

Tyren Frazier, Chair
Robert Vilchez, Vice Chair
Dana G. Schrad, Secretary
Eric English
William Johnson
Scott Kizner
Anita James Price
Synethia White



Post Office Box 1110
Richmond, VA 23218-1110
804.588.3903

COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

BOARD MEETING

June 29, 2022

Virginia Public Safety Training Center, Knox Hall

AGENDA

9:30 a.m. Board Meeting

1. CALL TO ORDER and INTRODUCTIONS

2. CONSIDERATION of the April 20, 2022, MINUTES (Pages 2-14)

3. PUBLIC COMMENT

4. DIRECTOR'S CERTIFICATION ACTIONS (Pages 15-58)

Ken Bailey, Certifications Manager, Department of Juvenile Justice

5. OTHER BUSINESS

- Consideration of the FY 2022-2023 Virginia Juvenile Community Crime Control Act Plans – Jenna Easton, Program Manager, Department of Juvenile Justice (Pages 59-77)
- Regulatory Update - Ken Davis, Regulatory Affairs Coordinator, Department of Juvenile Justice (Pages 78-80)
- Regulatory Discussion - Kristen Peterson, Regulatory and Policy Coordinator and Ken Davis, Regulatory Affairs Coordinator, Department of Juvenile Justice (Pages 81-139)

*Policy 02-006 Applications for Federal Funds

*Policy 01-001 Board Policies and Standards

*Policy 17-001 Summary of Residents' Rights

*Policy 05-010 The Prison Rape Elimination Act (PREA)

6. DIRECTOR REMARKS and BOARD COMMENTS

7. NEXT MEETING DATE: September 21, 2022, 9:30 a.m., Virginia Public Safety Training Center

8. ADJOURNMENT

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COMMONWEALTH of VIRGINIA

Board of Juvenile Justice

DRAFT MEETING MINUTES

April 20, 2022 - Human Resources Building, Bon Air Juvenile Correctional Center Campus

Board Members Present: Eric English, Tyren Frazier, William (Will) Johnson, Scott Kizner, Dana Schrad, and Robert (Tito) Vilchez

Board Members Absent: Anita James Price and Synethia White

Department of Juvenile Justice (Department) Staff Present: Ken Bailey, Robin Binford Weaver, Melinda Boone, Ken Davis, Michael Favale, Amy Floriano, Wendy Hoffman, Joyce Holmon, Linda McWilliams, Jamie Patten, Kristen Peterson, Charles Schmidt, Lara Todd, James Towey, Angela Valentine, and Carmen Williams

Guests: Marilyn Brown (Chesterfield Juvenile Justice Service), Justin Crostic (Chesterfield Juvenile Justice Service), Taylor Easley (disAbility Law Center of Virginia), Jered Grimes (Newport News Juvenile Services), Jason Houtz (Fairfax Juvenile Detention Center), Chris Mallory (Chesterfield Juvenile Justice Service), Sarah Meehan (disAbility Law Center of Virginia), Valerie Slater (RISE for Youth), and Carla White (Rappahannock Juvenile Detention Center)

CALL TO ORDER AND INTRODUCTIONS

Chairperson Tyren Frazier called the meeting to order at 9:31 a.m. Chairperson Frazier welcomed those present and asked for introductions.

CONSIDERATION OF THE SEPTEMBER 1, 2021, AND JANUARY 11, 2022, MINUTES

The minutes of the September 1, 2021, and January 11, 2022, Board meetings were provided for approval. On a motion duly made by Dana Schrad and seconded by Tito Vilchez, that the Board approve the minutes as presented, all Board members present declared "aye" and the motion carried.

PUBLIC COMMENT

Marilyn Brown, Director, Chesterfield Juvenile Justice Services

Ms. Brown spoke on behalf of the Virginia Juvenile Detention Association representing 24 detention centers. Ms. Brown thanked all involved, especially Ken Davis and Kristen Peterson, for the more than five years of collaborating and partnering on the regulation before the Board at today's meeting. Ms. Brown asked the Board to adopt the Regulation Governing Juvenile Secure Detention Centers and move the regulation forward. Ms. Brown is proud to put forward this product, and asked for the Board's support.

Jason Houtz, Superintendent, Fairfax Juvenile Detention Center

Mr. Houtz indicated the six year journey of work to bring the secure juvenile detention regulation to the Board today. Mr. Houtz said it is time to move forward with this regulation, but understood it might be a year before implementation, even if approved. Mr. Houtz appreciated the Board's consideration, and welcomed the opportunity to move the regulation to the final stage.

AGENDA ADJUSTMENTS

Chairperson Frazier adjusted the meeting agenda to allow the regulatory conversation to be heard first in case some members had to leave the meeting early. Director's Certification Actions and Legislative Updates were moved before the Director's Remarks on the published meeting agenda.

REGULATORY UPDATE

Ken Davis, Regulatory Affairs Coordinator, Department

The regulatory update is located in the Board's packet on page 38. Mr. Davis announced 6VAC35-210 Compulsory Minimum Training Standards for Direct Care Employees has completed the regulatory process and became effective on March 18, 2022, along with the associated guidance document.

CONSIDERATION OF 6VAC35-101 REGULATION GOVERNING JUVENILE SECURE DETENTION CENTERS TO THE FINAL STAGE OF THE REGULATORY PROCESS

Ken Davis, Regulatory Affairs Coordinator, Department

The revision of this regulation has been underway for six years with countless hours of hard work by the workgroup. The Department seeks the Board's approval on the final amendments and to move the regulation to the final stage of the regulatory process. This does not mean, if approved, the regulation becomes effective today, but it does mean it will move to the final stage of the regulatory process. There may be a lengthy period before it becomes effective.

Mr. Davis reviewed relevant changes to the regulation. Background information can be found in the Board packet. There were a few minor changes made by the Department after the proposed stage:

- The current draft removes the term *qualified mental health professional (QMHP)* and replaces it with *mental health clinician*. This was made because of a legislation change that broadened the definition of QMHP. The Department felt a different term was needed to ensure residents receive services they needed and the professionals providing those services are properly qualified. This was changed throughout the regulation: all areas that said *QMHP* now say *mental health clinician*.
- The definition of room restriction was updated to clarify that it does not include structured programming requirements e.g., during shift changes, showers, or resident movement. This definition does not apply to medical isolation.

Mr. Davis reviewed substantive recommendations.

- A change was made to section 80, where the workgroup added the use of the mechanical restraint chair by facility staff regardless of purpose or duration to the list of events that must be reported within 24 hours. The change conformed section 80 to section 1153 pertaining to the use of the mechanical restraint chair. This is not a new requirement but conforms this section to the rest of the regulation.

- The workgroup recommended several changes to section 560 (searches of residents) to better align with language previously approved in the juvenile correctional center regulation. Among the recommended changes was one to remove a requirement that pat down and full searches be conducted by a staff member of the same sex as the resident. The Prison Rape Elimination Act (PREA) prohibits cross-gender searches. If the regulation dictated that searches must be conducted by a staff member of the same sex, this may potentially create a conflict with the regulation should the juvenile detention center have a transgender resident, for example. The workgroup decided it was best to follow the PREA standards rather than try to insert the Department's own language. In addition, the workgroup added a requirement that a staff witness be present for full searches and for manual and instrumental searches of anal or vaginal areas which were not medical examinations. The Department believed these changes were in the best interest of the residents.
- The workgroup recommended amending subsection one of section 1100 to require the facility administrator or their designee to make daily personal contact with each resident placed in room restriction, including those placed in disciplinary room restriction. Previous language made an exception for residents in disciplinary room restriction. This was not the intent of the Department; it was an error. A correction is needed to ensure all residents are getting that contact on a daily basis.

Mr. Davis reviewed moderate impact changes.

