the Certification Unit determined all deficiencies were corrected. Director Block certified the program for three years.

VIRGINIA JUVENILE DETENTION ASSOCIATION (VJDA) VARIANCE REQUEST EXTENSION FOR 6VAC35-101-200 (C)

Kristen Peterson, Regulatory Coordinator, Department

Representing VJDA were Marilyn Brown, Superintendent from Chesterfield County Juvenile Detention Center and Jason Houtz, Superintendent from Fairfax County Juvenile Detention Center.

Ms. Peterson presented information on the VJDA variance request with Ms. Brown and Mr. Houtz. The Board had many concerns, resulting in a lengthy discussion. The following are significant points from that discussion on the VJDA variance request.

The VJDA is requesting a variance to the regulatory requirement that all part-time and relief direct care staff receive at least 40 hours of refresher training annually to include training on the seven specified topics. Those topics include: (1) suicide prevention; (2) standard precautions; (3) professional relationships; (4) staff and resident interaction; (5) residents' rights; (6) child abuse, neglect, and mandatory reporting; and (7) behavior intervention procedures. VJDA is requesting that the part-time and relief direct care staff be exempt from the 40 hours refresher training requirement, but these employees remain obligated to complete annual retraining in the seven specified areas. The variance request is for a five-year period or until such time as the regulation (*Regulation Governing Juvenile Secure Detention Centers*) is revised.

At the September 19 Board meeting, the Board requested that VJDA survey its members and determine how many training hours are being devoted to the seven specified topics among part-time and relief direct care staff. The VJDA surveyed twenty-four detention homes with twenty detention homes responding to the survey. The Board packet contains a breakdown of the responses on page 58.

The VJDA contends that the 40-hour refresher training requirement for part-time staff presents a logistical and financial burden for local juvenile secure detention facilities. While this training can be built in for full-time staff as part of their scheduled work week, it is much more challenging to coordinate with part-time employees who frequently work other full-time jobs outside of the juvenile detention facility. Furthermore, the VJDA believes that the 40-hour refresher training requirement is not necessarily limited to courses related to health, and safety, but may also include training to enhance one's professional growth and development.

Although the proposed variance would exempt juvenile secure detention centers from the 40-hour annual refresher training requirement for its part-time direct care staff, affected part-time employees would remain obligated to receive annual training in the essential topics of suicide prevention; standard precautions; appropriate professional relationships; staff and resident interaction;

residents' rights; child abuse, neglect, and mandatory reporting; and behavior intervention procedures, as well as any additional applicable areas specified in 6VAC35-101-200. The Department does not believe the safety of the residents, staff, or the general public will be compromised if this variance is granted.

The VJDA assured the Board that if a critical training need is identified by the detention center or through Mr. Bailey's audit process, training will be developed or information distributed to address the issue.

Chesterfield County Juvenile Detention Center estimated the cost of training their staff to fall between \$8,000 and \$10,000. The money is not necessarily the concern; it is the difficulty in arranging logistics for the part-time and relief direct care employees to attend. The VJDA understands the benefits of training including being with your colleagues to process cases and discuss how best to serve the youth. Part-time and relief direct care employees are invited to attend training if their schedules allow.

The VJDA has applied for and received a \$75,000 grant from the Department of Criminal Justice Services to build a consistent statewide training program.

Board Member Helivi Holland voted against the variance request in September 2014 and stated she will again vote against the request at the current meeting. If direct care staff must be fully trained to perform their job, then that requirement should not change, regardless of whether the staff works two hours or 40 hours. If an employee is required to have a certain amount of training to resolve an issue when it occurs, Board Member Holland does not understand how the requirement can vary based on an employee's full-time or part-time status. Board Member Holland is concerned with requirements changing simply because an employee is part-time. All staff should be equal. A child should not be managed or cared for by an employee with different training simply because the employee is employed on a part-time basis.

Board Member Tyren Frazier said that he was inclined to mandate the actual hours of training for each area. Ms. Marilyn Brown noted that could be difficult to track.

Board Member Holland said that she had no problem with part-time employees submitting paperwork showing they received 40 hours of training from their full-time employment (at another detention center or the Department). Board Member Holland has concerns with some localities employing retired people who are only there to supplement their retirement and are either not receiving any training or are falling behind in their training.

Board Member David Hines would have preferred the VJDA have a plan instead of submitting another variance request. Board Member Hines acknowledged the difficulty in getting part-time employees into training, but stated that employees need to be trained so they can continue to protect the children and institution.

Most of the Board agreed (a) distributing information such as giving part-time employees a binder to read does not qualify as training and (b) although staff may have been employed at a facility for a long period of time, they may need training more than other employees. Training is very important.

Chairperson Abbott acknowledged that the Board has struggled with this variance request for several meetings; there needs to be a solution that meets or comes close to everyone's needs.

The Board made several motions which were all withdrawn. Ms. Janet Van Cuyk, Legislative and Research Manager for the Department, told the Board that she is willing to prepare a detailed summary on the national training standards including current requirements and what training looks like in other states. This could be provided to the Board in advance of the June 2017 meeting.

On MOTION duly made by David Hines and seconded by Michael Herring the Board approved the extension of the blanket variance issued on September 10, 2014, pursuant to 6VAC35-20-92 of the Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities, to allow the twenty-four local and regional juvenile secure detention centers throughout the Commonwealth to exempt part-time and relief direct care employees from meeting the 40 hours of annual retraining mandate set in 6VAC35-101-200(c) of the Regulation Governing Juvenile Secure Detention Centers. The variance shall remain in effect until the June 28, 2017, Board meeting. The Department is directed to report out no later than the June 28, 2017, Board meeting on the national training standards. Five Board members voted in favor of the motion (Abbott, Herring, Hines, Schrad, Woolard) and two Board members voted against the motion (Holland, Frazier).

REGULATORY UPDATE

Kristen Peterson, Regulatory Coordinator, Department

Included in the Board packet is a summary of the Department's five regulatory actions currently under review.

The Board had no questions.

REGIONAL SERVICE COORDINATORS AND STATEWIDE CONTINUUM

Andy Block, Director, Department

The 2016 General Assembly granted the authority for the Department to use the savings from facility downsizing to reinvest back in the Department. The General Assembly instructed the Department to use the savings to build a statewide continuum of services. The Department issued a Request for Proposal (RFP) in the spring seeking Regional Service Coordinators. The Department awarded contracts to two organizations, AMIkids and Evidence Based Associates (EBA), in late October to begin the development of the statewide continuum of services and alternative placements.

AMIkids is responsible for the eastern and southern regions, with EBA responsible for the northern, central, and western regions. There are significant service needs in the state, but the southern and eastern regions send the most youth to direct care, in part because they are large urban areas.

The Regional Service Coordinators are in the process of service mapping their regions, identifying assets and gaps, and making connections with local providers, locally operated government providers, or private providers.

Both organizations have hit the ground running. The Department is scheduled to conduct outreach sessions in the various regions to receive feedback from stakeholders.

Services range from electronic monitoring as an alternate form of detention to more complicated evidence-based family services.

The Regional Service Coordinators will take responsibility of current contracts and be the one single point of referral. Ultimately, the Regional Service Coordinators will be more efficient, user friendly, and create a more robust set of services.

The key for success is being able to keep the savings from the facility downsizing and closures. The Department was fortunate to be exempt from budget cuts that other state agencies incurred this year. The Governor is supportive of the Department's transformation and understands the need to keep the savings for reinvestment. The 2017 General Assembly session is a concern; however, if the Department is allowed to keep its savings, Director Block is confident that the Department can do amazing transformative work on the community side, just as it is in the facilities.

DIRECTOR'S COMMENTS

Andy Block, Director, Department

On November 9, youth in the quilting program at Beaumont JCC presented leaders from local law enforcement agencies with quilts they designed and made as tokens of their appreciation for the difficult work and public service of law enforcement. The gathering included poetry readings, statements of appreciation by the youth, and individual presentation of quilts to each Department. It was an incredibly moving ceremony.

The Department has received the funding to move ahead with the procurement process to hire designers for the Chesapeake juvenile facility. There was a public meeting in Chesapeake on November 10, and not surprisingly there were people in the neighborhood where the facility will be located who were not pleased. It will be a process that will require time and effort to debunk myths, hear concerns, and be responsive.

As of this morning, the Department had a combined total of 242 youth between Beaumont and Bon Air JCCs. Intake at the Beaumont JCC has stopped, and the population has declined. The reduced population is partially a function of having 90 youth in local detention centers, Community Placement Programs, and detention reentry. Those alternatives help bring the population numbers down. The Department's admissions continue to decline, even below last year's historic low.

Chairperson Abbott asked if the Chesapeake juvenile facility must go before the city council for conditional use permits.

Deputy Director of Administration and Finance Daryl Francis noted that the Chesapeake juvenile facility does need to go before the city council in order for them to transfer the land deed to the Department, but building permit issues are not part of the process.

BOARD COMMENTS

The Board had no comments.

NEXT MEETING

The Board was asked to review the 2017 Board meeting dates.

ADJOURNMENT

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

SUMMARY

DEPARTMENT CERTIFICATION ACTIONS

December 14, 2016

Certified the 4th District Court Service Unit for three years.

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

Certified the 10th Court Service Unit for three years with a letter of congratulations for 100% compliance.

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

Certified the 14th District Court Service Unit for three years.

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

Certified the 21st Court Service Unit for three years with a letter of congratulations for 100% compliance.

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

Certified Fairfax Transitional Living Program for three years with a monitoring report on critical violation in June 2017.

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.

Certified Bon Air Juvenile Correctional Center for two years effective from April 12, 2016 to April 11, 2018.

Pursuant to 6VAC35-20-100 (4.a.1)

4. If the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds less than 100% compliance on all critical regulatory requirements or less than 90% compliance on all noncritical regulatory requirements or both, the program or facility shall be subject to the following actions:

a. If there is an acceptable corrective action plan and no conditions or practices exist in the program or facility that pose an immediate and substantial threat to the health, welfare, or safety of the residents, the program's or facility's certification shall be continued for a specified period

DEPARTMENT CERTIFICATION ACTION

of time up to one year with a status report completed for review prior to the extension of the certification period.

(1) If the status report results find the program or facility in 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years, retroactive to the date upon which the prior certification was scheduled to expire.

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

PROGRAM AUDITED:

4th District Court Services Unit
800 East City Hall Avenue
Norfolk, Virginia 23510
(757) 664-7601
Theresa.McBride, Director
Theresa.McBride@djj.virginia.gov

AUDIT DATES:

June 6 & 7, 2016

CERTIFICATION ANALYST:

Sean D. Milner

CURRENT TERM OF CERTIFICATION:

December 1, 2013 – November 30, 2016

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – June 3-4, 2013:

98% Compliance Rating
Number of Deficiencies: One
6VAC35-150-350 (A). Supervision plans for juveniles.

CURRENT AUDIT FINDINGS – June 6-7, 2016

94.34% Compliance Rating
*One repeated deficiency from previous audit
Number of Deficiencies: Three
***6VAC35-150-350 (A). Supervision plans for juveniles.**
6VAC35-150-350 (B) Contacts During Juvenile Commitment
6VAC35-150-420 Supervision Plans for Juveniles

DEPARTMENT CERTIFICATION ACTION – December 14, 2016: Certified the 4th District Court Service Unit for three years.

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

TEAM MEMBERS:

Sean D. Milner, Team Leader
Clarice T. Booker, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
Shelia Palmer, Central Office

Toni Bauer Craig, Suffolk CSU
Kelly Rummel, Newport News CSU
Katie McCurdy, Virginia Beach CSU

POPULATION SERVED:

The 4th District Court Service Unit exclusively serves the City of Norfolk.

PROGRAMS AND SERVICES PROVIDED:

The 4th District Court Service Unit provides mandated services including:

- Intake Services
- Investigations and Reports
- Domestic Relations
- Probation & Parole

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

- Community Services Board
 - Comprehensive Service Act
 - Transitional Services (294 Funding)
 - Virginia Juvenile Community Crime Control Act (VJCCCA)
 - Intensive Supervision Program (ISP)
 - Substance Abuse
 - Anger Management
 - Mentoring
 - In-home Services
-

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

FACILITY/PROGRAM: 4st District Court Service Unit (Norfolk)

SUBMITTED BY: Theresa McBride, CSU Director

CERTIFICATION AUDIT DATES: June 6 & 7, 2016

CERTIFICATION ANALYST: Sean D. Milner

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

To provide for the public safety and address the needs of a juvenile and that juvenile's family, a juvenile shall be supervised according to a written individual supervision plan, developed in accordance with approved procedures and timeframes, that describes the

range and nature of field and office contact with the juvenile, with the parents or guardians of the juvenile, and with other agencies or providers providing treatment or services.

Audit Finding(s):

Two of five cases reviewed failed to show in the case narrative entries that the supervision plan had been discussed by all parties.

Four of nine cases reviewed failed to show in the case narrative entries that the case plan was jointly developed by the probation officer, juvenile and family and had been discussed and signed by all parties.

Program Response

Cause:

The CSU experienced significant transitional changes during the last two years to include change in leadership, DJJ Transformation efforts/initiatives, and staffing patterns. These changes were stressors that impact productivity and focus.

Effect on Program:

Staff stress was an ongoing increasing concern. Supervisory staff demands to meet the agency need were increased to assist with changes in staffing patterns.

Planned Corrective Action:

Following the audit results, the CSU Director met with each probation unit to review the findings and to review the certification standards for compliance, with emphasis that this area is mandatory. I would note the CSU is more stable at this time. The key director and deputy director positions are filled as of June 10, 2016. The agency is in the process of filling five recently reclassified probation officer positions to senior probation officer positions. With the assignment of deputy director and upcoming support of senior probation officer positions to the supervisory staff, supervisory attention to day-to-day procedures and timely reviews will be enhanced. Supervisors will require staff to submit copies of completed case plan development narratives for the next three months to ensure the standards are being implemented as directed. These copies will be forwarded to the Deputy Director, who will report on progress to the Director. Following the three month corrective action period, case review schedules will resume to normal case file reviews (every 90 days) if no noncompliance is noted. If non-compliant, then the supervisor will provide a written explanation as to the reason the standard is not met, and provide assistance and direction to the probation officer including a progressive disciplinary plan, if needed, to assure future compliance.

Completion Date:

November 8, 2016

Person Responsible:

CSU Director

Current Status as of November 10, 2016: Compliant

Five of five cases reviewed had documentation in the case narrative entries indicating that the case plan was jointly developed by the probation, juvenile and family and has been discussed and signed by all parties

6VAC35 - 350 (B). Supervision plans for juveniles. (9324)

In accordance with approved procedures, each written individual supervision plan shall be reviewed with the juvenile and the juvenile's family at least once every 90 days

Audit Finding(s):

Four of nine cases reviewed failed to document that each individual supervision plan was reviewed with the juvenile and the juvenile's family at least once every 90 days.

Program Response

Cause:

The CSU experienced significant transitional changes during the last two years to include change in leadership, transformation efforts and staffing patterns. These changes were stressors that impact productivity and focus.

Effect on Program:

Staff stress was an ongoing increasing concern. Supervisory staff demands to meet the agency need were increased to assist with changes in staffing patterns.

Planned Corrective Action:

Following the audit results, the CSU director met with each probation unit to review the findings and to review the certification standards for compliance, with emphasis that this area is mandatory. Upon review it was noted the noncompliance in most cases were one to two days beyond the 90 days requirement. To address this issue, supervisory staff will require probation officers to present their community insight report case reviews weekly during unit staffings and present plan for contact for all cases due within 10 days. This process will remain in effect for a minimum of three months. If no compliance issues recur, then process will be rescinded and individual supervisory management will resume. The Deputy Director will conduct random reviews for compliance utilizing Community Insight Reports.

Completion Date:

November 8, 2016

Person Responsible:

CSU Director

Current Status as of November 10, 2016: Compliant

Five of five cases reviewed had documentation that each individual supervision plan was reviewed with the juvenile and the juvenile's family at least once every 90 days.

6VAC35 – 420. Contacts during juvenile's commitment. (9332)

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(s):

Two of three cases failed to show that thirty (30) days after release the parole officer

made an initial review and adjusted the level of supervision as appropriate and as indicated in the parole supervision matrix. This review and adjustment should be done similarly to the required 90-day reviews but this initial review does not require completion of a YASI Re-Assessment. The review shall be documented in the case record.

Three of four cases reviewed failed to show that the supervisor conducted a case staffing with the assigned parole officer for all level 3 and 4 parole cases at least every 30 days.

Four of four cases reviewed failed to show in the electronic data management system the conversation that a case staffing with the assigned parole officer for all level 3 and 4 parole cases at least every 30 days occurred by the supervisor.

Program Response

Cause:

The CSU experienced significant transitional changes during the last two years to include change in leadership, transformation efforts and staffing patterns. These changes were stressors that impact productivity and focus. Assumptions were made regarding case staffings. Supervisors assumed documenting the staffing was conducted with the assigned PO was not mandatory as the nature of staffing implies between worker and supervisor.

Effect on Program:

Staff stress was an ongoing increasing concern. Supervisory staff demands to meet the agency need were increased to assist with changes in staffing patterns. The senior parole supervisor assumed supervision of both parole units during the staffing shortage; a probation supervisor was reassigned to assume the vacant parole supervisor role to better balance caseload demands during this review period.

Planned Corrective Action:

Following the audit results, the CSU director met with each parole unit to review the findings and to review the certification standards for compliance, with emphasis that this area is mandatory. I would note the CSU is more stable at this time. The key director and deputy director positions are filled as of June 10, 2016. The agency is in the process of filling five recently reclassified probation officer positions to senior probation officer positions. With the assignment of deputy director and upcoming support of senior probation officer positions to the supervisory staff, supervisory attention to day-to-day procedures and timely reviews will be enhanced. Clarification regarding documentation/coding and timelines have been reviewed with both parole supervisors and officers.

Supervisors will ensure the initial review and level adjustment is made at the 30 day mark for parole youth during their initial case staffing for all parole youth. Supervisors are also required to clearly document the staffings are conducted with the assigned PO. Copies of all 30 day staffings are to be sent to the Deputy Director for the next 3 months to ensure the standards are being implemented as directed. Community Insight will be used to identify level 3 and 4 youth for future staffings. Following the three month corrective action period, case review schedules will resume to normal case file reviews (every 90 days) if no noncompliance noted.

Completion Date:

November 8, 2016

Person Responsible:
CSU Director

Current Status as of November 10, 2016: Compliant

Three of three cases reviewed documented in the electronic data management system the conversation that a case staffing with the assigned parole officer for all level 3 and 4 parole cases at least every 30 days occurred by the supervisor.

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

PROGRAM AUDITED:

10th District Court Services Unit
175 Morton Lane
POB 1078
Appomattox, VA 24522
(434)352-8224
Charles L. Watts Jr., Director
Charles. Watts@djj.virginia.gov

AUDIT DATES:

June 20-21, 2016

CERTIFICATION ANALYST:

Sean D. Milner
Asst. Certification Manager

CURRENT TERM OF CERTIFICATION:

December 1, 2013 – November 30, 2016

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – June 26, 2013:

6VAC35-150-410 Commitment Information

CURRENT AUDIT FINDINGS – June 20-21, 2016:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION – December 14, 2016: Certified the 10th Court Service Unit for three years with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Sean D. Milner, Team Leader
Clarice T. Booker, Central Office
Mark Lewis, Central Office
Sheila Palmer, Central Office

POPULATION SERVED:

The 10th District Court Service Unit serves the eight counties of Appomattox, Buckingham, Charlotte Court House, Cumberland, Halifax, Lunenburg, Mecklenburg, and Prince Edward.

PROGRAMS AND SERVICES PROVIDED:

The 10th District Court Service Unit provides mandated services including:

- Intake Services
- Investigations and Reports
- Domestic Relations

- Probation & Parole

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

- Community Services Board
- VJCCA sponsored services
- Life Skills
- Substance Abuse Education
- Individual therapy
- Sex Offender and Substance Abuse Counseling
- Anger Management Group and Individual Counseling
- Electronic Monitoring.

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

PROGRAM AUDITED:

14th District Court Service Unit (Henrico)
4201 East Parham Road
Richmond, VA 23273
(804) 501-4692
Kathleen Jones, Director
Kathleen.Jones@djj.virginia.gov

AUDIT DATES:

May 31, 2016 – June 1, 2016

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

December 1, 2013 – November 16, 2016

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – June 6, 2013:

100% Compliance Rating

CURRENT AUDIT FINDINGS – June 1, 2016:

98.04% Compliance Rating

No deficiencies from previous audit.

Number of Deficiencies: One

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

DEPARTMENT CERTIFICATION ACTION – December 14, 2016: Certified the 14th District Court Service Unit for three years.

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

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice T. Booker, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
Vanessa Grooms, 13th Court Service Unit (Richmond)

POPULATION SERVED:

The 14th District Court Service Unit serves the County of Henrico.

PROGRAMS AND SERVICES PROVIDED:

The 14th Court Service Unit provide mandated services including:

- Intake services
- Investigations and reports
- Domestic Relations
- Probation and Parole

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

- Court Alternative Program (Diversion)
 - Anger Management
 - Comprehensive Service Act
 - Electronic Monitoring
 - Fresh Start
 - Larceny Reduction Program
 - Multi-Systemic Treatment (MST)
 - Pearls (Girls Program)
 - Post-Dispositional Program
 - Substance Abuse Education Program
 - Truancy Diversion
 - Fire Setters Program
 - Virginia Center for Restorative Justice
 - VJCCA-Detention Outreach
-

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

FACILITY/PROGRAM: 14th District Court Service Unit (Henrico)

SUBMITTED BY: Kathleen Egan Jones, CSU Director

CERTIFICATION AUDIT DATES: May 31, 2016 - June 1, 2016

CERTIFICATION ANALYST: Shelia L. Palmer

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

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

B. An existing social history that is less than 12 months old may be used provided an addendum is prepared updating all changed information. A new social history shall be

prepared as required in subsection A of this section or when ordered by the court if the existing social history is more than 12 months old.

Audit Finding:

Two of three of applicable pre-dispositional social histories reviewed were not completed 45 calendar days from the date of adjudication if the juvenile is not detained as established by approved procedures. One social history was completed 10 days late and the other social history was completed 20 days late.

Program Response

Cause:

This CSU completes very few pre-dispositional social history reports. Although staff were trained on the process, and should have been aware of the policy, staff relied only on the court date given by the judiciary. Because this was the date staff believed the report was due, the request for a waiver was not made to the supervisor who in turn would have asked for the waiver from the director.

Effect on Program:

There was not a significant effect on the program as the reports were filed within the 72 hour time frame. The youth were not placed in detention but were out in the community and the cases were heard as scheduled. The time frame did not delay disposition.

Planned Corrective Action:

Although the CSU had a procedure in place to address the new standards to include the waiver, staff did not fully appreciate the need to follow the procedure and to use the judicial timeframes. All staff was retrained at the June staff meeting. In addition a new local procedure was written to specifically address the waiver process. It is a self-standing process and not included with the other policy and procedures. The effective date for the policy is 6/27/16. I have received a number of waiver requests since the audit.

Completion Date:

June 27, 2016

Person Responsible:

Kathleen Jones, Director

Current Status on October 27, 2016: Compliant

Eight of eight of applicable pre-dispositional social histories reviewed were completed 45 calendar days from the date of adjudication if the juvenile is not detained as established by approved procedures.

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

PROGRAM AUDITED:

21st District Court Services Unit
3160 Kings Mountain Road
Martinsville, VA 24112
(276) 634-4865
Barry K. Meeks, Director
Barry.Meeks@djj.virginia.gov

AUDIT DATES:

June 13-14, 2016

CERTIFICATION ANALYST:

Sean D. Milner
Asst. Certification Manager

CURRENT TERM OF CERTIFICATION:

December 1, 2013 – November 30, 2016

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS - June 19, 2013:

100% Compliance Rating

CURRENT AUDIT FINDINGS – June 13-14, 2016:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION – December 14, 2016: Certified the 21st Court Service Unit for three years with a letter of congratulations for 100% compliance. *Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.*

TEAM MEMBERS:

Sean D. Milner, Team Leader
Clarice T. Booker, Central Office
Mark Lewis, Central Office
Sheila Palmer, Central Office

POPULATION SERVED:

The 21st District Court Service Unit serves the counties of Henry, Patrick and the City of Martinsville.

PROGRAMS AND SERVICES PROVIDED:

- Intake Services
- Investigations and Reports
- Domestic Relations
- Probation & Parole

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

- Outreach/Electronic Monitoring

- Residential Group Home
- Education Based Program which addresses:
 - Anger Management
 - Self-Esteem
 - Substance Abuse
 - Focus on Youth
 - Piedmont Community Service Board
 - Family Preservation Services

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

PROGRAM AUDITED:

Fairfax Transitional Living Program
10650 Page Avenue
Fairfax, VA 22030
703-246-2924
Mitchell Ryan, Program Manager
Mitchell.ryan@fairfaxcounty.gov

AUDIT DATES:

July 11-12, 2016

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

December 14, 2013 – December 13, 2016

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS – April 10, 2014:

99.48% Compliance Rating
6VAC35-41-850(B) Daily Log
6VAC35-41-970 (B) independent living programs curriculum and assessment

CURRENT AUDIT FINDINGS – July 12, 2016

96.5% Compliance Rating
No repeat deficiencies from previous audit
6VAC35-41-180 (D) Employee and volunteer background checks
6VAC35-41-490 (I) Emergency and evacuation procedures CRITICAL
6VAC35-41-565 (A) Vulnerable populations
6VAC35-41-680 (B) Recreation
6VAC35-41-820 (A) Discharge documentation
6VAC35-41-870 (C) Quarterly reports
6VAC35-41-990 Medication management in independent living programs
6VAC35-41-1280 (F) Medication
6VAC35-41-1280 (H) Medication CRITICAL
6VAC35-41-1280 (J) Medication CRITICAL

DEPARTMENT CERTIFICATION ACTION – December 14, 2016: Certified Fairfax Transitional Living Program for three years with a monitoring report on critical violations in June 2017.

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

TEAM MEMBERS:

Clarice T. Booker, Team Leader
John Adams, Central Office
Thomas Gaskins, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office

Fairfax Transitional Living Program

Sean Milner, Central Office
Shelia Palmer, Central Office

POPULATION SERVED:

Fairfax Transitional Living Program is a community-based group home for at-risk adolescent males between the ages of 17 and 19 with a focus on developing independent living skills. It has a capacity of 12 residents. The facility is operated by Fairfax County and serves residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

The Transitional Living Program (TLP) is a community-based residential facility with a philosophy of responsible involvement that provides a unique opportunity for court involved young men to acquire some independent living skills, including obtaining employment, opening a savings account, managing their finances, etc. The program is designed to respond to the particular needs of adolescent boys whose behavior has brought them into the sight of the Fairfax County Juvenile and Domestic Relations District Court to assist older probationers, while also teaching them to be productive members of society. TLP was established to deal with the problems of male juvenile offenders who are aging out of the juvenile justice system.

In addition to all mandated services Fairfax Transitional Living Program provides the following at the facility:

- Vocational training
- Financial management and budgeting skills
- Life skills
- Independent living curriculum
- Individual, group, and family counseling
- Aftercare services

Fairfax Transitional Living Program interacts with the community in obtaining such services as:

- Community service
- Employment
- Education through Fairfax County Public Schools
- Mental health services
- Alcohol and drug services

CORRECTIVE ACTION PLAN TO THE BOARD OF JUVENILE JUSTICE

FACILITY/PROGRAM: Fairfax Transitional Living Program

SUBMITTED BY: Mitchell Ryan, Program Manager

CERTIFICATION AUDIT DATES: July 11-12, 2016

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 regulation cited. 4) Action that will be taken to ensure that the problem does not recur.

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

Written procedures shall provide for the supervision of nonemployee persons, who are not subject to the provisions of subsection A and who have contact with residents.

Audit Finding:

There was no written procedure providing for the supervision of nonemployee persons who are not subject to the provisions of subsection A and who have contact with residents.

Program Response

Cause:

We addressed background checks for volunteers/interns under 35-41-290 and negated to add in anything from 35-41-180 regarding volunteers to our Policy and Procedure Manual.

Effect on Program:

No effect to the program. In the rare case we have a volunteer who has not been screened with a background check, they are never alone with the residents and they do not have 1 on 1 access.

Planned Corrective Action:

Added a section in the manual to address 35-41-180D.

Completion Date:

7/29/16

Person Responsible:

Amy Sommer

Current Status November 1, 2016: Compliant

Procedure revisions reviewed and contained proper information.

6VAC35-41-490 (I) Emergency and evacuation procedures CRITICAL

At least one evacuation drill (the simulation of the facility's emergency procedures) shall be conducted each month in each building occupied by residents. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.

Audit Finding:

There was no documentation of evacuation drills on the 11:00 pm to 7:00 am shift between June 16, 2014 and March 26, 2015.