- The face sheet delineates the resident's information included at the time of admission. The workgroup added gender identity and primary and preferred language to information needed at the time of admission.
- The workgroup recommended updating the smoking prohibition in section 460 to use the same language as the *Code of Virginia*. This provision now is almost identical to the similar provision approved by the Board in the juvenile correctional center regulation.
- The workgroup recommended updating the section on fundraising to require that resident consent to participate in fundraising efforts be made in writing.
- Section 1140 deals with the monitoring of residents placed in mechanical restraints. The workgroup recommended updating subsections A and B of section 1140 to provide an exception for residents who are being transported offsite. That brings the juvenile detention center regulation in alignment with language already approved in the juvenile correctional center regulation.

Mr. Davis reviewed low impact changes.

- Regarding the juvenile detention center's relationship with the Department, the workgroup added clarifying language that states the required timeframes for reporting information to the agency director are in business days.
- The workgroup added a requirement for staff to self-report any arrests or criminal charges to a facility administrator.
- The workgroup recommended deleting subsection A of section 430 that required male and female residents have separate sleeping rooms. Currently, all juvenile detention centers have single occupancy rooms, and there will not be an occasion to bunk youth together. Single occupancy rooms are based on requirements that are elsewhere in this section. Section 830 requires sleeping room

assignments made according to a written plan, taking into account a number of factors including a resident's individual characteristics and the results of the vulnerability assessment that the regulation requires. The workgroup determined those requirements would provide the necessary parameters for making room assignments, thus making subsection A unnecessary.

- Some clarifications and technical amendment changes were made throughout the regulation. The word "facility" was used in a number of places as a vague, nonspecific subject. For example, the provision might say "the facility" shall develop and implement written procedures. The workgroup recommended changing the language throughout the chapter to either the facility administrator, facility administrator designee, or facility staff, whichever was appropriate for that particular provision. The workgroup concluded that clarifying accountability in those provisions was needed.
- The workgroup recommended replacing the word "sanction" with "consequence" in various text in the regulation to better align with the terminology used in the juvenile detention centers.
- The other changes corrected Code and regulatory citations, aligned the text with the regulatory style manual, and made other stylistic improvements.

Chairperson Frazier thanked the regulatory team, and noted the long regulatory process it has been to move the juvenile detention center regulation through to the final stage. This is part of the duty of the Board. Chairperson Frazier asked for questions from the Board.

The Board had a lengthy discussion on the difference between QMHP and mental health clinician. Mr. Davis introduced the Department's Behavioral Services Unit Director Robin Binford Weaver and asked her for clarification. She explained that the Department has used qualified mental health professional (QMHP) as a term in the past. The Virginia Department of Health Professions legislatively co-opted QMHP. QMHP is used for individuals that do not provide the level of clinical services the Department would expect working with its youth. QMHP is someone who could not practice independently or provide clinical services. They may work with youth, but not in a clinical sense.

QMHP has no licensure requirements and mental health clinicians do.

It is not just about changing the definition, but making the definition more flexible. The QMHP by legislation denotes a level of practice that is not in keeping with providing a level of services that requires licensure or level of education.

The Department required a level of education for QMHPs before the General Assembly began using the term. Now, however, the Commonwealth uses QMHP differently from how the Department had defined it, making the term unworkable for this regulation. Changing to the term *mental health clinician* in the regulation allows the Department to define requirements. By law, the educational requirements for QMHPs are broad, such that a QMHP cannot necessarily be considered a clinician, although a clinician always can be considered a QMHP.

Deputy Director of Residential Services Joyce Holmon provided a personal example. She herself is a QMHP by the fact she earned a bachelor's degree, worked in the mental health system for five years, and received supervision by a licensed person. Based on that, North Carolina considered Deputy Director Holmon a QMHP. She had enough supervision and worked with the mental health youth long enough to qualify. Deputy Director Holmon is not trained in any mental health field, does not have a master's degree, does not have to be licensed, and is not eligible for a license. Deputy Director Holmon cannot be called a clinician.

Board Member Kizner noted that he is a licensed school psychologist and has a Ph.D. He asked whether he would qualify to be a clinician? Is there a minimum academic credential? Dr. Binford Weaver answered that the Department is envisioning someone with at least a master's degree. The Department would not expect someone with a high school diploma to provide clinical services. When the Department talks about a clinician, it is someone with an advanced degree (which the Department defines as at least a master's degree).

Board Member Schrad noted that she has observed in the field the difficulty of finding qualified mental health clinicians. Is the Department facing this struggle as well? Dr. Binford Weaver said the Department does have its challenges and frequently competes with other state and private agencies.

Board Member Kizner asked for clarification on gender-specific examinations; are male staff able to perform a vaginal inspection/cavity search of a female resident based on the change of not having to be the same gender. Mr. Davis responded that cavity searches must be done by a medical professional. The change having to do with sex versus gender was for pat down and visual searches only, not cavity searches. An example would be for contraband high-level searches. PREA prohibits cross-gender searches, which means if a juvenile detention center received a transgender resident, and the regulation required the person doing the search to be of the same biological sex, the regulation would conflict with PREA. In order to avoid the conflict, the Department determined that it was best to let PREA govern and searches follow the PREA guidance and not allow cross-gender searches.

Board Member Kizner asked if a female resident objected to a male staff member doing the pat down, would the facility get a female staff member to help, if possible. Mr. Davis replied because of the prohibition of cross-gender searches, if the resident is female and identifies as female then they would be searched by a female staff member. This takes biological sex out of the equation and is thus not in conflict with PREA on cross-gender searches. The female resident who identifies as female would be searched by a female staff member.

On motion duly made by Dana Schrad and seconded by Will Johnson, the Board of Juvenile Justice approved the proposed amendments to the Regulation Governing Juvenile Secure Detention Centers (6VAC35-101), including any additional amendments adopted at the April 20, 2022 Board meeting, and grants the Department of Juvenile Justice permission to advance the regulation to the Final Stage of the standard regulatory process. All Board members present declared "aye" and the motion carried.

CONSIDERATION OF RESCISSION OF THREE OBSOLETE BOARD POLICIES

Kristen Peterson, Regulatory and Policy Coordinator, Department

The Board is requested to approve the rescission of three Board policies. The Board is accustomed to rescinding procedures, but this is probably its first foray into policies. Under section 66-10 of the *Code of Virginia*, the Board has a number of statutory duties as well as authorities. Those duties include:

- To establish and monitor policies for the programs and facilities for which the Department is responsible under this law;
- To ensure the development of a long-range youth services policy; and
- To monitor the activities of the Department and its effectiveness in implementing the policies developed by the Board.

The Department currently has 38 policies that have not been reviewed in a few years. The Department will endeavor to bring before the Board three or four policies each meeting for the Board's consideration to either rescind, amend, or retain. Many of these policies duplicate existing law or regulations, and some are

just obsolete. Department staff should not have to consult a number of sources to carry out their duties effectively. The point is to streamline the process.

Board policies are different from regulations. The Administrative Process Act (Act) defines a regulation as any statement of general application, having the force of law, affecting the rights or conduct of any person, adopted by an agency in accordance with the authority conferred on it by applicable basic laws. The Act is silent when it comes to policies and has no definition of the term. It is the Department's understanding that policies are not subject to the Act. While regulations have the force of effective law, policies do not.

02-006 Applications for Federal Funds: Under the statute that existed at the time Board policy was adopted, the Board had the power and the duty to review and comment on all applications by the Department for federal funds. The policy that was adopted in accordance with that statute required the Department to inform the Board of all initial applications of federal funds including grants and established timeframes for providing notification and information to the Board. In 2012, the General Assembly repealed legislation that gave the Board the authority to review and comment on these applications of federal funds. That repeal took place ten years ago, and the Department believed as the result of that appeal of legislation that there is no longer a need for this policy. The Board no longer has authority pursuant to that statute.