Program Response

Cause:

Fairfax Transitional Living Program

Drills were done but there was no documentation of evacuation drill on the 11:00pm to 7:00am shift.

Effect on Program:

No effect to the program

Planned Corrective Action:

Due to TLP being connected to Juvenile Detention Center's fire alarm system the fire drills will be conducted at the same time. Only the Assistant Superintendent for Operational Services (JDC) or another administrator may activate a fire alarm for drill purposes. The Assistant Superintendent for Operational Services will document the drill on the fire drill report and give a copy to TLP for their file. Staff on duty will also document the drill in the TLP's daily log.

Completion Date:

August 3, 2016

Person Responsible:

Mitchell Ryan

Current Status November 1, 2016: Compliant

Evacuation drills were reviewed for July – October 2016 and were compliant.

6VAC35-41-565 (A) Vulnerable populations

The facility shall implement a procedure for assessing whether a resident is a member of a vulnerable population.

Audit Finding:

The vulnerable populations' procedure was not completed until July 7, 2014. There was no vulnerability assessment in two out of three applicable case files reviewed.

Program Response

Cause:

Previous administration had added questions to resident interviews and intakes to gather information regarding vulnerability; however no assessment was written and this writer was not aware of what was needed until later after several conversations with the certification team.

Effect on Program:

No effect to the program.

Planned Corrective Action:

Vulnerability assessment has been written and one completed on all residents.

Completion Date:

May 2016.

Person Responsible:

Amy Sommer

Current Status November 1, 2016: Compliant

One applicable resident case record was reviewed and was compliant.

6VAC35-41-680 (B) Recreation

The provider shall develop and implement written procedures to ensure the safety of residents participating in recreational activities that include:

1. How activities will be directed and supervised by individuals knowledgeable in the safeguards required for the activities;
2. How residents are assessed for suitability for an activity and the supervision provided; and
3. How safeguards for water related activities will be provided, including ensuring that a certified life guard supervises all swimming activities.

Audit Finding:

There were no procedures addressing how activities will be directed and supervised by individuals knowledgeable in the required safeguards for the activities, and how residents are assessed for suitability for an activity and the supervision provided.

Program Response

Cause:

Although there is a policy in place for recreation, it did not address how it would be "supervised by individuals knowledgeable in the required safeguards for the activities and how residents will be assessed for suitability".

Effect on Program:

No effect to the program

Planned Corrective Action:

We added a policy to the manual that addresses ensuring safeguards for activities as well as staff's ability to supervise.

Completion Date:

7/29/16

Person Responsible:

Amy Sommer

Current Status November 1, 2016: Compliant

Procedure revisions reviewed and contained proper information.

6VAC35-41-820 (A) Discharge documentation

Except for residents discharged pursuant to a court order, the case record shall contain the following:

1. Documentation that discharge planning occurred prior to the planned discharge date;
2. Documentation that discussions with the parent or legal guardian, placing agency, and resident regarding discharge planning occurred prior to the planned discharge date;

3. A written discharge plan developed prior to the planned discharge date; and
4. As soon as possible, but no later than 30 days after discharge, a comprehensive discharge summary placed in the resident's record and sent to the placing agency. The discharge summary shall review the following:
 - a. Services provided to the resident;
 - b. The resident's progress toward meeting service plan objectives;
 - c. The resident's continuing needs and recommendations, if any, for further services and care;
 - d. Reasons for discharge and names of persons to who resident was discharged;
 - e. Dates of admission and discharge; and
 - f. Date the discharge summary was prepared and the signature of the person preparing it.

Audit Finding:

There was no documentation of a discharge summary being sent to the placing agency within 30 days after discharge in three out of four applicable case records reviewed.

Program Response

Cause:

It is unclear if staff forwarded discharge summaries to parents/guardians and PO's / placing agents. There was no notations on documents whether or not they were distributed.

Effect on Program:

No effect to the program

Planned Corrective Action:

We've added a section to check off when discharge summaries are forwarded to parents/guardians (if applicable) and PO's / placing agents.

Completion Date:

July 2016

Person Responsible:

Amy Sommer

Current Status November 1, 2016: Compliant

Five applicable case records reviewed and were compliant.

6VAC35-41-870 (C) Quarterly reports

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

Audit Finding:

There was no documentation of distribution of quarterly reports to one or more required parties in three out of four applicable case records reviewed.

Program Response

Cause:

Although monthly progress reports are always given to PO's and parents if the resident is under 18, there was no documentation on several old reports.

Effect on Program:

No effect to the program

Planned Corrective Action:

Monthly progress reports now have a section to check off when reports are forwarded to PO's/placing agents and parents.

Completion Date:

May 2016

Person Responsible:

Amy Sommer

Current Status November 1, 2016: Compliant

Three applicable case records reviewed and were compliant.

6VAC35-41-990 Medication management in independent living programs

If residents age 18 years or older are to share in the responsibility for their own medication with the provider, the independent living program shall develop and implement written procedures that include:

1. Training for the resident in self administration and recognition of side effects;
2. Method for storage and safekeeping of medication;
3. Method for obtaining approval for the resident to self administer medication from a person authorized by law to prescribe medication; and
4. Method for documenting the administration of medication.

Audit Finding:

There was no written procedure and by interview some residents over the age of 18 go to work and take medications at work.

Program Response

Cause:

We were not aware that a resident over 18 needed to be trained in taking medication until May 2016, at which time we created some educational work for them to complete while on orientation.

Effect on Program:

No effect to the program

Planned Corrective Action:

Fairfax Transitional Living Program

We created educational work that assists staff in training all residents on the proper procedure for taking and disposing of medications. We added to the standing orders permission from the medical professional for an adult resident to take their medications while out of the building.

Completion Date:

May and July 2016

Person Responsible:

Amy Sommer

Current Status November 1, 2016: Compliant

Procedure revisions reviewed and contained proper information. One resident interviewed and reported no medications taken.

6VAC35-41-1280 (F) Medication

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

Audit Finding:

Medications were not administered as prescribed in three out of five applicable medical records reviewed.

Program Response

Cause:

As we house young men who often do not have insurance or a doctor, our residents often struggle with getting a prescription changed or refilled. Additionally, they leave the building to go to work, school, shopping, etc. and use their community time, often being away during their medication time. Albeit we contact parents several weeks in advance when a resident needs a refill, they often forget or refuse to do so in a timely fashion.

Effect on Program:

No effect to the program

Planned Corrective Action:

We have created a document for physician's to sign that provides guidance when a resident misses, refuses or runs out of medication. We have changed our policy to ensure that prescriptions are obtained in a timely manner, doctors write clear directions (i.e. "at bedtime" rather than just PM for sleeping pills), etc. Although we cannot refuse admittance to a potential resident for not having insurance or a family doctor, we can emphasize to parents the need for such and request they begin the paperwork process before the client enters the program.

Completion Date:

Policies and standing orders revised July 2016.

Person Responsible:

Amy Sommer

Current Status November 1, 2016: Compliant

Revised procedure and forms reviewed. There have been no applicable cases since the audit.

6VAC35-41-1280 (H) Medication CRITICAL

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

Audit Finding:

There were no medication incident reports in three out of five applicable medical records reviewed when medications were not administered as prescribed.

Program Response

Cause:

As we house young men who often do not have insurance or a doctor, our residents often struggle with getting a prescription changed or refilled. Additionally, they leave the building to go to work, school, shopping, etc. and use their community time, often being away during their medication time. Albeit we contact parents several weeks in advance when a resident needs a refill, they often forget or refuse to do so in a timely fashion.

Effect on Program:

No effect to the program

Planned Corrective Action:

We have created a document for physician's to sign that provides guidance when a resident misses, refuses or runs out of medication. We have changed our policy to ensure that prescriptions are obtained in a timely manner, doctors write clear directions (i.e. "at bedtime" rather than just PM for sleeping pills), etc. Although we cannot refuse admittance to a potential resident for not having insurance or a family doctor, we can emphasize to parents the need for such and request they begin the paperwork process before the client enters the program.

Completion Date:

July 2016

Person Responsible:

Amy Sommer

Current Status November 1, 2016: Compliant

Revised procedure and forms reviewed. There have been no applicable cases since the audit with medication errors.

6VAC35-41-1280 (J) Medication CRITICAL

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

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

Audit Finding:

There was no documentation of physician follow-up when a resident refused to take Adderall.

Program Response

Cause:

Our residents are often out of the building during times in which we normally give medications and they do not want staff going to their jobs to give it to them. Often they flat out refuse them while here.

Effect on Program:

No effect to the program

Planned Corrective Action:

We have created a document for physician's to sign and give guidance when a resident misses, refuses or runs out of medication. We have changed our policy to ensure that prescriptions are obtained in a timely manner, doctors write clear directions (i.e. "at bedtime" rather than just PM for sleeping pills), etc. We will create medication times that are more conducive with a resident's unique schedule rather than a program schedule.

Completion Date:

July 2016

Person Responsible:

Amy Sommer

Current Status November 1, 2016: Compliant

Revised procedure and forms reviewed. There have been no applicable cases of refusals since the audit.

CERTIFICATION MONITORING REPORT

PROGRAM AUDITED:

Bon Air Juvenile Correctional Center
1900 Chatsworth Avenue
Richmond, Virginia 23235
(804) 323-2550
Douglas R. Vargo, Superintendent
Douglas.Vargo@djj.virginia.gov

AUDIT DATES:

February 8-11, 2016

CERTIFICATION ANALYST:

Clarice T. Booker

DEPARTMENT CERTIFICATION ACTION – June 23, 2016: Extended the current certification status of Bon Air Juvenile Correctional Center to January 31, 2017, with status reports every two months on areas currently in noncompliance.

Below are the areas noted in non-compliance or compliance could not be determined during the Status Visit conducted on May 11, 2016. The subsequent visits every two months assessed compliance of those areas.

Based on the last monitoring visit conducted on December 1, 2016, Bon Air Juvenile Correctional Center was in compliance with all applicable regulations and is eligible for certification up to three years from the end of their previous certification that ended on April 12, 2016.

DEPARTMENT CERTIFICATION ACTION – December 14, 2016: Certified Bon Air Juvenile Correctional Center for two years effective from April 12, 2016 to April 11, 2018.

Pursuant to 6VAC35-20-100 (4.a.1)

4. If the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds less than 100% compliance on all critical regulatory requirements or less than 90% compliance on all noncritical regulatory requirements or both, the program or facility shall be subject to the following actions:

a. If there is an acceptable corrective action plan and no conditions or practices exist in the program or facility that pose an immediate and substantial threat to the health, welfare, or safety of the residents, the program's or facility's certification shall be continued for a specified period of time up to one year with a status report completed for review prior to the extension of the certification period.

(1) If the status report results find the program or facility in 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years, retroactive to the date upon which the prior certification was scheduled to expire.

6VAC35-71-170 (D). Retraining. CRITICAL

All direct care staff shall receive training sufficient to maintain a current certification in first aid and cardiopulmonary resuscitation.

Audit Finding February 8-11, 2016:

There was no documentation that four out of 15 direct care staff maintained certification in first aid and cardiopulmonary resuscitation during one or more years during the audit period.

Program Response

Cause:

This issue was caused by a lack of consistency in workforce due to staff shortages and staff changing positions. Staff returning from extended leave or who had been recently injured was inadequately tracked to ensure that all training qualifications had been met for the year. Additionally, the critical functions of the facility's training officer did not get reassigned as the training officer shifted roles to the department's training facility.

Effect on Program:

Recognizing that training is vitally important for staff growth and development and to maintain a safe and secure environment; not promoting and supporting staff's training efforts could potentially impede safety and increase risk factors for residents and other staff.

Planned Corrective Action:

- The facility has developed a supervisor's checklist to ensure that supervisor responsibilities such as mandated training are completed timely and can be tracked during and after an employee's extended leave. Full implementation will occur by March 31, 2016.
- Beginning March 1, 2016, supervisors will utilize the department's training spreadsheet on the shared drive to assist with planning and tracking certifications for first aid and cardiopulmonary resuscitation (CPR).
- The superintendent has designated one staff to coordinate training and to track hours/requirements for direct care staff needing first aid and CPR. The designated person will work with supervisors to ensure direct care staff receive training before the certification expiration date.
- In the event, that the direct care staff is on extended leave (e.g. military leave, FMLA, VSDP) or their approved modified work status prevents them from completing first aid and CPR, the supervisor will use the supervisor checklist to track compliance of this issue until the employee returns to full duty.
- In the event of a direct care staff not attending the training (i.e. call-out, no/show), the supervisor will address the absent with the employee. This incident will be formally documented. The facility designated training staff will work with the supervisor to reschedule that staff member.
- The facility will continue to consult and utilize the designated instructor at the DJJ Training Academy to assist with scheduling and training needs.
- Staff will be trained in *SOP VOL IV-4.1-1.09, Orientation and Training*, by March 31, 2016. The training confirmation will be filed in the employee's fact file and will be forwarded to the compliance office.

- On March 14, 2016, the superintendent advised department heads of these corrective actions.

Completion Date:

Corrective action shall be implemented no later than March 31, 2016.

Person Responsible:

Douglas Vargo, Superintendent Sr.

Status on May 11, 2016: Not Compliant

There was no documentation that 16 direct care staff had a current certification in first aid and cardiopulmonary resuscitation.

Status on August 9, 2016: Compliant

All applicable staff is currently certified in first aid and cardiopulmonary resuscitation.

Status on October 11, 2016: Compliant

All applicable staff is currently certified in first aid and cardiopulmonary resuscitation.

Status on December 1, 2016: Compliant

All applicable staff is currently certified in first aid and cardiopulmonary resuscitation.

6VAC35-71-280 (B). Buildings and inspections. CRITICAL

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

Audit Finding February 8-11, 2016:

Fire inspections at the facility were conducted on March 5, 2013, May 13, 2014, and June 30, 2015, during the audit period. There were more than 13 months between the 2013 and 2014 inspections.

Program Response

Cause:

This issue was caused by staff oversight in the delivery of the fire safety program.

Effect on Program:

Compliance with fire prevention regulations, inspection requirements, and practices, including periodic fire drills, will ensure the safety of residents, staff, and visitors. Not adhering to departmental procedure undermines this goal.