18-005 Chemical Agents: Staff are prohibited from using chemical agents in facilities regulated by the Board. Under the Board's purview are three types of residential facilities: juvenile detention centers, juvenile correctional centers, and group homes, each with corresponding regulations. A provision in each of those regulations prohibits staff from using chemical agents for purposes of behavior management or institutional security. The language in the regulation is sufficient to adopt the intent of the policy, and thus the Department recommended the rescission of this Board policy.

20-301 Employment of Residents in Community Residential Facilities: The Department shall assist residents in community residential facilities operated by the Department to find and maintain employment. In addition, when residents are released from commitment, the Department will help them find and maintain employment. This provision specifically targeted community residential facilities. That language has historically been interpreted, with respect to this policy, for halfway houses, which the Department used to operate. The Department has not operated halfway houses since 2014. This policy currently has no application, and thus the Department recommended rescission.

These three policies do not fall within the realm or purview of the Act. If the Board decides to accept the Department's recommendation and approve the rescission of these policies, the rescission will take effect immediately.

Board Member Schrad asked whether it had been the case that the now-repealed *Code of Virginia* section giving the Board power to review and comment on all federal grant applications had never given the Board the final approval on the application, but only that the Board was able to review and comment. Ms. Peterson said that was correct. Board Member Schrad asked if it was still a decision for the Department Director whether to apply for funds. Ms. Peterson answered yes. Board Member Schrad said she would be uncomfortable if the Board was not provided information on what grant applications the Department made, especially federal and private foundation grants that often have a certain objective. Particularly, if the application is with an organization or private foundation whose objectives are contrary to that of the Department. Board Member Schrad would like to be kept aware of those applications.

Board Member Johnson asked what was behind the legislative change for the General Assembly to remove the restriction authority.

Ms. Peterson responded the Board is part-time and these types of decisions need to be made by the agency. It is not practical always to consult the Board before proceeding with pursuing these types of grants. This legislative change would put that responsibility and duty back in the hands of the agency.

Board Member Johnson noted there are a lot of federal grants with response timeframes, such as two weeks or 30 days to submit an application or lose the opportunity to participate. For instance, the pandemic funds and resources were opened for applications to receive federal relief. Board Member Johnson can see how, if there was a requirement for the agency to come to the Board for approval to submit a grant application, that it might cost the agency the opportunity to receive resources and provide additional funds to cover such things as bringing mental health clinicians in to help with the emergency associated with the pandemic. Board Member Johnson can see the need for flexibility, but would also like to be made aware of the application. This could be done after the fact and in a report format.

Board Member Schrad agreed, and explained that her objective is to be better informed not to interfere. Board Member Schrad believed it is important the Board know the kinds of grant funds applied for by the agency.

Some Board members noted the reference to private funding, and Ms. Peterson said the overall objective of this provision is to target federal funds; however, the policy covers all sources from which the Department might seek funding.

Board Member Kizner worked for a school board for 22 years, and often the school board chair and the superintendent would be required to sign off on the grants. Would the agency director be responsible for approval of the federal grant and not the Board? Ms. Peterson answered that that is correct.

Board Member Schrad would like to be kept informed by the agency on grants applied for that may have a mission statement and could affect not only the programs conducted by the Department, but also the philosophy behind those programs.

Director Floriano said what she is hearing from this Board discussion is that it may be more efficient to amend the policy in order to make sure that process is complied with and the Department is meeting the goals of the Board. Rather than rescind the policy, the Department might need to amend the language to ensure notification to the Board of any grants in a timely fashion.

Chairperson Frazier recognized that this might be a large amount of notifications and asked the Department to provide a grant summary.

Board Member Kizner asked how many federal grants the Department is speaking of on an annual basis. Deputy Director for Administration and Finance Jamie Patten answered that it depends; regarding the federal grants the Department applies for, it would be five or fewer a year but grants from all sources of federal funding would be different. The Department does receive federal funding for other programs such as education, and during the COVID-19 years it has been more. Board Member Kizner asked if these were competitive grants or is the Department receiving grant funds, regardless. Deputy Director Patten responded that both are correct. Education grants are often formula-based; formulas applied in each school district, including the Department, all receive a set amount based on the formula, and the Department does not have any option but to apply for that amount. Some grants are competitive. In applying for a grant that has a certain purpose, the Department decides what to do with this money, and the grant recipients are chosen from the application process.

Director Floriano summarized that the Board seemed more concerned with grants the Department applies for with a specific purpose that may have “strings attached,” but not as concerned with grant funding related to education. Director Floriano suggested the Board would like to be informed on the grants with strings attached that may have a mission statement, and what the Department intends to do with that grant money. Board Member Schrad believed a summary report at Board meetings is sufficient.

Ms. Peterson advised the Board that agency staff could revise the motion for this policy at this meeting or bring this policy back to the Board at the next meeting to approve the amendment. The Board was amenable to have this on the agenda for the next meeting.

On motion duly made by Eric English and seconded by Dana Schrad, the Board of Juvenile Justice approved the rescission of Board Policy 18-005 (Chemical Agents), as proposed at the April 20, 2022, meeting, to take effect immediately. All Board members present declared “aye” and the motion carried.

On motion duly made by Tyren Frazier and seconded by Will Johnson, the Board of Juvenile Justice approved the rescission of Board Policy 20-301 (Employment of Residents in Community Residential Facilities), as proposed at the April 20, 2022, meeting, to take effect immediately. All Board members present declared “aye” and the motion carried.

DIRECTOR’S CERTIFICATION ACTIONS

Ken Bailey, Certification Manager, Department

Mr. Bailey directed the Board to the packet, which contained the individual audit reports and a summary of the Director’s certification actions completed for March 15, 2022.

The audit for the Virginia Beach Crisis Intervention Home was excellent and received a 100% compliance. It was an improvement compared to their audit in 2017 that had found a number of deficiencies. Given COVID-19 and having to close down for a period of time, the facility did a great job when it reopened, and maintained compliance with the regulations. The Virginia Beach Crisis Intervention Home was certified until May 12 2024, and was provided with a letter of congratulations for 100% compliance.

The audit for the Bon Air Juvenile Correctional Center found two deficiencies regarding documentation in the area of medical exams and medication. Mr. Bailey noted that his Certification Unit had an extensive team reviewing Bon Air due to the size, and they are proud of their excellent response from Bon Air. The facility was certified until April 12, 2024.

Blue Ridge Juvenile Detention Center and Post-dispositional Program is located outside of Charlottesville and serves the 16th District Court Service Unit. This facility has a new superintendent, and this was their first audit. Blue Ridge Juvenile Detention Center and Post-dispositional Program received 100% compliance and was certified until February 11, 2025. This was significant in that it was their third consecutive 100% compliance rating.

Tidewater Youth Services Apartment Living Program is a truly independent living program to which youth 17 ½ to 21 years of age coming out of direct care or on parole are admitted. The youth live in a real apartment situation, with staff in another apartment to supervise them. The youth manage their own food, have jobs, in some cases attend community college, and are taught independent living skills. The audit for the Tidewater Youth Services Apartment Living Program found 100% compliance, and was certified through January 20, 2025.

Board Member English noted that the certifications are for three years and asked if that was consistent. Mr. Bailey answered the certification timeframe is up to a maximum of three years, but could be six months or one to two years.

Board Member Johnson asked whether the Certification Unit would return in a shorter period of time to re-audit the program if there was an audit finding. Mr. Bailey answered that when a program is out of compliance, the Certification Unit, before the report is presented to the Director, will return to review findings and check if the facility had brought themselves into compliance. A good example was Bon Air, who had two deficiencies on their audit. The Certification Unit went back in three months to review those audit deficiencies and observed that they had followed through on their corrective action plan. Mr. Bailey does not present anything to the Director until the Certification Unit looks at it for a second time, and the Director will let them know if it needs a third look.