Planned Corrective Action:

1. The safety officer will utilize the established tracking system to ensure timely requests to the Fire Marshal's Office to conduct annual fire and life safety code compliance inspections of the facility.
2. The safety officer will place a request to the Fire Marshal's Office before the conclusion of the tenth month from the last inspection.
 - a. All requests to the fire marshal will be documented in writing and a copy shall be forwarded to the operations manager.
 - b. If the local fire marshal fails to timely inspect the facility's buildings and equipment, the safety officer will maintain documentation of its request to schedule the annual inspection, as well as documentation of any necessary follow-up.
 - c. By the eleventh month from the last inspection, the superintendent will be notified by the operations manager on the pending status of the annual inspection.
3. Copies of the fire marshal's report, along with the findings and recommendations, are distributed to the appropriate facility administrative team members and supervisors. The safety officer along with his supervisor, the operations manager, is responsible for monitoring all follow up activities.

Completion Date:

Corrective action shall be implemented no later than February 29, 2016.

Person Responsible:

Douglas Vargo, Superintendent Sr.

Status on May 11, 2016: Not Determinable:

The last fire inspection was conducted on June 30, 2015, and the annual inspection is due by July 2016. A request was sent to the Fire Marshall on May 11, 2016, for the next annual inspection.

Status on August 9, 2016: Compliant

Fire inspections were conducted at the facility on May 31, 2016 by the Fire Marshall.

Status on October 11, 2016: Compliant

Fire inspections were conducted at the facility on May 31, 2016 by the Fire Marshall.

Status on December 1, 2016: Compliant

Fire inspections were conducted at the facility on May 31, 2016 by the Fire Marshall.

6VAC35-71-790 (F). Individual service plans.

Copies of the individual service plan shall be provided to the (i) resident; (ii) parents or legal guardians, as appropriate and applicable, and (iii) placing agency.

Audit Finding February 8-11, 2016:

There was no documentation that the residents, their parents or the placing agency were provided copies of the service plan in five out of nine applicable case records reviewed.

Program Response

Cause:

This issue was caused by a misapplication of procedure. There were insufficient checks and balances to address the deficiencies.

Effect on Program:

When copies of the individual service plan are not provided to the resident, the parents or legal guardians, and placing agency, the resident's support system is unaware of the targeted goals for the youth; thus, they are unable to assist with fostering progress with the resident.

Planned Corrective Action:

- The initial comprehensive reentry case plan (CRCP) will be mailed by the CAP counselor to the parent or legal guardian (or social worker, if applicable) and PO within 30 days of admission. The intake community coordinator will verify that a copy has been mailed to applicable parties.
- Annually, the assigned counselor will mail the plan to the parent or legal guardian (or social worker, if applicable) and PO. The community coordinator will verify that a copy has been mailed to applicable parties. The community manager will assist with any issues to ensure the prompt mailing of the CRCP.
- During the month of February, the assigned counselor will bring their assigned caseload into compliance by addressing any previously identified deficiencies such as mailing the individual service plans to the parent or legal guardian (or social worker, if applicable) and PO.
- Beginning in March and each month thereafter resident files will be audited by the assigned community coordinator using the approved audit form.
- Quarterly, resident files will be audited by the assigned community manager using the approved audit form. This effort will be conducted in conjunction with the counselor. Remedial training will be conducted and documented in instances of noncompliance.
- On March 11, 2016, case management staff and administrators were formally trained on the department's new procedures as outlined in the Reentry and Intervention Manual for Committed and Paroled Juveniles.

Completion Date:

Corrective action shall be implemented no later than March 16, 2016.

Person Responsible:

Douglas Vargo, Superintendent Sr.

Status on May 11, 2016: Not Compliant

There was no documentation that the parent/guardian and/or placing agency was provided a copy of the service plan in six out of 13 applicable case records reviewed.

Status on August 9, 2016: Compliant

Five applicable case records were reviewed and were compliant.

Status on October 11, 2016: Compliant

Five applicable case records were reviewed and were compliant.

Status on December 1, 2016: Compliant

Twelve applicable case records were reviewed and were compliant.

6VAC35-71-1140 (B). Room confinement.

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.

Audit Finding February 8-11, 2016:

There was no documentation of confinement forms in 11 out of 16 incidents reviewed in which residents were confined to their rooms.

Program Response

Cause:

This issue was caused by a lack of consistency in workforce due to staff changing positions and staff on extended leave. Additionally, staff had insufficient training to support the operational demands resulting in documentation being mishandled and lost.

Effect on Program:

Not adhering to departmental procedure undermines the order, safety, and security of staff and residents assigned to the facility.

Planned Corrective Action:

- In February 2016, the facility developed a new file management system to maintain and track generated security documents.
- Beginning in March, each community coordinator will create and maintain a security file that includes confinement monitoring documentation for each resident on their caseload. These files will be maintained throughout the resident's facility stay. When the resident is transferred to another unit, the file will be forwarded to the next assigned community coordinator. Upon release, the entire file will be forwarded to the records office.
- The community manager or designee will conduct weekly audits of the confinement monitoring documentation. Discrepancies will be reported in writing to the applicable community manager.
- The community manager will assist in locating any missing documents. The assigned supervisor will conduct remedial training to staff when errors are noted.
- On a quarterly basis, the community manager in conjunction with the compliance manager and community coordinator will conduct a file review of each resident's security file.
- On March 14, 2016, training will be conducted with community coordinators and community managers.

Completion Date:

Corrective action shall be implemented no later than March 15, 2016.

Person Responsible:

Douglas Vargo, Superintendent Sr.

Status on May 11, 2016: Not Compliant

There was no documentation of confinement forms in five out of 10 incidents reviewed in which residents were confined to their rooms.

Status on August 9, 2016: Non-compliant

There were no confinement forms or documentation of confinements was incomplete in eight out of 10 applicable incidents reviewed.

Status on October 11, 2016: Compliant

Ten incident reports were requested. Two were not applicable, six were compliant. It should be noted that there was no documentation of confinement forms in one applicable incident and documentation was incomplete in the second applicable incident.

Status on December 1, 2016: Compliant

Eleven incident reports were requested. Two were not applicable, seven were compliant. It should be noted that one was not determinable and documentation was incomplete in the last applicable incident.

6VAC35-71-1140 (E). Room confinement.

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.

Audit Finding February 8-11, 2016:

There was no documentation that written communication was sent to department staff in a position above the superintendent in two out of two applicable incidents reviewed.

Program Response

Cause:

This issue was caused by a lack of consistency in workforce due to staff changing positions and staff on extended leave. Additionally, staff had insufficient training to support the operational demands resulting in documentation being mishandled and lost.

Effect on Program:

Not adhering to departmental procedure undermines the order, safety, and security of staff and residents assigned to the facility.

Planned Corrective Action:

- In February 2016, the facility developed a new file management system to maintain and track generated security documents.
- Beginning in March, each community coordinator will create and maintain a security file that includes confinement monitoring documentation and approvals for each resident on their caseload. These files will be maintained throughout the resident's facility stay. When the resident is transferred to another unit, the file will be forwarded to the next assigned community coordinator.
- In the event of a sanction of segregation above 72:00 hours, the hearing officer, hearing officer designee, or security manager will complete the Disciplinary Segregation Approval form. The Disciplinary Segregation Approval form, original discipline report (DR), and supporting documents will be submitted to the superintendent or designee and the deputy director of residential services for review and approval.
- The emails approving and/or denying the segregation will be printed by the hearing officer, hearing officer designee, or security manager and attached to the Disciplinary Segregation Approval form.
- The community manager or designee will conduct weekly audits of the confinement monitoring documentation. Discrepancies will be reported in writing to the applicable community manager.
- The community manager will assist in locating any missing documents. The assigned supervisor will conduct remedial training to staff when errors are noted.
- On March 14, 2016, training will be conducted with community coordinators and community managers.

Completion Date:

Corrective action shall be implemented no later than March 15, 2016.

Person Responsible:

Douglas Vargo, Superintendent Sr.

Status on May 11, 2016: Not Determinable

There were no applicable incidents reported.

Status on August 9, 2016: Non-compliant

There was no documentation of a report to a position above the level of superintendent when a resident was confined for more than 72 hours in one out of one applicable incident reviewed.

Status on October 11, 2016: Not Determinable

There were no applicable incidents reported.

Status on December 1, 2016: Not Determinable

There were no applicable incidents reported.

SUMMARY

DEPARTMENT CERTIFICATION ACTIONS

March 16, 2017

Certified Crater Juvenile Detention Center for three years with a letter of congratulations for 100% compliance.

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

Certified Merrimac Center and Post-Dispositional Detention Program for three years.

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

Certified Newport News Juvenile Detention Home and Post-Dispositional Program for three years.

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

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

PROGRAM AUDITED:

Crater Juvenile Detention Center
6102 County Drive
Disputanta, VA 23842
(804) 861-0644
Jack M. Scott, Executive Director
JScott@cyc.state.va.us

AUDIT DATES:

December 12, 2016

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

May 9, 2014-May 8, 2017

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS December 3, 2013:

100% Compliance Rating

CURRENT AUDIT FINDINGS – December 12, 2016:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION March 16, 2017: Certified Crater Juvenile Detention Center for three years with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice Booker, Central Office
Mark Lewis, Central Office
Deborah Hayes, Central Office
John Adams, Central Office
Sean Milner, Central Office
Teneka Wortham, Central Office
Denise Kelly, Chesterfield JDC
Michelle Hodges, Piedmont JDC
Shamika Massenburg, Henrico JDC

POPULATION SERVED:

The Crater Juvenile Detention Center is a secure custody facility operated by the Crater youth Care Commission. The Crater Secure Detention Center provides services for the Cities of Petersburg, Hopewell, and Emporia, and the counties of Prince George, Sussex, Surry and Dinwiddie. The facility serves a pre and post dispositional population of 22 male and female residents' ages 8 through 17. The facility is also approved to serve juveniles through the age of 19 in the Re-entry Program.

PROGRAMS AND SERVICES PROVIDED:

In addition to all mandated services, Crater Juvenile Detention Center provides the following:

- Educational services are available Monday-Friday, from 8:30 a.m. to 3:00 p.m., with four (4) teachers assigned to the educational program. Five and a half hours daily.
 - Recreation, both indoor and outdoor, is an integral part of the daily schedule.
 - Large muscle group activities are offered twice daily.
 - Special guest/visitors and speakers are an active part of the program. They include bible study groups and presentations from the community.
 - Crisis counseling is also available as needed through District 19 Community Services Board. These services include intensive one to one counseling, substance abuse counseling, and family counseling. Two (2) mental health clinicians are assigned to the facility in addition to a contractual psychiatrist.
 - Parents and guardians visit youth on Thursdays from 7:30 pm–8:30 pm and on Sundays from 12:30 pm-1:30 pm. Special visitations are on an as needed basis.
 - The Department of Juvenile Justices' Re-Entry Program as needed.
-

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

PROGRAM AUDITED:

Merrimac Center
9300 Merrimac Trail
Williamsburg, Virginia 23185
(757) 887-0225
Gina Mingee, Executive Director
gmingee@merrimac-center.net

AUDIT DATES:

September 12-13, 2016

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

February 12, 2014 - February 11, 2017

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS- September 16-17, 2013:

96% Compliance Rating
6 VAC35-51-140-260 A. Background Checks
6VAC35-51-720 I. Service Plan/quarterly Reports
6VAC35-51-800 H. Medical examinations and treatment (Mandatory)
6VAC35-51- 810 E. Administration of Medication (Mandatory)
6VAC35-51-810. H .Medication Refusals

CURRENT AUDIT FINDINGS – September 13, 2016:

99% Compliance Rating
6VAC35-101-1060 (F). Medication
6VAC35-101-1060 (H). Medication. CRITICAL
6VAC35-101-1060 (J). Medication. CRITICAL

DEPARTMENT CERTIFICATION ACTION March 16, 2017: Certified Merrimac Center and Post-Dispositional Detention Program for three years.

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

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice Booker, Central Office
Mark Lewis, Central Office
Deborah Hayes, Central Office
Thomas Gaskins, Central Office
John Adams, Central Office
Sean Milner, Central Office
DuShawn Wiggins, Chesterfield Juvenile Detention Center
Jerry Jackson, Henrico Juvenile Detention Center
Lonnie D. Bryd, Cheasapeake Juvenile Detention Center
Lorenzo Case, Newport News Juvenile Detention Center

PROGRAM DESCRIPTION

The facility is approximately 27,000 square feet. The building is brick facing over concrete block with a metal roof. There are four housing units. Unit one is ten beds and houses the male Community Placement Program (CPP) up to age 20. Unit two is ten beds and houses the younger, smaller in stature, more vulnerable male population. Unit three is 12 beds and houses older males. Unit four is 16 beds and houses the treatment program for youth sentenced for 31 to 180 days, to the Department of Juvenile Justice Re-entry Program, and the female Community Placement Program. Pre-dispositional females program separately from males while post-dispositional and CPP females program co-ed with post-d and re-entry youth. Both unit one and unit four have designated staff. Some adjustment may be made in the male units based on size and behavior. When a unit's population exceeds the bed space, youth are assigned to other units with empty beds for sleeping purposes. They are returned to the appropriate classification unit for programming. There is a fenced outdoor recreation area with a basketball court and space for volleyball and other games. A gym provides recreation space for indoor recreation including physical education classes in the education program. There are seven designated classroom spaces, including the gym.

Safety and security systems include 36 cameras monitoring both inside and outside the facility. These are recorded 24/7. Digital recording is reviewed to investigate incidents and for training. A security control room is manned by specially trained staff around the clock. This staff monitors and controls internal and external doors, cameras, audio system and personal alarms in the cells and unit offices. They also monitor the fire alarm and suppression systems, the generator, environmental system, restraints, cell phones and radios.

The facility has a full kitchen and laundry room. These services are provided on site.

POPULATION SERVED:

The Merrimac Center was originally constructed in 1997 as a 48 bed facility. The Merrimac Center provides safe and secure housing for male and female juveniles who are pre-dispositional and post-dispositional before the court in the Counties of Caroline, Charles City, Essex, Gloucester, Hanover, James City, King and Queen, King William, Lancaster, Mathews, Middlesex, New Kent, Northumberland, Richmond, Westmoreland, York and the Cities of Poquoson and Williamsburg. The facility also serves juveniles in the Post-Dispositional Program, the Re-Entry Program and the Community Placement Program. The Merrimac Center serves juveniles from ages 10-19.

PROGRAM AND SERVICES PROVIDED:

Facility (services offered by facility staff):

The Center philosophy is that the juveniles' time in detention should be productive. Staff has training in group work and materials in order to conduct 21 groups per week on a variety of topics. The staff provides activities, groups, and structured leisure time that encourages the residents to think about their particular situations, set goals, and make better decisions in the future.