2022 LEGISLATIVE UPDATE

James Towey, Legislation and Regulatory Affairs Manager, Department

This year was a busy session of the General Assembly. The Department's legislative team tracked introduced legislation involving criminal justice and particularly juvenile justice. The team started off tracking 659 bills, and put them into different tracks based on the impact the bills would have on the juvenile justice system or the Department. There were 40 bills followed closely because of their potential for significant impact on the juvenile justice system. Mr. Towey provided an overview of the six bills that had a direct impact to the Department. A legislative manual will be published and provide a full review of the tracked bills. The Board will be given a copy.

Boot Camps (HB 228 / SB 546)



- DJJ has not had a state-contracted boot camp program since 2003.
- Eliminates all references to juvenile boot camps in the Code.
- Removes DJJ's authority to establish or contract for the establishment of boot camps.
- Eliminates boot camps as a dispositional alternative for juveniles.
- Relieves the Board of the duty to prescribe standards for the development, implementation, and operation of boot camps.

The Board will not be seeing mention of juvenile boot camps. The agency does not do periodic reviews for regulations that do not exist.

Secretariat (HB 1197)



- Directs the Secretary of Public Safety and Homeland Security and the Secretary of Health and Human Resources to convene a work group to determine the feasibility and benefits of transferring responsibility for DJJ from the SPSHS to the SHHR.
- Vetoes by Governor.
- Previously passed the Senate 32-7 and the House 64-35.
- House and Senate can override veto by 2/3 vote of both chambers.

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This bill was vetoed by the Governor last week. The General Assembly returned for the reconvened session on April 27, and it is yet to be determined if they will have enough votes to override the veto or whether the veto will stand. If the veto stands, the study will not convene.

Isolated Confinement (SB 108)



- Directs DOC to convene a work group to study the use of "restorative housing" within state correctional facilities and juvenile correctional centers, including the length of time each inmate is kept in restorative housing and the purposes for which inmates are placed
- Confidential interviews with at least 25 currently incarcerated persons who are currently or within the past year been placed in restorative housing and confidential interviews with existing staff
- Recommendations on how to safely reduce or end the use of restorative housing that lasts longer than 14 days and criteria to be considered when a determination is made that it should last longer than 14 days
- The work group shall include at least 3 representatives from DJJ.

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This bill was mostly applicable to Department of Corrections (DOC).

Security Cameras (HB 1332)



- Class 1 misdemeanor for any person to intentionally cover, remove, damage, render inoperable, or otherwise obscure a security camera installed in a correctional center, including a juvenile correctional center, without the permission of the sheriff, jail superintendent, warden, or Director of DOC or DJJ.
- Class 6 felony for any person to do so with the intent of inhibiting or preventing an image of the commission of a felony.

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This was generated by a situation in the Virginia Beach jail where an inmate put tissue or toilet paper over a security camera, and then a beating ensued. This affects juvenile correctional centers, as well.

DPYDA
(SB 485)



- Delinquency Prevention and Youth Development Act (§§ 66-26 through 66-35).
- DJJ to make grants to counties and cities to promote efficiency and economy in delivery of youth services and to provide support to localities seeking to respond to juvenile delinquency.
- The Board to adopt policies governing applications for grants and standards for the operation of programs developed and implemented under the grants.

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The Department started funding this in 1979.

DPYDA (cont'd)
(SB 485)



- A locality participating in a program funded by a grant must be represented by a youth services citizen board.
- The youth services citizen board shall participate with community representatives in the formation of a comprehensive plan for the development, coordination and evaluation of the youth services program and shall make recommendations to the governing authority on the plan and its implementation.

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DPYDA (cont'd)
(SB 485)



- The DPYDA was last funded in FY 2001.
- SB 485 adds that DJJ shall establish a list of best practices program models that are likely to qualify for grants.
- Changes the composition of youth services citizen boards.
- Permits the boards to establish a youth advisory team.
- Budget Item 426 provides for \$3.4 million for DPYDA grants.

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There were some offices on youth in the Commonwealth that were implementing this act through funding provided by the Department. Although there was a lack of funding, there were still some offices on youth that continued under the Virginia Juvenile Community Crime Control Act (VJCCCA), and a few opted to be locally operated and did not need state funding.

The second bullet on the above slide ensured localities provided information about best practices for delinquency prevention programs to put them in the best position to seek grants. At present, there is no money for this program. If the budget is approved, DPYDA can be restarted.

Board Member Johnson asked if the funding for this item is before the budget conferees. Mr. Towey responded that was correct. The budget item was put forth by the bill patron, Senator McClellan, whom Mr. Towey believed to be a conferee for the budget. At present, the House and Senate conferees are meeting and in negotiations. Board Member Johnson asked if both the House and Senate versions of the budget included the \$3.4 million. Mr. Towey responded no, just the Senate version.

Records / Coordinated Services
(HB 733 / SB 316)



- Requires DJJ to develop and biennially update a model MOU regarding the sharing of information between agencies in order to provide coordinated services for children receiving services from multiple agencies.
- DBHDS, DSS, CSUs, and various affiliated local agencies.

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During the last two sessions, the General Assembly made amendments to the *Code of Virginia* to try to enhance the sharing of information among service agencies providing services to the same youth. If “Johnny” is receiving services from the Department of Social Services and the Department, then this allows for sharing of information. The Department provides the model memorandum of understanding (MOU), approved by the Office of the Attorney General, for localities to use. This is a continued effort to enhance information sharing for youth receiving coordinated services from all four agencies.

Board Member Schrad asked if it included local law enforcement agencies. Mr. Towey responded that it does not include local law enforcement, just the Department of Social Services, Department of Behavioral Health and Developmental Services, and local court service units.

In conclusion, Mr. Towey said that this is the time of year when the agency develops legislation proposals to be submitted to the Secretary of Public Safety and Homeland Security for consideration in August. The agency’s legislative team begins researching various legislative concepts. If the Board has any legislation ideas for the upcoming session, please contact Mr. Towey (james.towey@djj.virginia.gov).

DIRECTOR’S COMMENTS

Amy M. Floriano, Director, Department

Director Floriano had an opportunity to speak to the Board individually before the meeting to talk about the work ahead and the agency’s goals. Director Floriano is looking forward to working with the Board, and her team, which has helped her to assimilate from one career to another.

BOARD COMMENTS

Chairperson Frazier welcomed Director Floriano, and said the Board is definitely looking forward to hearing more about the ideas to help the most vulnerable youth across the state.

Chairperson Frazier asked that, if any Board member would like a tour of Bon Air Juvenile Correction Center, they should please contact Wendy Hoffman. Chairperson Frazier asked that any tour include an opportunity to see things happening in the facility and have conversations with the residents.

NEXT MEETING

The next Board meeting is June 29, 2022, at 9:30 a.m. at the Virginia Public Safety Training Center.

ADJOURNMENT

Chairperson Frazier adjourned the meeting at 10:50 a.m.

SUMMARY OF RECOMMENDED CERTIFICATION ACTIONS
June 6, 2022

Certify Aurora House to August 23, 2024.

Pursuant to 6VAC35-20-100C.3, 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 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.

Certify Fairfax Shelter Care II to May 9, 2025 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.

Certify New River Valley Juvenile Detention Home and Post-dispositional Program to June 11, 2025 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.

Certify Roanoke Valley Juvenile Detention Center to February 11, 2025, with a status report in December 2022 regarding the repairs to the facility computer system.

Pursuant to 6VAC-20-100C4a1, 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.

Certify Shenandoah Valley Juvenile Center to June 9, 2025 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.

Continue the current certification status to October, 2022, with a review of the implementation of the corrective action plan presented by Chesapeake Juvenile Services.

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

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.

Approve a modification to the Certification Certificate of Northern Virginia Juvenile Detention Center increasing the capacity of the Post-dispositional Program from ten to 16.