In April 2007, a new behavior management program based on Cognitive Behavior principles was implemented. This program is based on a positive learning response to behaviors. An important component of this program is that the staff can only order a maximum of sixty minutes

of disciplinary room confinement. The resident determines the amount of time spent in room confinement based on his/her behavior. The resident is required to focus on their behavior and work towards more socially acceptable thinking and behaving through the use of numerous behavior modification and cognitive behavioral training program components.

- Post Disposition Program:

The Center provides a treatment program for juveniles sentenced from 31 to 180 days to the Center. The program is co-ed and has a capacity for ten placements. A Treatment Coordinator serves as a case manager and counselor for the program. The program staff works closely with the court staff to identify appropriate services, referrals and placements. A mental health clinician works with the residents, staff and families. Assigned staff provides programming and implement treatment plans designed by a treatment team. New components have been added to the program to better identify areas to address, become more objective, and focus more on treatment progress and less on behaviors. Consequences are more appropriate for the behavior. The program now includes family counseling and transition serves to help the residents and the families succeed after release.

A teacher specializing in life skills is assigned to this program. He also serves as a transition teacher. In addition to the regular education program, career interests, getting and succeeding in a job, and preparing for independent living are part of the curriculum. Students learn how to use technology in the workplace and for research. Upon completion of the program, a student has a portfolio displaying their knowledge, skills and abilities. Students may work or volunteer in the community and participate in job shadowing. The transition teacher also prepares students for the General Equivalency Diploma (GED).

- DJJ Intakes:

As a part of the DJJ transformation initiative and newly formed in the last quarter of FY16, the Center began receiving youth committed to the DJJ, but remaining in the community. These youth will receive full intake assessments including a full physical, conducted in the community by an M.D., a dental exam if indicated, and a full psychological evaluation from a DJJ contractor. These youth are then staffed by a team including the parents/guardians, the resident, DJJ staff, the Merrimac Center treatment coordinator, and case manager. Through staffing, a determination is made for recommended services and placement in a CPP program.

- Male/ Female CPP:

The Center provides a treatment program for state-ward males sentenced to various lengths of stays as indicated by the Department of Juvenile Justice (DJJ). This program is not co-ed and has a guarantee of five placements, although there have been an average of seven. A Treatment Coordinator provides oversight of the program and a designated case manager. These residents receive substance abuse group, individual, and family counseling from a contractor (LaunchPad Counseling), as well as Aggression Replacement Training (ART) from designated staff and the case manager. The program staff works closely with the DJJ staff to identify appropriate services, referrals and placements. Assigned staff provides programming and implement treatment plans designed by a treatment team. Transition services are provided to help the residents and the families succeed after release.

In addition to the regular education program, career interests, getting and succeeding in a job, and preparing for independent living are part of the program. Students learn how to use technology in the workplace and for research. Upon completion of the program, a student has a portfolio displaying their knowledge, skills and abilities.

On July 1, 2016, the Center began providing a treatment program for state-ward females sentenced to various lengths of stays as indicated by the Department of Juvenile Justice (DJJ). This program is primarily co-ed and has a guarantee of five placements. These females are separated from post-dispositional youth for gender-specific programming including Girls Circle and Give us Wings group. They also program separately for ART. They receive the same services as the CPP males and have a designated substance abuse therapist/case manager in-house.

- Medical/ Mental Health Services:

A full time registered nurse provides daily medical services. Identified direct care staff are certified as medication agents and administer medications and first aid when the medical staff is off duty. A contract provides on-site physician assistant and M.D. services as needed or at least bi-weekly. A part time nurse is also employed to review records and attend to resident needs on the weekends. Local vendors provide emergency medical and dental care, as well as specialty consultation. Colonial Behavioral Health provides emergency mental health assessments, psychiatric consultation weekly, and on-site therapy and case management.

The Commission and the local Community Services Board employ two clinicians and two case managers to provide mental health services that include assessments, crisis counseling, psycho-education groups, and case management. These positions also provide information to the courts and parents and provide counseling and case management to the Treatment programs.

Health education is taught weekly by the nursing staff or staff from other health care agencies.

- Food Service:

The food service program is delivered by four full time staff. This staff is required to maintain Food Service Manager Certification. All food service staff attends training provided by the Department of Agriculture and the Department of Juvenile Justice. Three have completed the American Correctional Association Food Service curriculum.

- Training

Staff training is a priority for management. Several staff members are trainers in various topics. In-house training and access to training by outside agencies are provided. We have had the opportunity to train staff in Motivational Interviewing, trauma-informed care, Aggression Replacement Training (ART), and Girls Circle. The medical staff provides CPR, First Aid, and medication agent training to direct care staff and Blood Borne Pathogens and infection control training to all Center staff.

- Transportation:

The Commission provides all transportation after the juvenile is admitted to the detention facility. A fleet of secure vehicles and transportation staff transport juveniles to court, medical, placement and other destinations as ordered by the courts.

Video conferencing has proven to be effective, reducing the cost of transportation and exposure to security risks. Nearly all of the arraignments are conducted electronically. Detention reviews and progress hearings are frequently held via video.

Community (services offered by community agencies and resources):

Merrimac Center

- Staff and Volunteers

The Center works with other agencies and individuals to supplement services. Volunteers provide character-building groups, gardening, therapeutic drumming, and pet therapy. Volunteer services have been drastically reduced as a result of extremely stringent PREA requirements. Local churches have been supportive throughout the year. They have always been very generous at holidays and continue to contribute games and craft supplies.

- Good News Jail Ministries

A non-denominational organization that provides services to correctional facilities, conducts Sunday religious services and Wednesday religious studies as well as providing religious counseling. Attendance is voluntary. Residents may also meet with their individual religious counselors on request.

- Education:

The daily schedule for the juveniles includes five and a half hours of school per day. The Williamsburg James City County School System employs the educational staff. Eight teachers are assigned to the Center. These eight teachers and a principal deliver the educational program, teaching all subjects and grade levels and sending reports to the juvenile's home school. A focus has been on remedial reading and math skills, which has proven to be very helpful to the youth. Juveniles receive credit for their attendance and for the work completed while in the detention center school. Standards of Learning (SOLs) and semester testing are administered at the Center. Tutors are engaged for those students taking subjects that cannot be taught by the education staff. Instruction and testing for the GED is a part of the educational opportunities. Several students were able to participate in graduation ceremonies with his peers by earning their GED over the past 3 years.

Character Education is also a part of the school program and is another cooperative effort between teachers and staff.

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

FACILITY/PROGRAM: Merrimac Center
SUBMITTED BY: Gina Mingee, Executive Director
CERTIFICATION AUDIT DATES: September 12-13, 2016
CERTIFICATION ANALYST: Shelia L. Palmer

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

6VAC35-101-1060 (F). Medication.

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 of the Code

of Virginia and the Virginia Drug Control Act (§ 54.1-3400 et seq.).

Audit Finding:

Four of nine applicable medical records reviewed did not have documentation that medication was administered as prescribed.

Program Response

Cause:

Oversight by staff on MAR documentation.

Effect on Program:

No effect on program.

Planned Corrective Action:

Already corrected. Staff have been trained and reminded that all blanks on the MARs MUST be completed. A new registered nurse was hired on 2/16/2016. The clinic and medical file organization has been fully revamped. A part-time nurse was also hired to review all records for quality assurance and appropriate documentation on the weekends when the RN is not on duty. All cited violations occurred prior to the new nurse being hired and the other actions being put into place.

Completion Date:

February 2016

Person Responsible:

Cheryl Pierce, RN

Current Status as of November 30, 2016: Compliant

Twelve of twelve applicable medical records reviewed had documentation that medication was administered as prescribed.

6VAC35-101-1060 (H). Medication. CRITICAL

H. In the event of a medication incident or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. A medication 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 error does not include a resident's refusal of appropriately offered medication.

Audit Finding:

One of two applicable medical records reviewed did not have documentation of action taken by staff in one medication incident report. Two of two applicable medical incident reports reviewed did not have documentation in four incidents where medication was not administered as prescribed.

Program Response

Cause:

Oversite by staff resulting in missing blanks on the Medication/Refusal form.

Effect on Program:

No effect on program.

Planned Corrective Action:

Already corrected. Staff have been trained and reminded that all blanks on the medication error/refusal form MUST be completed. A new registered nurse was hired on 2/16/2016. The clinic and medical file organization has been fully revamped. A part-time nurse was also hired to review all records for quality assurance and appropriate follow-up on the weekends when the RN is not on duty. All cited violations occurred prior to the new nurse being hired and the other actions being put into place.

Completion Date:

February 2016

Person Responsible:

Cheryl Pierce, RN

Current Status as of November 30, 2016: Not Determined

There were no applicable medical records reviewed.

6VAC35-101-1060 (J). Medication. CRITICAL

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

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

Audit Finding:

Two of four applicable medication refusals reviewed did not have documentation of action taken by staff.

Program Response

Cause:

Oversite by staff resulting in missing blanks on the Medication/Refusal form.

Effect on Program:

No effect on program.

Planned Corrective Action:

Already corrected. Staff have been trained and reminded that all blanks on the medication error/refusal form MUST be completed. A new registered nurse was hired on 2/16/2016. The clinic and medical file organization has been fully revamped. A part-time nurse was also hired to review all records for quality assurance and appropriate follow-up on the weekends when the

Merrimac Center

RN is not on duty. All cited violations occurred prior to the new nurse being hired and the other actions being put into place. The form was revised to include the resident's signature in the case of a refusal. See attached revised form.

Completion Date:

February and June 2016

Person Responsible:

Cheryl Pierce, RN

Current Status as of November 30, 2016: Compliant

One of one applicable medication refusal reviewed did have documentation of action taken by staff.

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

PROGRAM AUDITED:

Newport News Juvenile Detention Home
350 25th Street
Newport News, Virginia 23607
(757) 926-1610
Dawn D. Barber, Director
barberdd@nnva.gov

AUDIT DATES:

August 1-2, 2016

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

January 10, 2014-January 9, 2017

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS January 8-9, 2013:

6VAC35-51-480.G – Sleeping Area
6VAC35-51-720.I – Service Plan/Quarterly Reports
6VAC35-140-70 – Grievance Procedure
6VAC35-140-530.A – Recreation

CURRENT AUDIT FINDINGS – August 2, 2016 2016:

98.31% Compliance Rating

6VAC35-101-90 (C) – Suspected Child Abuse and Neglect
6VAC35-101-100 (C) – Grievance Procedure
6VAC35-101-170 (B) – Employee and Volunteer Background Checks
6VAC35-101-340 (A) – Face Sheet
6VAC35-101-920 (A) – Work and Employment
6VAC35-101-1060 (J) – Medication CRITICAL

DEPARTMENT CERTIFICATION ACTION March 16, 2017: Certified Newport News Juvenile Detention Home and Post-Dispositional Program for three years.

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

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Shelia Palmer, Central Office
Clarice Booker, Central Office
Deborah Hayes, Central Office
Sean Milner, Central Office
John Adams, Central Office
Tommy Gaskin, Bon Air JCC
Myra Faison, Virginia Beach JDC

Tommy Clark, Norfolk JDC
DuShawn Wiggins, Chesterfield JDC
Beth Blount, Chesapeake JDC
Theresa Reed, James River JDC

POPULATION SERVED:

The Newport News Secure Detention facility is approximately 72,000 square feet. The 110-bed facility was opened at the current location on January 10, 2005. There are 11 pods housing 10 residents per pod. Pod staffing ratios are one counselor per 10 residents. Each pod has 10 sleeping rooms, two shower areas, a common area and a storage area. All pods are gender specific and each room is single occupancy. The pods are grouped into two pod suites which share a sitting room and a small enclosed outside recreational area.

The Pre-Dispositional program houses residents between eight and 17 years of age, who are involved in the pre-trial, trial, or pre-sentencing process within the juvenile court system. The length of stay is determined by the placing judicial authority. The Post-Dispositional program is designed to accommodate up to 20 youthful offenders between the ages of 14 to 17, who have completed the sentencing process within the Juvenile Court system. The length of stay of juveniles sentenced to the Post-Dispositional Program may be up to six months.

PROGRAMS AND SERVICES PROVIDED:

Newport News Secure Detention provides both Pre-Dispositional and Post-Dispositional services in a highly structured residential environment. The primary mission of the Pre-Dispositional program is to protect the public and ensure high risk youth are available to the courts by providing temporary care in a secure residential environment. Another objective is to provide services to ensure the detained resident is safe and all their fundamental needs are met utilizing a balanced approach which addresses their educational, social development, physical and mental health needs. They also assist residents in transitioning into the rehabilitative process through development of better decision making skills while holding youth accountable in a highly structured environment.

The primary mission of the program is to provide a community based residential alternative for youthful offenders to allow treatment services in the home community in lieu of commitment to the Virginia Department of Juvenile Justice. The program also provides diversified strength based services to youthful offenders and their family which strengthen coping and decision making skills, promote successful academic and/or vocational skill development, and incorporate treatment to address mental health and behavioral issues during the rehabilitative process. There is also a focus on strengthening the family and providing community support in order to enhance the youth's successful transition during re-entry into the community, and reduce recidivism.

SERVICES PROVIDED:

- Direct:
 - Academic Programing
 - Mental Health Services
 - Medical/Medication Management Services
 - Intake and Transportation Unit
 - Snack Enrichment Program
 - Education by a faculty consisting of a principal, an administrative assistant, instructional teacher assistant, technology instructional coach and 12 full-time teachers
 - On-site mental health screening and services

Fairfax Shelter Care II

- Individual counseling
- Medical assessments and treatment, and medication management
- Transportation
- Meals and snacks

- Community:
 - Religious services and spiritual based activities
 - Leadership Institute for Transition (LIFT)
 - Post-Dispositional residents participate in the following:
 - Boys 2 Dads Group
 - Ladies by Design Teen Leadership Course
 - Group counseling sessions facilitated by National Counseling Group
 - Men's Fellowship Book Club at First Baptist Church in Hampton
 - City's Community Maintenance Initiative Program
 - Agricultural Program located on-site in the Green House
 - Outside facilitated groups on:
 - Teen Dating
 - Recognizing Physical and Mental Abuse
 - Character Development
 - Prejudice
 - Effects of the Media
 - Time Management
 - Promise Program at Hampton University
 - Recording Arts Classes at Performing and Creative Arts Center
 - Volunteer twice a month at the Peninsula Food Bank

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

FACILITY/PROGRAM: Newport News Juvenile Detention Center

SUBMITTED BY: Dawn Barber, Director

CERTIFICATION AUDIT DATES: August 1-2, 2016

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.