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

PROGRAM AUDITED:

Aurora House
420 South Maple Avenue
Falls, Church, Virginia 22046
(703) 237-6622
Rachel Kindell, Group Home Manager
RKindell@fallschurchva.gov

AUDIT DATES:

November 9, 2021

CERTIFICATION ANALYST:

Learna R. Harris

CURRENT TERM OF CERTIFICATION:

August 23, 2018 – August 22, 2021

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS March 13, 2018:

98.7% Compliance Rating
6VAC35-41-90 (E). Serious incident reports
6VAC35-41-1210 (A). Tuberculosis screening. CRITICAL
6VAC35-41-1280 (E). Medication. CRITICAL
6VAC35-41-1280 (H). Medication. CRITICAL

CURRENT AUDIT FINDINGS – November 9, 2021:

99.82% Compliance Rating
6VAC35-41-1280 (G). Medication
6VAC35-41-1300 (A). Behavior Support
No repeated deficiencies from the previous audit.

DEPARTMENT CERTIFICATION ACTION June 6, 2022: Certified Aurora House to August 23, 2024.

Pursuant to 6VAC35-20-100C.3, 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 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.

TEAM MEMBERS:

Learna Harris, Team Leader
John Adams, Central Office
Shelia Hinton, Central Office
Nikeshia Roberts, Central Office

POPULATION SERVED:

Aurora House is a community-based group home for at-risk adolescent females between the ages of 13 and 17. Residents in the Independent Living Program can be accepted through age

20 and will be counted in the rated capacity of 12. Two of the 12 beds are designated for the Independent Living Program. The facility is operated by the city of Falls Church and serve residents and families from the cities of Falls Church and Alexandria, and Arlington County.

PROGRAMS AND SERVICES PROVIDED:

As a community-based program, Aurora House seeks to help residents participate more effectively in their families, schools and communities. The primary objective for most Aurora House residents is to return home and successfully live with parent(s) or other family members. Therefore, whenever possible, girls entering Aurora House continue to attend their school of origin, receive regular home visits and participate in local employment and recreational opportunities. With intensive structure and support provided by Aurora House counselors, residents learn to accept responsibility for themselves and their actions and to appropriately respond to the problems they face in these environments. The involvement of a girl's family in the change process is extremely important. Aurora House is committed to working with girls in the context of their family and community systems. It is believed this promotes more significant and lasting change in residents.

The Aurora House Transitional Living Program (TLP) is a community-based residential facility with a philosophy of responsible involvement that provides a unique opportunity for female youth ages 16-20 with the skills and education necessary to become independent productive adults. The program's goal is to help youth develop much-needed independent living skills in a nurturing environment that offers stability, consistency and safety. They will acquire some independent living skills, including obtaining employment, opening a savings account, and managing their finances. The Aurora House TLP has two beds that will offer female youth an opportunity to learn the necessary skills to successfully return to the community and live on their own. Staff provides guidance to each resident by helping them determine and achieve their individual goals. Staff also provides opportunities for personal development, and strives to create a supportive and therapeutic environment with a focus on employment and independent living skills.

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

- Individual counseling and case management
- Group counseling to teach skills for healthy relationships, daily living skills, self-esteem and emotional regulation/management, problem solving, conflict resolution, and assertiveness
- Family therapy and counseling to include parenting education
- Educational support to include college visits and tours, and a scholarship program
- Recreation

Aurora House interacts with the community in obtaining such services as:

- Alcohol and drug services
- Mental health services; individual and family therapy
- Bilingual services
- Offender Aid and Restoration (OAR)
- Department of Human Services (home based counseling, emergency mental health services and Medicaid insurance)
- Fenwick Center/Teen Clinic – STD/family planning clinic operated by Arlington County Health Department
- Friends of Argus and Aurora House
- Aurora House Citizen's Advisory Committee (Scholarship Program)

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

FACILITY/PROGRAM: Aurora House
SUBMITTED BY: Rachel Kindell, Group Home Manager
CERTIFICATION AUDIT DATES: November 9, 2021
CERTIFICATION ANALYST: Learnna R. Harris

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

6VAC35-41-1280 (G). Medication

A medication administration record shall be maintained of all medicines received by each resident and shall include:

- 1. Date the medication was prescribed or most recently filled;**
- 2. Drug name;**
- 3. Schedule for administration;**
- 4. Strength;**
- 5. Route;**
- 6. Identity of the individual who administered the medication; and**
- 7. Dated the medication was discontinued or changed.**

Audit Finding:

Two of four applicable cases reviewed did not document when the medication was discontinued or changed.

Program Response

Cause:

Staff developing the Medication Administration Record for a new medication not completing entire top portion of form

Effect on Program:

No effect – Medication Treatment with discontinued date and change are keep in the medical binder. New medication and discontinued medication is noted in the daily log and on the daily Medication Disbursement Sheet.

Planned Corrective Action:

Meet with staff during staff meeting to review procedure on Medical Administration Records (MAR's) during two staff meetings. Group Home Manager/Residential Supervisor must be notified immediately for new medication, discontinued medication, and medication changes. All MAR's must be reviewed by Group Home Manager/Residential Supervisor upon completion to ensure all information is noted as prescribed by physician.

Completion Date:

December 1, 2021 and December 8, 2021

Person Responsible:

Rachel Kindell, Group Home Manager

Current Status on March 14, 2022: Not Determined

There were no cases to review at this time.

6VAC35-41-1300 (A). Behavior Support

A. Each facility shall have a procedure regarding behavior support plans for se with residents who need supports in addition to those provided in the facility's behavior management program that addresses the circumstances under which plans shall be utilized. Such plans shall support the resident's self-management of his own behavior and shall include:

- 1. Identification of positive and problem behavior;**
- 2. Identification of triggers for behaviors;**
- 3. Identification of successful intervention strategies for problem behavior;**
- 4. Techniques for managing anger and anxiety; and**
- 5. Identification of interventions that may escalate inappropriate behaviors.**

Audit Finding:

Three of six applicable cases reviewed did not have documentation on behavior support.

Program Response

Cause:

Residents behavioral support plan was not placed in residents' file or Behavior Support Plan binder.

Effect on Program:

No effect – During intake process, staff was able to document and report to staff during staff meetings the triggers of behaviors, successful intervention strategies, managing anger and anxiety, interventions that may escalate inappropriate behaviors.

Planned Corrective Action:

Group Home Manager/Residential Supervisor will complete all Behavior Support Plans during intake. The original copy will be placed in the file, a copy in the Behavior Support Plan Binder, and a copy on the shared drive. Behavior Support Plan will be audited monthly to ensure a copy is in the binder.

Completion Date:

December 16, 2021

Person Responsible:

Rachel Kindell, Group Home Manager

Current Status on March 14, 2022: Compliant

Five of five cases reviewed had the necessary behavioral support plan documented.

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

PROGRAM AUDITED:

Fairfax Shelter Care
10670 Page Avenue
Fairfax, VA 22030
(703) 246-2900
Edward Ryan, Director
edward.ryan@fairfaxcounty.gov

AUDIT DATES:

May 9, 2022

CERTIFICATION ANALYST:

Wanda Parris-Flanagan

CURRENT TERM OF CERTIFICATION:

May 9, 2019- May 10, 2022

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS December 8, 2018:

98.9% Compliance Rating
6VAC35-41-90 (A). Serious incident reports CRITICAL
6VAC35-41-90 (D). Serious incident reports
6VAC35-41-350 (B). Buildings and inspections CRITICAL

CURRENT AUDIT FINDINGS – May 9, 2022:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION June 6, 2022: Certified Fairfax Shelter Care to May 9, 2025 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:

Wanda Parris-Flanagan, Team Leader
Learna Harris, Central Office
Nikeshia Roberts, Central Office
John Adams, Central Office

POPULATION SERVED:

Fairfax Shelter Care is a co-ed residential group home under the administration of the Fairfax County Juvenile and Domestic Relations District Court, serving juveniles between the ages of 12 and 17. It has a capacity of 12 residents. All youth are placed in the facility by order of the court.