6VAC35-101-90 (C). Suspected child abuse or neglect.
C. Any case of suspected child abuse or neglect shall be reported and documented as required in 6VAC35-101-80 (serious incident reports). The resident's record shall contain a written reference that a report was made.

Audit Finding:

One of one resident record reviewed did not contain documentation of a written reference that a report was made to CPS about a suspected child abuse.

Program Response

Cause:

The completion of a CPS Report document is primarily the responsibility of the Intake Unit. Due to the sensitive nature of this report, the direction of the internal investigation was conducted by the Office of the Secure Detention Administrator. Although all required notifications were made as required by 6VAC35-101-80, the Administrator failed to complete the CPS form or ensure that a proper notation was placed in the resident's electronic file.

Effect on Program:

None. All notifications were properly made. A comprehensive investigative report is filed in the PREA Manager's Office.

Planned Corrective Action:

The Intake Unit's Standard Operating Procedure has been updated to reflect the following: Any staff member that receives information regarding an allegation of abuse or neglect shall have the responsibility for completing the CPS Reporting form. A supervisor or designee shall make the report to the Department of Human Services, CPS's Hotline. The Intake supervisor shall ensure a copy of the report is placed in the resident's file and a notation is placed in the resident's Softec's electronic file.

Completion Date:

August 3, 2016.

Person Responsible:

Dawn D. Barber, Director

Current Status on November 28, 2016: Not Determined

Newport News Juvenile Detention Center has not had any institutional allegations reported to Child Protective Services between 9/12/16 and 11/27/16.

6VAC35-101-100 (C). Grievance Procedure.

C. The grievance procedure shall be (i) written in clear and simple language and (ii) posted in an area easily accessible to residents and their parents and legal guardians.

Audit Finding:

Grievance procedures were developed but had not been posted anywhere in the facility that was easily accessible to the residents and their parents and legal guardians.

Program Response

Cause:

Newport News Secure Detention did not model the posting of the grievance procedures as more appropriately displayed by other detention centers. The Department did have an ample supply of grievance forms located on display in conspicuous locations, for both residents and parents, throughout the Center. The residents are instructed in detail during the intake process on the grievance procedure and received additional instruction on the process during "Rules"

Fairfax Shelter Care II

discussions. Also, a copy of the Department policy is located inside the grievance form folder, for parents in the Visitation Room.

Effect on Program:

None. There has been no indication that any resident is or has been unfamiliar with the Department's Grievance Procedure. In addition, although no parent has requested to "file" a grievance, when a parent has "any" question about the welfare of his/her resident, has a departmental inquiry or a complaint/concern, immediate contact is made by the on-duty supervisor and a detailed follow-up is conducted by the Secure Detention Administrator or the Director. As a result of any such parental concern, it is documented in writing and placed on file.

Planned Corrective Action:

The Compliance Office has drafted step-by-step, language appropriate signs detailing how to file a grievance.

Completion Date:

September 23, 2016 (Plaques returned from Printer)

Person Responsible:

Dawn D. Barber, Director

Current Status on November 28, 2016: Compliant

The grievance procedure is posted throughout the facility to include the visitation area, each unit, school, dining area, gym, clinic and any area residents are allowed visit.

6VAC35-101-170 (B). Employee and volunteer background checks.

B. To minimize vacancy time, when the fingerprint checks are 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 subsection A of this section have been completed;**
- 2. The applicant is given written notice that continued employment is contingent on the fingerprint check results 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 under the direct supervision of staff whose background checks have been completed until such time as all the requirements of this section are completed.**

Audit Finding:

Three of five new employee files reviewed had documentation that the employee was hired prior to the facility receiving the required Central Registry check component from Child Protective Services.

Program Response

Cause:

Due to the protracted delay in the processing/return of the Central Registry Checks, the Department acknowledges that the Certification Team identified three (3) new employee files that indicated the employee's hire date preceded the date listed on the actual Central Registry

Check form received by the Department's Personnel Coordinator.

Effect on Program:

None. The safety of the residents remanded to the care of the Newport News Department of Juvenile Services is of the utmost concern of the Director's Office. While the employee files did not reflect receipt of the physical CPS form, Juvenile Services worked with the local Department of Human Services to determine the status of the requested check in advance of the returned physical form. It is my understanding that although the Personnel Coordinator received a verbal indication that those new employees were cleared, a written notification of that status was not located in their files.

In addition, upon hire, new employees attend a three-week Training Academy, which is physically located in a separate building from that of the residents. If the physical CPS form was not received by the end of the academy, staff was paired with and remained under the direct supervision of fully cleared, senior staff.

Planned Corrective Action:

The Department's recruitment process has been immediately adjusted to ensure that both the fingerprint request and the Central Registry check are processed on the same day as the employee interview. The additional processing time will allow for sufficient return time prior to the conclusion of the Training Academy, if the applicant is recommended for hire.

The financial burden of processing both checks, early in the background process, will be attributed to the "cost of business" in order to ensure the safety of the residents in the Department's charge; but more importantly, to be in total compliance with the Standard.

Completion Date:

August 2, 2016

Person Responsible:

Dawn D. Barber, Director

Current Status on November 28, 2016: Compliant

Two new employee files reviewed had documentation that the employee had **not** been hired prior to the facility receiving the required central registry check component from Child Protective Services.

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

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

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

Audit Finding:

Eleven of 21 resident face sheets reviewed did not have the address of the applicable court service unit.

Program Response

Cause:

The Department's Leadership, the Intake Unit's Supervision/Staff and the Compliance Office failed to ensure that this Standard, in its entirety, was being properly followed.

Effect on Program:

None. Although the physical address for each Court Services Unit was not listed on eleven (11) of the Face sheets during the audit, upon review, the resident's jurisdiction of record - Newport News CSU or Hampton CSU, was correctly reflected.

Planned Corrective Action:

All personnel assigned to the Department's Intake Unit were specifically re-trained on 6VAC35-101-340 (A.) Face Sheet and a signed personnel training roster is on file in the Compliance Coordinator's Office. The Intake Supervisor had each current face sheet reviewed and/or updated to ensure it contained all information as required by the Standard. In addition, the Compliance Team has conducted three audits of new resident face sheets to ensure 100% compliance.

Completion Date:

September 8, 2016

Person Responsible:

Dawn Barber, Director & Dean Collins, Intake Supervisor

Current Status on November 28, 2016: Compliant

Twelve of 12 resident face sheets reviewed had the address of the applicable court service unit.

6VAC35-101-920 (A). Work and employment.

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

Audit Finding:

Six of six post-dispositional service plans reviewed did not address the assignment of chores that were paid or unpaid.

Program Response

Cause:

This noted deficiency resulted from a "misunderstanding" by the Department and Post-Dispositional Staff's leadership surrounding the verbiage "chores that are paid or unpaid work assignments."

Effect on Program:

None. Per the Department's interpretation, the "only" chores assigned to either the Pre-D or Post-D residents is to maintain the cleanliness of their individual sleeping rooms. Those duties include folding their bed linen and sweeping/mopping the room floors. No Post-D resident is

assigned to clean or perform any other work assignment paid or unpaid inside the building.

When a Post-D resident has been assigned to perform Community Service work or participates in work assignments in the Community, those assignments were listed as part of the resident's Treatment Plan.

Planned Corrective Action:

Although the Department was cited for this deficiency in six (6) out of six (6) files reviewed, this deficiency was brought to the attention of the Department during a Monitoring visit in September 2015. A change to the Department's Post-Dispositional Service Plan was made on the spot; and, a Post-D Intake was processed during the same Monitoring visit utilizing the new Service Plan. The corrected service plan has been in place since that timeframe.

Completion Date:

September 2015.

Person Responsible:

Dawn D. Barber, Director and Jered Grimes, Post-D Supervisor

Current Status on November 28, 2016: Compliant

Two of two post dispositional service plans reviewed addressed the assignment of chores that were paid or unpaid.

6VAC35-101-1060 (J). Medication. CRITICAL

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

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

Audit Finding:

One of two medication refusal forms reviewed did not document the action taken by staff when a resident refused his medication, Triamcinolone 0.1% on 7/21/2015.

Program Response

Cause:

The Medical Unit staff failed to follow the proper procedure for handling this incident. A topical cream medication and an antibiotic were prescribed for a male juvenile experiencing "razor bumps" on his chin/jaw line. The cream was prescribed for a period of 14 days. Short of that timeframe, the juvenile reported to the nurse that his "bumps" had healed and did not feel the need to continue putting the cream on his face.

According to the nurse, she did not feel as if the juvenile "refused" but no longer felt the need to continue to put the topical cream on his face when "bumps" had healed. Thus, she annotated on the documentation "discontinued." However she did not consult with the physician and based upon the conversation with the resident, did not request a discontinuation of the medication by physician order.

Effect on Program:

None.

Planned Corrective Action:

The Medical Unit's policy has been updated and all staff have been re-trained to complete Refusal Forms on ALL refusals and/or requests to discontinue medication. In addition, Medical Unit staff will contact the facility's physician for a discontinuation order for all prescribed medication.

The Medical Staff's signed training roster is filed in the Compliance Manager's Office.

Completion Date:

September 24, 2016

Person Responsible:

Dawn D. Barber, Director, Darlene Evans, RN, HAS

Current Status on November 28, 2016: Compliant

Three of three medication refusal forms followed procedures in documenting the action taken by staff when the resident refused their medication.

**DEPARTMENT OF JUVENILE JUSTICE
REGULATORY UPDATE**

April 26, 2017

CURRENT ACTIONS:

6VAC35-160 Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System

Stage: Proposed (Standard Regulatory Process).

Status: This regulation became effective on August 16, 2004. This action involves a comprehensive review of the regulatory requirements. The Notice of Intended Regulatory Action (NOIRA) was published in the *Virginia Register* on December 14, 2015. At the NOIRA stage, no public comments were submitted. The proposed regulation was approved by the Governor's Office on November 18, 2016, and published in the *Virginia Register* on January 9, 2017. The 60-day public comment period ended on March 10, 2017. No public comments were received.

Next step: The Department respectfully requests that the Board approve the submission of the proposed regulation, as amended, to the Final stage of the regulatory process for Executive Branch review.

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

Stage: NOIRA (Standard Regulatory Process).

Status: At the June 15, 2016, Board of Juvenile Justice (Board) meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The Governor's Office completed its review of the NOIRA action on October 7, 2016, and the notification was published in the *Virginia Register* on October 31, 2016. The public comment period for the NOIRA action ended on November 30, 2016. No public comments were received.

Next Step: Although the deadline for submitting the proposed regulation for Executive Branch review at the Proposed Stage is in May, the Department must delay the submission of the regulation package to ensure that issues concerning training requirements are fully resolved. The Department will present the proposed regulatory package for the Board's review and approval at the September 2017 Board meeting.

6VAC35-71 Regulation Governing Juvenile Correctional Centers

Stage: NOIRA (Standard Regulatory Process).

Status: At the June 15, 2016, Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The NOIRA completed Executive Branch review on September 2, 2016, and the notification was published in the *Virginia Register* on October 3, 2016. The public comment period for the NOIRA ended on November 2, 2016. No public comments were received.

Next Step: Although the deadline for submitting the proposed regulation for Executive Branch review at the Proposed Stage is in May, the Department must delay the submission of the regulation package to ensure that issues concerning training requirements are fully resolved.

The Department will present the proposed regulatory package for the Board's review and approval at the September 2017 Board meeting.

6VAC35-101

Regulation Governing Juvenile Secure Detention Centers

Stage: NOIRA (Standard Regulatory Process).

Status: At the June 15, 2016, Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The Governor's Office completed review of the NOIRA action on September 23, 2016, and the NOIRA notification was published in the *Virginia Register* on October 17, 2016. The public comment period for the NOIRA action closed on November 16, 2016. No public comments were received.

Next Step: Although the deadline for submitting the proposed regulation for Executive Branch review at the Proposed Stage is in May, the Department must delay the submission of the regulation package to ensure that issues concerning training requirements are fully resolved. The Department will present the proposed regulatory package for the Board's review and approval at the September 2017 Board meeting.



COMMONWEALTH OF VIRGINIA

Andrew K. Block, Jr.
Director

Department of Juvenile Justice

MEMORANDUM

TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

DATE: April 26, 2017

SUBJECT: Request to Advance the Proposed Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System (6VAC35-160) to the Final Stage of the Regulatory Process

I. Summary of Action Requested

The proposed regulation, Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System, 6VAC35-160, has been proceeding through the regulatory process since March 2015. The regulation is currently in the second stage of the standard regulatory process, the Proposed stage. The public comment period for this stage closed on March 10, 2016.

The proposed amendments are the result of a comprehensive review of the regulation. The amendments are intended to ensure that the processes for submission, preservation, dissemination, and security measures for data in the Virginia Juvenile Justice Information System ("VJJIS") are consistent with the Information Technology Resource Management (ITRM) standards, the technology standards with which all Commonwealth executive agencies must comply. Additionally, the proposed amendments remove antiquated terms and requirements and clarify concepts that were previously vague.

Section II provides a background of the existing regulation. Section III summarizes the major substantive changes proposed in the draft. Section IV summarizes the additional proposed amendments that the Board is requested to consider adopting before advancing the regulation to the final stage.

The Department requests that the Board adopt the proposed and amended language and advance the regulation to the final stage of the regulatory process.

II. Background

Pursuant to the mandate in §§ 2.2-4017 and 2.2-4007.1 of the *Code of Virginia* and Executive Order 17 (2014), the Department is required to conduct a “periodic review” of its regulations every four years. The Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System (6 VAC 35-160) became effective August 16, 2004, and have not undergone a periodic review.

These regulations provide the processes participating agencies eligible to receive juvenile record information under *Code of Virginia* § 16.1-300 must follow when submitting, processing, preserving, disseminating, protecting, and expunging juvenile record information in the VJJIS. Participating agencies include 34 state and locally-operated court service units, two department-operated facilities, 24 locally-operated juvenile detention centers, juvenile group homes funded by the Virginia Juvenile Community Crime Control Act (VJCCCA), and other agencies or organizations. The regulations set out the processes participating agencies must follow in response to a request for juvenile records, the methods for challenging the accuracy of a juvenile record, and the manner in which records must be expunged. Additionally, the regulations authorize the Department to conduct audits to ensure and verify compliance with the regulatory requirements. The regulations became effective on August 25, 2004.

Timeline of the Review of the Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System

<i>December 14, 2015</i>	NOIRA published in the <i>Virginia Register</i> .
<i>June 16, 2016</i>	Board approved proposed language.
<i>January 9, 2017</i>	Proposed language published in the <i>Virginia Register</i> .
<i>March 10, 2017</i>	Public comment period at the proposed stage closed. No public comments were received.