PROGRAMS AND SERVICES PROVIDED:

The Fairfax Shelter Care Program provides crisis intervention and stabilization in a safe environment to court involved juveniles awaiting their next court hearing, to return home or transfer to another placement. The pre-dispositional youth are usually in the program for no longer than 30 days. In addition to all mandated services, Fairfax Shelter Care provides the

Fairfax Shelter Care

following at the facility:

- Individual and group counseling
- Nutrition/wellness group
- Recreation/therapeutic recreation
- Cultural activities
- Life skills
- Drug/alcohol education group
- Parent group
- Psycho-educational groups

Fairfax Shelter Care II interacts with the community in providing such services as:

- Community service work
- Meals prepared by the food service staff of the Juvenile Detention Center
- On-site education through Fairfax County Public Schools
- Religious services
- Medical services
- Psychiatric services

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

PROGRAM AUDITED:

New River Valley Juvenile Detention Home
650 Wades Lane, NW
Christiansburg, VA 24073
(540) 381-0097
Joe Young, Superintendent
joe.young@nrvdh.org

AUDIT DATES:

May 3, 2022

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

June 11, 2019 – June 10, 2022

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS – January 17, 2019:

100% Compliance Rating

CURRENT AUDIT FINDINGS – May 3, 2022:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION June 6, 2022: Certified New River Valley Juvenile Detention Home and Post-dispositional Program to June 11, 2025 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 Hinton, Team Leader
Nikeshia Roberts, Central Office
Michael Sayles, Central Office
John Adams, Central Office
Miguel D Hansen, Blue Ridge Juvenile Correctional Center
Kiersten Ridge, Lynchburg Juvenile Correctional Center

POPULATION SERVED:

New River Valley Juvenile Detention Home (NRVJDH), licensed as a 24-bed secure facility located in Christiansburg, VA, detains male and female residents between the ages of 11 and 18. The facility is owned and operated by a Commission whose members are appointed by the governing bodies of Giles County, Montgomery County, Pulaski County and the City of Radford. Admissions are also accepted from other jurisdictions within the 27th Court Service Unit.

The building itself is well maintained and has changed very little since 1974, with the only substantial additions being classrooms and a gymnasium. There are two dormitory wings located on either side of a central day room. All rooms are single occupancy. Door flaps are used to ensure privacy for both genders.

The facility has two classrooms. They are located off the dayroom. A third multipurpose room is used as a class lab for a driving simulator, welding simulator and GED testing. Remedial instruction and library time occurs in the cafeteria section of the dayroom.

PROGRAMS AND SERVICES PROVIDED:

Facility administration and staff strive to maintain a home-like setting whenever possible. Though safety and security are the top priority, all staff members provide services that are consistent with the organization's motto, "Where Compassion Never Grows Old". This is accomplished through adherence to a structured daily program that consists of school, mental health services, psycho-educational groups, recreation and community guest speakers. Staff members serve as healthy adult role models for detainees. The Detention Home has strong community support from a wide variety of churches as well as Virginia Tech and Radford University.

The NRVJDH School Program is operated by Montgomery County Public Schools (MCPS). There are four full time teachers, one part time social studies teacher, one part time administrative assistant and one part-time principal. Classes in Math, Science, English, Reading, Social Studies, and Career/Life Skills are taught on weekdays 11 months of the year. The Career/Life Skills teacher doubles as the Post Disposition Program Teacher. MCPS provides a gym teacher to instruct gym and health each day.

NRVJDH general population includes a Post-Dispositional Detention Program called GOALS. Residents sentenced to the GOALS Program receive routine services as well as additional mental health support, vocational instruction, transitional and independent living skills classes.

Mental health support for residents is provided by a Mental Health Clinician. He is employed by New River Valley Community Services but are stationed at the Detention Home. New River Valley Community Services also provides a psychiatrist who sees residents at the facility each month, if necessary. The clinician provides individual and group therapy as well as educational groups.

SERVICES PROVIDED:

- Direct
 - Psycho-educational Groups
 - Anger Management
 - Substance Abuse Educational
 - Pre-DBT skills
 - Aggression Replacement Training (ART)
 - Post-Dispositional Program
 - Medical Services
 - Recreational Programs
- Community:
 - Educational Program to include GED program
 - Mental Health Services

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

PROGRAM AUDITED:

Roanoke Valley Juvenile Detention Center
498 Coyner Springs Road
Roanoke, Virginia 24012
(540) 561-3840
Bryan Henry, Superintendent
bhenry@rvjdc.org

AUDIT DATES:

February 16, 2022

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

February 11, 2019 – February 10, 2022

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS October 2, 2018:

99.436% Compliance Rating
6VAC35-101-1030 (B). Residents' health care records.
6VAC35-101-1060 (E). Medication. CRITICAL

CURRENT AUDIT FINDINGS – February 16, 2022:

99.44% Compliance Rating
6VAC35-101-360 (A). Equipment and systems inspections and maintenance.
6VAC35-101-1060 (G). Medication.
No repeated deficiencies from previous audit.

DEPARTMENT CERTIFICATION ACTION June 6, 2022: Certified Roanoke Valley Juvenile Detention Center to February 11, 2025, with a status report in December 2022 regarding the repairs to the facility computer system.

Pursuant to 6VAC-20-100C4a1, 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.

TEAM MEMBERS:

Shelia L. Hinton, Team Leader
Wanda Parrish-Flannagan, Central Office
Nikeshia Roberts, Central Office
John Adams, Central Office

POPULATION SERVED:

Roanoke Valley Juvenile Detention Center (The Center) is an 81-bed facility that houses juveniles between the ages of 7 and 18. The juveniles come from both urban and rural environments and are from varied socioeconomic backgrounds. The juveniles are typically behind in their academic studies and many suffer from medical, emotional, psychological and psychiatric conditions. The Roanoke Valley Juvenile Detention Center, which is operated by the Roanoke Valley Detention Center Commission, serves primarily the counties of Botetourt, Franklin, and Roanoke and the cities of Roanoke and Salem.

PROGRAMS AND SERVICES PROVIDED:

The Center, since the early 1920's, has experienced several transition periods that have helped shape its program today. In earlier years, the then called "Detention Home" primarily provided custodial care for children and youth that needed modest supervision and provided little security or public safety for area residents. Children were admitted to the program for minor delinquent acts or admitted due to their need of supervision; e.g. truancy, runaways, petty theft, etc. Workers provided supervision and instruction in life skills, hygiene, tutoring, and the like, all without need of locked doors and sophisticated security.

Today, The Center is considered a technologically advanced facility that provides high levels of security in a very sterile appearing environment. The Center's program consists of diverse offerings designed to enhance or facilitate rehabilitative efforts of the residents. The daily schedule is regimented and strict. Childcare staff provide instruction as well as security. Less stable furnishings have been replaced by substantially more sound stainless steel and hard plastic.

The mission of the Roanoke Valley Juvenile Detention Center is to provide secure custody and care of juveniles in a safe healthy environment, giving supervision, guidance, and counseling while protecting the community and beginning the rehabilitative process by promoting personal responsibility, social accountability, and emotional growth.

Services provided include the following:

- Direct:
 - Mediation services provided by certified mediator
 - Education services provided by qualified teaching staff and administrator
 - Psycho-educational groups on independent living skills, substance abuse education, AIDS and sexually transmitted diseases, victim sensitivity, self-esteem, parenting, decision making, anger management, and more
 - Medical services are provided in house through a contracting physician and RVJDC's medical staff
 - Mental health screening is conducted by trained admissions staff and referrals are made based on need
 - Crisis intervention and counseling services
 - Video court
 - Violence prevention programs by specially trained staff

- Services accessed in the community:
 - Enrichment activities and programs—Various professional and community groups
 - Religious programs—Various local church groups
 - AIDS and sexually transmitted disease—Planned Parenthood
 - Parenting skills—Planned Parenthood
 - Dental Care—Virginia Department of Health
 - Medical Care—Carillion Healthcare.