III. Summary of Proposed Changes on January 9, 2017

Below is a summary of the substantive proposed amendments to the regulation broken down by section, as approved by the Board at the June 16, 2016, meeting and published in the *Virginia Register* on January 9, 2017. Non-substantive amendments proposed to improve the language are not included.

General Amendments

- Replaces all references to the “Department of Juvenile Justice” with the “department.” (Sections 10, 290, and 360.)
- Replaces all references to the “Virginia Juvenile Justice Information System” or the “juvenile justice information system” with the “VJJIS” (Sections 10, 30, 40, 50, 150, 170, 280, 330, and 335; Part VI heading).
- Replaces all references to the “VJJIS functional administrator” or “functional administrator” with the “data owner” (Sections 150, 280, 290, 300, 320, 340, 350, and 355.)

Section 10 – Definitions

- Adds definitions for the following terms: (i) Commonwealth of Virginia Information Technology Resource Management Standards or COV ITRM Standards, (ii) data owner, (iii) remote access, and (iv) telecommunication connection.

- Amends the definition of “need to know” so as to mandate that the data owner assesses the appropriateness of each access opportunity and accesses only those necessary to perform official job duties and responsibilities.
- Removes emergency shelters from the list of entities included under the definition of “participating agency.”
- Strikes the definition for “VJJIS functional administrator” and replaces it with a reference and definition for “data owner.”

Section 30 – Designation as a Participating Agency

- Removes the reference to boot camps.

Section 40 – Signed agreement required

- Amends section title to “Signed memorandum of agreement and nondisclosure agreement required.”
- Adds a requirement that the department develop a nondisclosure agreement, in addition to the existing written memorandum of agreement, with each participating agency.

Section 50 – Data submissions

- Replaces references to “department policy” with “department procedures.”

Section 60 – Access provided to participating agencies

- Adds statutes, regulations, and procedures governing confidentiality as supporting authority for the department’s entitlement to limit or expand the scope of access granted to participating agencies.

Section 70 – Designation of authorized individuals

- Clarifies that the agency positions requiring regular access to juvenile records information be documented in the employee work profile.
- Specifies that the agreement that individuals given access to juvenile records information must sign is an information security agreement and that such agreement must be signed in accordance with department procedure.

Section 90 – Security of physical records

- Removes the requirement that authorized persons be clearly identified to have access to areas where juvenile records information is collected, stored, processed, or disseminated.

Section 100 – Requirements when records are automated

- Replaces “system administrator” with “data owner” as the person designated to maintain and control authorized user accounts, system management, and the implementation of security measures.
- Removes the mandates that participating agencies with juvenile records information: 1) maintain backup copies of juvenile records information, preferably offsite; 2) develop a disaster recovery plan available for inspection and review by the department; and 3) carefully control system specifications and documentation to prevent unauthorized access and dissemination. Adds a

requirement that such participating agencies develop and implement a logical access procedure to prevent unauthorized access and dissemination.

- With respect to protecting information on discarded computers, specifies that all data on those computers must be completely erased or otherwise made unreadable in accordance with the applicable Commonwealth of Virginia ITRM Standard.

Section 110 – Access controls for computer security

- Replaces references to “access controls” with “logical access controls.”
- Changes the rationale for encrypting information from protecting all juvenile records information to only confidential juvenile records information.
- Relaxes the security requirements for access controls so that the controls must be kept secure rather than under maximum security conditions.

Section 130 – Security of telecommunications

- Removes the explicit general provision that a dedicated telecommunications line be required for direct or remote access to computer systems containing juvenile records information.
- Clarifies that when remote access devices are unattended, the device must be made inoperable by implementing a screen saver lockout period after a maximum of 15 minutes of inactivity as required by the applicable COV ITRM Standard.
- Replaces references to “telecommunication facilities” with “telecommunications connection.”

Section 170 – Information to be disseminated only in accordance with law and regulation

- Amends heading title to “Information to be disseminated only in accordance with applicable statutes and regulations.”
- Removes reference to the restrictions in the Health Insurance Portability and Accountability Act, based on an informal opinion of the Office of the Attorney General that the department is not a HIPAA-covered entity.

Section 180 - Fees

- Clarifies that the agreement that must be obtained from the requester agreeing to pay the fees prior to initiating a search for requested information must be written.
- Adds a requirement that any release be in accordance with applicable statutes and regulations.

Section 210 – Determining the requester’s eligibility to receive the information

- Removes requirement for a determination as to whether requested health records or substance abuse treatment records are protected by HIPAA.
- Expands the list of authorities to which the dissemination of health records and substance abuse treatment records must comply to include the *Code of Virginia*, this regulation chapter, and applicable federal statutory requirements.

Section 220 – Responding to requests

- Removes the requirement that before beginning a search for requested juvenile records information, a designated individual must inform the requester of applicable fees and obtain the requester’s consent to pay the charges.

- Adds a requirement that all records containing sensitive data be encrypted prior to electronic dissemination and extends the time period for providing requested records from seven days to ten business days.
- Clarifies that a participating agency that lacks access to requested information need only notify and explain to the requester how to request the information from the appropriate source if the participating agency has knowledge of that information.

Section 280 – Challenge

- Clarifies that the statement an individual may make describing inaccurate information in the record must be written.

Section 290 – Administrative review of challenge results

- Clarifies that the 30-day period for requesting an administrative review by the DJJ director for individuals dissatisfied with the results of a challenge is a 30 **calendar** day period.

Section 310 – Expungement requirements

- Expands the authority for destroying records and identifying information to include statutory mandates.

Section 330 – Procedures for expunging juvenile records information

- Removes the clarifying language that destruction of documents ordered expunged be accomplished through shredding, incinerating, pulping, or otherwise totally eradicating the record, as these methods are outlined in the existing definition for destroy.
- References the applicable ITRM SEC standard as the standard to which agencies must comply in deleting computerized versions of records ordered expunged.

Section 340 – Confirmation notice required to VJJIS functional administrator

- Clarifies that the mandated 30 days for expunging the juvenile records information and providing notification that the records have been expunged is 30 **calendar** days.

Section 350 – Expungement order received directly by participating agency

- Removes the requirement that the data owner, upon receiving notification of a court-ordered expungement, obtain a copy of the order from the appropriate court and requires the data owner to contact the appropriate court and determine the validity of the notification, as applicable.

Section 360 – Oversight by the Department of Juvenile Justice

- Clarifies that the department’s authority for monitoring compliance and taking enforcement action in this regulation is pursuant to applicable state and federal statutes and regulations.

Section 390 – Annual report to the board.

- Repeals this entire section.

IV. Summary of Proposed Changes after the Regulation was Published in the Virginia Register

Below is a summary of the amendments that are being recommended by the Department subsequent to the June 16, 2016, Board meeting and the January 9, 2017, publication in the *Virginia Register*.

Section 10 – Definitions

- Updates the reference to the COV ITRM in the definition of “data owner” to “SEC 501-09.1.”
- Remove extraneous language in the definition of “destroy” pursuant to [1VAC7-10-30](#), which provides that in construing regulations the word “includes” means “includes, but not limited to.”
- Removes the proposed amendment in the definition of “need to know” indicating that once access to an application is authorized, the data user remains obligated to assess the appropriateness of each specific access on a need to know basis. This information is set out in Section 60 of the regulation and it is not necessary to include it as part of the definition.

Section 60 – Access provided to participating agencies.

- Replaces reference to “is still” with “remains” for style purposes.

Section 100 – Requirements when records are automated

- Removes the proposed reference to “any successor COV ITRM standard that addresses the removal of Commonwealth data from electronic media.” Effective January 1, 2016, pursuant to [1VAC7-10-140](#), agencies are prohibited from adopting prospective changes to an incorporated document by referring to a future edition or revision of the document.

Section 130 – Security of telecommunications.

- Updates the COV ITRM Standards reference to SEC 501-09.1.
- Removes the proposed reference to “any successor COV ITRM standard that addresses the removal of Commonwealth data from electronic media, based on the prohibition in 1VAC7-10-140.

Section 150 – Correcting errors

- Replaces reference to “when it is found” with “upon discovering” for style purposes.

Section 330

- Updates the COV ITRM Standards reference to SEC 514-04.

DEPARTMENT (BOARD) OF JUVENILE JUSTICE
Comprehensive Review of 6VAC35-160

Part I
General Provisions

6VAC35-160-10. Definitions.

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

"Access" means the ability directly to obtain information concerning an individual juvenile contained in manual or automated files.

"Commonwealth of Virginia Information Technology Resource Management Standards" or "COV ITRM Standards" means the information technology standards applicable to all Commonwealth Executive Branch agencies that manage, develop, purchase, and use information technology resources in the Commonwealth of Virginia.

"Data owner" means a Department of Juvenile Justice employee who is responsible for the policy and practice decisions regarding data as identified by COV ITRM Standard Security (SEC) 501-09.1.

"Department" means the Department of Juvenile Justice.

"Destroy" means to totally eliminate and eradicate by various methods, including, ~~but not limited to,~~ shredding, incinerating, or pulping.

"Dissemination" means any transfer of juvenile record information, whether orally, in writing, or by electronic means to any person other than an employee of a participating agency who ~~has a right to the~~ is authorized to receive the information under § 16.1-300 of the Code of Virginia and who is not barred from receiving the information by other applicable law.

"Expunge" means to destroy all records concerning an individual juvenile, or all personal identifying information related to an individual juvenile that is included in aggregated files and databases, in accordance with a court order or the Code of Virginia.

"Juvenile record information" means any information in the possession of a participating agency pertaining to the case of a juvenile who is or has been the subject of an action by an intake officer as provided by § 16.1-260 of the Code of Virginia, as well as to personal identifying information concerning such a juvenile in any database or other aggregated compilation of records. The term does not apply to statistical or analytical records or reports in which individuals are not identified and from which their identities are not ascertainable.

"Need to know" means the principle that a user should access only the specific information necessary to perform a particular function in the exercise of his official duties. ~~Once access to an application is authorized, the authorized data user is still obligated to assess the appropriateness of each specific access on a need to know basis.~~

"Participating agency" means the ~~Department of Juvenile Justice department,~~ including state-operated court service units, ~~or;~~ any locally operated court service unit, secure juvenile detention home, center, or juvenile group home or emergency shelter; or any public agency, child welfare agency, private organization, facility, or person who is treating or providing services to a child pursuant to a contract with the department or pursuant to the Virginia Juvenile Community Crime Control Act as set out in Article 12.1 (§ 16.1-309.2 et seq.) of Chapter 11 of Title 16.1 of the Code of Virginia, that is approved by the department to have direct access to juvenile record information through the ~~Virginia Juvenile Justice Information System VJIS~~ or any of its component or derivative information systems. The term "participating agency" does not include any court.

"Remote access" means a connection to the department's systems from a remote location other than a department facility.

"Telecommunication connection" means the infrastructure used to establish a remote access to department information technology systems.

"Virginia Juvenile Justice Information System ~~(VJIS)~~ or "VJJIS" means the equipment, facilities, agreements and procedures used to collect, process, preserve or disseminate juvenile record information in accordance with § 16.1-224 or § 16.1-300 of the Code of Virginia. The operations of the system may be performed manually or by using electronic computers or other automated data processing equipment.

~~"VJIS functional administrator" means a Department of Juvenile Justice employee who is responsible for overseeing the operation of a specific component of the Virginia Juvenile Justice Information System. Such persons are sometimes referred to as "functional proponents" of particular information reporting systems. The functional administrator is not to be confused with the department's overall administrator of the VJIS.~~

Part II

Participating Agencies in the ~~Virginia Juvenile Justice Information System~~ VJJIS

6VAC35-160-30. Designation as a participating agency.

A. The department, including its central administration, department-operated facilities, and state-operated court service units, is considered a single participating agency for purposes of this regulation.

B. Locally operated court services units, and secure juvenile detention homes and boot camps as defined in § 16.1-228 of the Code of Virginia centers shall be participating agencies in the ~~Virginia Juvenile Justice Information System~~ VJJIS.

C. Any other agency that is eligible to receive juvenile record information under § 16.1-300 of the Code of Virginia may apply to the department for status as a participating agency.

6VAC35-160-40. Signed memorandum of agreement and nondisclosure agreement required.

The department shall develop a ~~written~~ memorandum of agreement and a nondisclosure agreement with each ~~other~~ participating agency delineating the participating agency's access to and responsibility for information contained in the ~~Virginia Juvenile Justice Information System~~ VJJIS.

6VAC35-160-50. Data submissions.

A. All participating agencies shall submit data and other information as required by department ~~policy~~ procedures to ensure that juvenile record information is complete, accurate, current, and consistent.

B. Administrators of participating agencies are responsible for ensuring that entries into the ~~juvenile justice information system~~ VJJIS are accurate, timely, and in a form prescribed by the department.

C. All information entered into the ~~Virginia Juvenile Justice Information System~~ VJJIS shall become part of a juvenile's record and shall be subject to the confidentiality provisions of § 16.1-300 of the Code of Virginia.

6VAC35-160-60. Access provided to participating agencies.

A. In accordance with ~~polices~~ statutes, regulations, and procedures governing confidentiality of information and system security, the department may limit or expand the scope of access granted to participating agencies.

B. When individuals or participating agencies are providing treatment or rehabilitative services to a juvenile as part of an agreement with the department, their access to juvenile record information shall be limited to that portion of the information that is relevant to the provision of the treatment or service. Once access to an application is authorized, the authorized data user is still obligated to assess the appropriateness of each specific access on a need-to-know basis.

C. An individual's juvenile record information shall be made available only to participating agencies currently supervising or providing services to the juvenile, and only upon presentation of the unique identifying number assigned to the juvenile. Once access to an application is authorized, the authorized data user ~~is still~~ remains obligated to assess the appropriateness of each specific access on a need-to-know basis.

6VAC35-160-70. Designation of authorized individuals.

A. Each participating agency shall determine what positions in the agency require regular access to juvenile record information as part of their job responsibilities and as documented in the employee work profile.

B. ~~In accordance with applicable law and regulations, the~~ The department may shall require a background check of any individual who will be given access to the VJJIS system through any participating agency. The department may deny access to any person based on the results of such background investigation or due to the person's violation of the provisions of ~~these regulations~~ this chapter or other security requirements established for the collection, storage, or dissemination of juvenile record information.

C. Only authorized ~~employees~~ individuals shall have direct access to juvenile record information.

D. Use of juvenile record information by an unauthorized ~~employee~~ individual, or for a purpose or activity other than one for which the person is authorized to receive juvenile record information, ~~will~~ shall be considered an unauthorized dissemination.