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

FACILITY/PROGRAM: Roanoke Valley Juvenile Detention Center

SUBMITTED BY: Bryan Henry, Superintendent

CERTIFICATION AUDIT DATES: February 16, 2022

CERTIFICATION ANALYST: Shelia L. Hinton

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.

6VAC35-101-360 (A). Equipment and systems inspections and maintenance.

A. All safety, emergency, and communications equipment and systems shall be inspected, tested, and maintained by designated staff in accordance with the manufacturer's recommendations or instruction manuals or, absent such requirements, in accordance with a schedule that is approved by the facility administrator. Testing of such equipment and systems shall, at a minimum, be conducted quarterly.

Audit Finding:

All safety, emergency, and communications equipment and systems are not properly maintained and repaired. The facility computer system is not functional. The facility system cannot lock/unlock electronic locks to the residents' doors and other parts of the facility. All doors must be opened using keys. The residents cannot use the room intercoms. The facility cannot electronically open and close delivery gates.

The fire alarm system is still functional as it is on a different system.

Program Response

Cause:

An internal issue with our computer access system is causing processors to fail repeatedly. While we have been trying to find replacement parts to repair our current system, its age is becoming an issue.

Effect on Program:

While our door access via computer system is disabled and our intercom access is disabled, program activities have not been altered. Our control room continues to be fully staffed at all times to monitor the camera system. Our housing units are always staffed at all times to ensure that any issue that may arise with the residents is taken care of immediately.

Planned Corrective Action:

While we are still currently waiting on parts for our current system, we have begun the process of upgrading our entire computer access system. On February 24, 2022, our administrative team met with a consultant to determine what was needed for replacement purposes. The consultant's evaluation is expected within 21 days.

Roanoke Valley Juvenile Detention Center

Completion Date:

August 1, 2022

Person Responsible:

Bryan Henry

Current Status April 13, 2022 – Not Determined

The Roanoke Valley Juvenile Detention Center consultant evaluation has been completed. The facility is in the process of having architectural drawings completed on Friday, May 14, 2022. Once the architectural drawings are completed, the facility will be in position to secure bids to complete the repairs.

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

G. A medication administration record shall be maintained of all medicines received by each resident and shall include:

1. Date the medication was prescribed or most recently refilled;
2. Drug name;
3. Schedule for administration;
4. Strength;
5. Route;
6. Identity of the individual who administered the medication; and
7. Dates the medication was discontinued or changed.

Audit Finding:

Three out of six over the counter medication administration records reviewed did not document the strength of the medication.

Program Response

Cause:

The MAR used for over-the-counter medication did not include the strength of the medication.

Effect on Program:

There was no effect to the residents or the program. The medication was administered properly.

Planned Corrective Action:

The MAR that had been used has been updated to include the strength of the medication given. See attached.

Completion Date:

February 28, 2022

Person Responsible:

Kasey France, Bryan Henry

Current Status on April 13, 2022: Compliant

Five out of five applicable over the counter medication administration records reviewed documented the strength of the medication.

SECURITY SYSTEM UPGRADE & REPLACEMENT SECURITY ASSESSMENT

for

ROANOKE VALLEY JUVENILE
DETENTION CENTER

Prepared by



www.meadhunt.com

April 2022

Mead & Hunt Project No. 0119700-202061.01

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1. INTRODUCTION

A. Executive Summary

In February of 2022, Mead & Hunt a consultant to Spectrum Design and a specialist in detention-grade security, reviewed the existing security systems at the Roanoke Valley Juvenile Detention Center (RVJDC). The purpose of the project is to provide a means by which life safety and security could be increased. The goals of the project are defined as follows:

- Study replacement of existing Security Control System with new non-proprietary security controls.
- Assess condition of existing security electronic products.
- Study redesign of the Security Control system to increase efficiency and operation while reusing existing control wiring to operate and monitor existing devices such as door controls, monitor switches, etc.
- Investigate upgrade of existing analog Intercom/Paging system to new digital technology.
- Propose upgrades in door control, voice communication and video surveillance technology by which life safety and security can be increased.
- Provide a means by which the County can either service their own equipment or take competitive bids for future upgrades and expansion. Provide a conceptual design of a security system using a non-proprietary approach.

The Roanoke Valley Juvenile Detention Center is located at 498 Conyers Springs Road in Roanoke, VA.

The Security System for the RVJDC center was configured and installed by ESITECH Security Group– Richmond VA. The technology has outlived its useful life and impairs the facilities' ability to manage door control and monitoring.

Upgrades in security electronics technology would allow for comprehensive incident recording, local door control, and increased voice communication. Advancements in technology will be used to minimize operational costs.

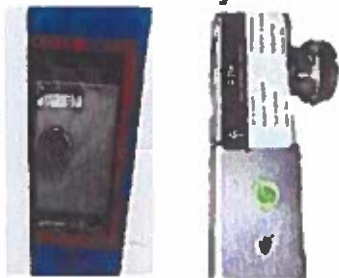
Dedicated security assessment review meeting was held with participants from the Center Administration and Spectrum Design on February 24th of 2022. Site surveys of the existing facility occurred on the same day.

The Design Team has organized the project into independent system components in order to evaluate each on its own merits.

In the following section, the system components are described and assessed.

2. PHYSICAL SECURITY ASSESSMENT

A. Detention Hardware System



Existing Conditions

The detention hardware system for the Center is manufactured by Adtec Detention Equipment Company - San Antonio, TX. Adtec is no longer in business. The Adtec lock designs have been purchased by Corrections Products Company (CPC) of San Antonio. CPC provided replace locks and parts for the Adtec locks.

- Detention hardware at the Center is comprised mainly of 24vdc electro-mechanical locks.
- A minimum/medium lock in a 2" jamb is provided in most locations.
- A maximum-security lock in a 8" jamb is provided areas requiring additional security.

The 2" jamb locks at the Center are comprised of Adtec 1104 series locks. The mounting of this lock prohibits the upgrade of this lock without major modification to the jamb. CPC continues support for this product continues with replacement parts and units. No other manufacturer provides a direct replacement of this lock.

The 8" jamb locks at the Center are comprised of Adtec 2124 series locks. CPC continues support for this product. Other manufacturers have adjusted their product line to provide locks with that match the mounting oof the Atec 2124 series.

Recommendations

The existing electro-mechanical and mechanical detention hardware systems appear to be in good working order. Parts continue to be available for locks of this vintage. It is recommended to continue to repair and replace the 1104 series and the 2124 series locks. A complete replacement would be costly.

Prior to any replacement of the electronic controls system, it is recommended that a detention equipment contractor test each door with a test box. The test should include:

- Electrical Operation of the lock*
- Visual inspection of the lock and jamb*
- Visual inspection door alignment, hinges, and strike.*
- Lock status switch operation*
- Door position switch operation*
- Lock wiring*

A report of the findings of the detention hardware should be presented and any defective parts should be replaced.

3. ELECTRONIC SECURITY ASSESSMENT

A. Door Control and Monitory System



Existing Conditions

Existing security control workstation consist of a touch screen at master control. The system was not operational on the day that the evaluation was done.

All doors with electrified hardware are equipped with manual key override. Door position switches and latch bolt indication switches are used to monitor the secured status of all detention doors.

Door control power supplies are equipped with battery back-up.

Existing PLC Controllers are manufactured by GE Fanuc 90 30 Series. GE Fanuc was purchased by Emerson in 2019. Support of older PLC series is questionable.

The Esitech security system is controlled from a PC running Windows in Master Control. The PC is at end of life and the system is problematic at this time.

Mechanical relays are provided to switch lock power to the electromechanical locks.

Recommendations:

Provide touch screen controls interfaced to non-proprietary industrial PLC processor. Provide all new Workstations, Workstation software, PLC and PLC software. Interface the locks from the PLC by re-using the existing mechanical relays.