E. Persons who are given access to juvenile record information shall be required to sign an ~~agreement~~ information security agreement in accordance with department procedure stating that they will use and disseminate the information only in compliance with law and ~~these regulations, this chapter~~ and that they understand that there are criminal and civil penalties for unauthorized dissemination.

6VAC35-160-90. Security of physical records.

A. A participating agency that possesses physical records or files containing juvenile record information shall institute procedures to ensure the physical security of such juvenile record information from unauthorized access, disclosure, dissemination, theft, sabotage, fire, flood, wind, or other natural or man-made disasters.

B. Only authorized persons ~~who are clearly identified~~ shall have access to areas where juvenile record information is collected, stored, processed, or disseminated. Locks, guards, or other appropriate means shall be used to control access.

6VAC35-160-100. Requirements when records are automated.

Participating agencies having automated juvenile record information files shall:

1. Designate a ~~system administrator~~ data owner to maintain and control authorized user accounts, system management, and the implementation of security measures;
- ~~2. Maintain "backup" copies of juvenile record information, preferably off site;~~
- ~~3. Develop a disaster recovery plan, which shall be available for inspection and review by the department;~~
- ~~4. Carefully control system specifications and documentation to prevent unauthorized access and dissemination~~ 2. Develop and implement a logical access procedure to prevent unauthorized access and dissemination; and
- ~~5.~~ 3. Develop procedures for discarding old computers to ensure that information contained on those computers is not available to unauthorized persons. All data must be completely erased or otherwise made unreadable in accordance with COV ITRM Standard SEC 514-04, Removal of Commonwealth Data from Electronic Media Standard.

6VAC35-160-110. Access controls for computer security.

A. Where juvenile record information is computerized, logical access controls shall be ~~put in place~~ implemented to ensure that records can be queried, updated, or destroyed only from approved system user accounts. Industry standard levels of encryption shall be required to protect all confidential juvenile record information moving through any network.

B. The logical access controls ~~described in subsection A of this section~~ shall be known only to the employees of the participating agency who are responsible for control of the juvenile record information system or to individuals and agencies operating under a specific agreement with the participating agency to provide such security programs. The access controls shall be kept ~~under maximum security conditions~~ secure.

C. Computer operations, whether dedicated or shared, that support juvenile record information shall operate in accordance with procedures developed or approved by the department.

D. Juvenile record information shall be stored ~~by the computer~~ in such a manner that it cannot be modified, destroyed, accessed, changed, purged, or overlaid in any fashion except via an approved system user account.

6VAC35-160-130. Security of telecommunications.

A. ~~Ordinarily, dedicated telecommunications lines shall be required for direct or remote access to computer systems containing juvenile record information. However, the~~ The department may permit the use of a nondedicated means of data transmission to access juvenile record information when there are adequate and verifiable safeguards in place to restrict access to juvenile record information to authorized persons. Industry standard levels of encryption shall be required to protect all juvenile record information moving through any network.

B. Where remote access of juvenile record information is permitted, remote access devices must be secure. Remote access devices capable of receiving or transmitting juvenile record information shall be secured during periods of operation. When the remote access device is unattended, the device shall be made inoperable for purposes of accessing juvenile record information by implementing a screen saver lockout period after a maximum of 15 minutes of

inactivity for devices as required by COV ITRM Standards SEC 501-09.1. In addition, appropriate identification of the remote access device operator shall be required.

~~C. Telecommunications facilities~~ The telecommunications connection used in connection with the remote access device shall also be secured. ~~The telecommunications facilities Telecommunication connections~~ shall be reasonably protected from possible tampering or tapping.

6VAC35-160-150. Correcting errors.

Participating agencies shall immediately notify the appropriate ~~VJJIS functional administrator~~ data owner when it is found upon discovering that incorrect information has been entered into the ~~juvenile justice information system VJJIS.~~ The ~~VJJIS functional administrator data owner~~ will shall make arrangements to correct the information as soon as practicable in accordance with department procedures.

6VAC35-160-170. Information to be disseminated only in accordance with law applicable statutes and regulation regulations.

A. In accordance with § 16.1-223 of the Code of Virginia, data stored in the ~~Virginia Juvenile Justice Information System VJJIS~~ shall be confidential. Information from such data that identifies an individual juvenile may be released only in accordance with § 16.1-300 of the Code of Virginia, applicable federal law, and this regulation chapter.

B. Unauthorized dissemination of juvenile record information will ~~result in~~ subject the disseminator's being subject disseminator to the administrative sanctions described in 6VAC35-160-380. Unlawful dissemination also may be prosecuted as a Class 3 misdemeanor under § 16.1-309 of the Code of Virginia or as a Class 2 misdemeanor under § 16.1-225 of the Code of Virginia.

C. Additional disclosure limitations are provided in the ~~Health Insurance Portability and Accountability Act (42 USC §§ 1320d-5 and 1320d-6)~~ and the federal substance abuse law (42 USC § 290dd2(f)).

6VAC35-160-180. Fees.

Participating agencies may charge a reasonable fee for search and copying time expended when an individual or a nonparticipating agency requests juvenile record information. The participating agency shall inform the requester of the fees to be charged, and shall obtain written agreement from the requester to pay such costs prior to initiating the search for requested information. Any release shall be in accordance with applicable statutes and regulations.

6VAC35-160-210. Determining requestor's eligibility to receive the information.

A. Upon receipt of a request for juvenile record information, an appropriately designated person shall determine whether the requesting agency or individual is eligible to receive juvenile record information as provided in § 16.1-300 of the Code of Virginia, federal law, and this regulation chapter.

B. The determination as to whether a person, agency or institution has a "legitimate interest" in a juvenile's case shall be based on the criteria specified in subdivision A 7 of § 16.1-300 A-7 of the Code of Virginia.

C. When there is a request to disseminate health records or substance abuse treatment records, the person responding to the request shall determine whether the requested

information is protected by the ~~Health Insurance Portability and Accountability Act of 1996~~ or by the federal law on substance abuse treatment records (42 USC § 290dd-2 and 42 CFR Part 2), and may consult with designated department personnel in making this determination. Health records and substance abuse treatment records shall be disseminated only in strict compliance with the applicable federal statutory requirements, the Code of Virginia, and this chapter.

6VAC35-160-220. Responding to requests.

A. Once it is determined that a requestor is entitled to juvenile record information, a designated individual shall inform the requestor of the procedures for reviewing the juvenile record information, including the general restrictions on the use of the data, when the record will be available, and any costs that may be involved.

B. When the request for juvenile record information is made by an individual's parent, guardian, legal custodian or other person standing in loco parentis, the request shall be referred to designated personnel of the department. (See 6VAC35-160-230.)

~~C. Before beginning the search for the requested juvenile record information, a designated individual shall inform the requestor of any fees that will be charged pursuant to 6VAC35-160-180 and shall obtain the consent of the requestor to pay any charges associated with providing the requested information.~~

~~D. C.~~ All records containing sensitive data (e.g., name, date of birth, social security number, or address) shall be encrypted prior to electronic dissemination. Except as provided in subsection B of this section, requested records shall be provided as soon as practicable, but in any case within ~~seven~~ 10 business days unless compliance with other applicable regulations requires a longer response time.

~~E. D.~~ If the request for information is made to a participating agency and the participating agency does not have access to the particular information requested, the requestor shall be notified and shall be told how to request the information from the appropriate source, if known.

~~F. E.~~ Personnel of the participating agency shall provide reasonable assistance to the individual or his attorney to help understand the record.

~~G. F.~~ The person releasing the record shall also inform the individual of his right to challenge the record as provided in 6VAC35-160-280.

~~H. G.~~ If no record can be found, a statement shall be furnished to this effect.

6VAC35-160-260. Reporting unauthorized disseminations.

A. Participating agencies shall notify the department when they observe any violations of the ~~above~~ dissemination regulations contained in this part. The department ~~will~~ shall investigate and respond to the violation as provided in law and this chapter.

B. A participating agency that knowingly fails to report a violation may be subject to an immediate audit of its entire dissemination log and procedures to ensure that disseminations are being appropriately managed.

Part IV

Challenge ~~To~~ to and Correction of Juvenile Record Information

6VAC35-160-280. Challenge.

A. Individuals, or persons acting on an individual's behalf as provided for by law, may challenge their own juvenile record information by completing documentation provided by the department and forwarding it to the ~~functional proprietor~~ data owner who is responsible for the

applicable component of the ~~the Virginia Juvenile Justice Information System~~ VJJIS as prescribed in department procedures.

B. When a record that is maintained by the VJJIS is challenged, both the manual and the automated record shall be flagged with the message "CHALLENGED RECORD." The individual shall be given an opportunity to ~~make~~ provide a brief written statement describing how the information contained in the record is alleged to be inaccurate. When a challenged record is disseminated while under challenge, the record shall carry both the flagged message and the individual's statement, if one has been provided.

C. The ~~VJJIS functional administrator~~ data owner or designee shall examine the individual's record to determine if a data entry error was made. If a data entry error is not obvious, the ~~VJJIS functional administrator~~ data owner shall send a copy of the challenge form and any relevant information to all agencies that could have originated the information under challenge, and shall ask them to examine their files to determine the validity of the challenge.

D. The participating agencies shall examine their source data, the contents of the challenge, and information supplied by the VJJIS for any discrepancies or errors, and shall advise the ~~VJJIS functional administrator~~ data owner of the results of the examination.

E. If a modification of a VJJIS record is required, the ~~VJJIS functional administrator~~ data owner shall ensure that the required change is made and shall notify all participating agencies that were asked to examine their records in connection with the challenge.

F. Participating agencies that, pursuant to 6VAC35-160-220, have disseminated an erroneous or incomplete record shall in turn notify all entities that have received the erroneous juvenile record information as recorded on the agency's dissemination log.

G. The participating agency that received the challenge shall notify the individual or person acting on the individual's behalf of the results of the challenge and the right to request an administrative review and appeal those results.

6VAC35-160-290. Administrative review of challenge results.

A. If not satisfied with the results of the challenge, the individual or those acting on his behalf may, within 30 calendar days, request in writing an administrative review of the challenge by the Director director of the Department of Juvenile Justice department.

B. Within 30 days of receiving the written request for the administrative review, the Director director of the Department of Juvenile Justice department, or a designee who is not the ~~VJJIS functional administrator~~ data owner who responded to the challenge, shall review the challenge, the findings of the review, and the action taken by the ~~VJJIS functional administrator~~ data owner. If the administrative review supports correction of the juvenile record information, the correction shall be made as prescribed ~~above~~ in this section.

6VAC35-160-300. Removal of a challenge designation.

When ~~juvenile~~ the challenge to the juvenile's record information is determined to be correct has been resolved, either as a result of a challenge or an administrative review of the challenge, the ~~VJJIS functional administrator~~ data owner shall notify the affected participating agencies to remove the challenge designation from their files.

Part V
Expungement

6VAC35-160-310. Expungement requirements.

When a court orders or law requires the expungement of an individual's juvenile records, all records and personal identifying information associated with the expungement order shall be destroyed in accordance with the court order or statutory requirement. Nonidentifying information may be kept in databases or other aggregated files for statistical purposes.

6VAC35-160-320. Notification to participating agencies.

The ~~VJIS functional administrator~~ data owner shall notify all participating agencies to purge their records of any reference to the person whose record has been ordered expunged. The notification shall include a copy of the applicable court order, along with notice of the penalties imposed by law for disclosure of such personal identifying information (see § 16.1-309 of the Code of Virginia).

6VAC35-160-330. Procedures for expunging juvenile record information.

A. Paper versions of records that have been ordered expunged shall be destroyed by ~~shredding, incinerating, pulping, or otherwise totally eradicating the record.~~

B. Computerized versions of records that have been ordered expunged shall be deleted from all databases and electronic files in such a way that the records cannot be accessed or recreated through ordinary use of any equipment or software that is part of the ~~Virginia Juvenile Justice Information System~~ VJIS and in accordance with the ITRM SEC 514-04 Removal of Commonwealth Data from Electronic Media Standard.

C. If personal identifying information concerning the subject individual is included in records that are not ordered expunged, the personal identifying information relating to the individual whose records have been ordered expunged shall be obliterated on the original, or a new document shall be created eliminating the personal identifying references to the individual whose record has been ordered expunged.

6VAC35-160-340. Confirmation notice required to ~~VJIS functional administrator~~ data owner.

Within 30 calendar days of receiving expungement instructions from the ~~VJIS functional administrator~~ data owner, the participating agency shall expunge the juvenile record information in accordance with 6VAC35-160-330 and shall notify the ~~VJIS functional administrator~~ data owner when the records have been expunged. The notification to the ~~VJIS functional administrator~~ data owner shall indicate that juvenile records were expunged in accordance with court order and shall not identify the juvenile whose records ~~where~~ were expunged.

6VAC35-160-350. Expungement order received directly by participating agency.

When a participating agency receives an expungement order directly from a court, the participating agency shall promptly comply with the expungement order in accordance with 6VAC35-160-330 and shall notify the ~~VJIS functional administrator~~ data owner of the court-ordered expungement. The ~~VJIS functional administrator~~ shall data owner, upon receipt of

such notification, ~~obtain a copy of the order from the appropriate court~~ shall contact the appropriate court and determine the validity of the notification, as applicable.

Part VI

Disposition of Records in the ~~Juvenile Justice Information System~~ VJJIS

6VAC35-160-355. Record retention.

All records in the ~~Virginia Juvenile Justice Information System~~ VJJIS shall be retained and disposed of in accordance with the applicable records retention schedules approved by the Library of Virginia. When a participating agency or a unit of a participating agency disposes of records in the physical possession of the participating agency or the unit of a participating agency, the person who disposes of such records shall notify the ~~VJJIS functional administrator~~ data owner to remove that same information from VJJIS.

Part VII

Enforcement

6VAC35-160-360. Oversight by the ~~Department of Juvenile Justice~~ department.

A. The ~~Department of Juvenile Justice~~ department shall have the responsibility for monitoring compliance with this chapter and for taking enforcement action as provided in this chapter or ~~by law~~ applicable state and federal statutes and regulations.

B. The department shall have the right to audit, monitor, and inspect any facilities, equipment, software, systems, or procedures ~~established pursuant to~~ required by this chapter.

6VAC35-160-390. ~~Annual report to the board.~~ (Repealed.)

~~The department shall annually report to the board on the status of the Juvenile Justice Information System, including a summary of (i) any known security breaches and corrective actions taken; (ii) any audits conducted, whether random or for cause; and (iii) any challenges received alleging erroneous information and the outcome of any investigation in response to such a challenge.~~