Equip entire door control system with new history logging capabilities for reporting and recording of every action on the system with both time and date stamp. The history logging feature reduces County liability by creating accurate incident reports. The history logging computer will begin to overwrite data after a period of 120 days. History logging capabilities are used to enhance incident reporting.

Upgrade existing locking control workstation to 32" wide flat screen touch screen workstations equipped with the latest version of Wonderware or Indusoft graphic user interface software. Provide three (3) quadrants on the side of the touch screen workstation for automatic call-up of cameras for door control, intercom control and duress alarms.

A spare touch screen should be provided to swap out with master control should the workstation fail. The spare to be equipped with "plug-and-play" features for easy setup and activation.

All detention locks can be controlled remotely from master control workstation. All wiring should be tested and re-terminated to a new PLC assembly. The new assembly should follow updated codes and UL recommendations for PLC control assemblies. All wiring should be labeled and routed in wire management system. Excess wire should be reduced.

B. Intercom and Paging System

Existing Conditions:

The intercom and paging system consists of analog-based PLC based voice communication relay boards and audio amplifier. The intercom stations themselves are 4 wire TOA double gang analog staff stations. Intercom calls are integrated with door control system for automatic camera call-up.



All intercoms should be tested prior to project beginning. The engineers or owners will test the units and determine the number to be replaced or provide an allowance for inoperable units.

The existing facility has a paging system that is integrated to the PLC intercom system.

The facility has integrated a Valcom system to provide prerecorded announcements though out the facility.

Recommendations:

Recommend upgrading the entire intercom and paging system from analog to digital technology.

A digital voice communication system would provide enhanced digital clarity in both staff stations and paging.

The digital intercom system can isolate intercom calls should nuisance calls become an issue. The lock out feature can also be programmed for a specific period of time before intercoms are re-enabled.

Digital intercom systems also allow for a supervising officer to do an audio tour of intercoms from their workstation sequentially opening cell intercom voice paths for remote audio surveillance.

The door control intercom system will be capable integrating to the Valcom system to for pre-recorded messages such as PREA announcements and facility rules & regulations.

All intercom calls-in and selection will have a time stamp and duration in the PLC logging computer.

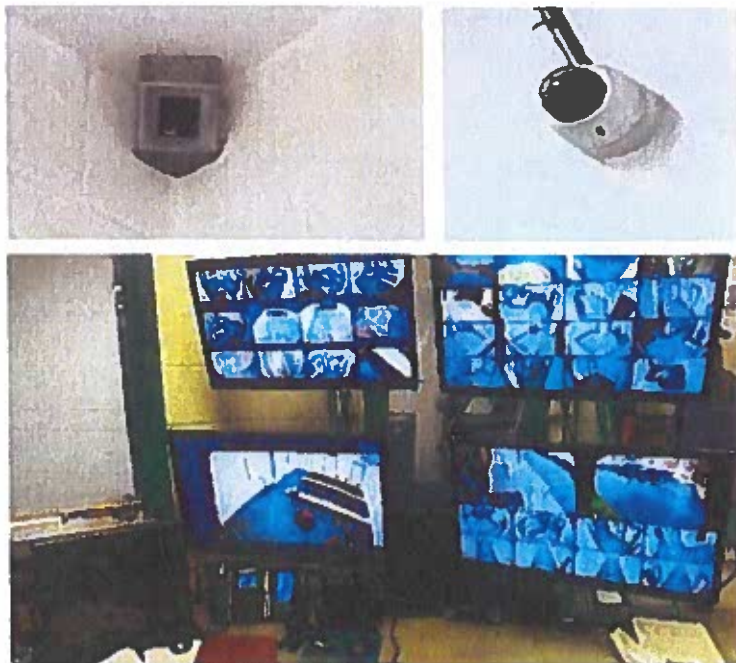
Provide sound threshold monitoring for group holding cells.

Replace all old intercoms that are inoperable.

An allotment of 20 new intercom stations are included in the project for budgetary purposes.

Provide new paging system including talk-back over paging speakers.

C. Video Surveillance System



Existing Conditions:

The existing video surveillance system consists of encoded analog cameras and IP cameras recorded to Avigilon video storage servers. Camera system has been upgraded by One Source Integration of Roanoke VA.

The video switches are at their capacity.

Master control has Multiview wall mounted monitors to view cameras throughout the facility.

Recommendations:

Provide additional infrastructure and consider expanding the number of cameras in room with one view.

Provide new 4k monitors (2) to enhance the resolution of each tile on the multi-view monitors. The monitors will be 42 inch.

There is more liability for detention facilities today than when this facility was originally designed. In today's current marketplace, a greater emphasis is placed on the effectiveness of the video surveillance system to protect the County from incidents that occur during normal operation. Modern detention facilities deploy a multitude of cameras (with superior image quality) to provide a digital record of incidents as they occur.

D. Network Infrastructure



Existing Conditions:

RVJDC network infrastructure consist of fiber, CAT6 and coax cabling. The fiber for the video system is adequate for bandwidth.

Recommendations:

Additional switches and spare fibers will be used in the new locking control design. All fiber connections will be terminated in a fiber patch panel and rack mounted. The video network will be separate from the locking control PLC and intercom network.

4. PROJECT NARRATIVE

A. Security Electronics General Requirements

The security electronics system will be furnished and installed by reputable contractors with a proven record of performance installing security electronics for the correctional marketplace. All contractors seeking to make a proposal as a security electronics contractor will need to be pre-approved by the specifications or by addendum. Each security electronics contractor will need to submit a prequalification package to the security electronics consultant. Each contractor will be individually evaluated on their ability to perform the work in accordance with the requirements of the security electronics specifications. All systems new equipment will be designed to meet the IBC, UL, NEC and NFPA code requirements.

B. Security Processing Equipment

The security system will be PLC-based utilizing off-the-shelf industrial programmable logic controls (PLC's) and software available from third party vendors (such as Wonderware or Indusoft) for development of the controls. The PLC system makes up the integrated control and monitoring backbone that will integrate the systems described in this narrative using a supervisory control and data acquisition (SCADA) system available from third party vendors. The software will be specified to be available from nationally recognized providers of software for security integration to ensure that programming will be available from sources other than the original installer. Manufacturers of proprietary equipment and systems will not be approved. A history logging computer will be provided to time stamp and record every action of the system for archiving and report generation.

C. Door Control and Door Monitoring

All doors will be controlled and monitored by a PC control station within Master Control. This system integrates with the security control processing equipment for the monitoring and control of doors.

Door control and monitoring will have two points of status: door position, and lock position as one input to the locking system. Power supplies for 24V locks shall be NEC Class II. 120V solenoid and motor locks will be powered with line voltage. Existing relays, raceways, and cabling will be re-used wherever possible.

D. Intercom/Paging

The intercom/paging system will utilize a digital head end comprised of solid-state electronic components. Existing intercom stations and cabling will be re-used wherever possible. The intercom system will integrate the door control touch screen system for selection and camera call-up. Paging will be provided and all paging zones will talk back capabilities. Interface to existing Valcom system will be provided for the purpose of making general and emergency announcements.

E. Video Surveillance

Existing video surveillance system will be enhanced and upgraded to the latest versions of Avigilon software. Additional security cameras will be non-proprietary from manufactures compatible with the Avigilon system. All new cameras will be high resolution color, auto-iris, and vari-focal 3-9mm lens. It is anticipated that the majority of cameras will be fixed lens, dome type of modular construction, Panoramic cameras or multisensory cameras may be used in large open areas.

The video surveillance system will be integrated to the locking control system for camera call-up by the operator or programmed events such as intercom selection.

F. Equipment Racks

All head end equipment for security systems will mount in either existing wall mounted or freestanding equipment racks for ease of maintenance and to maximize floor space. Racks will include plug-in strips for equipment and ventilation louvers and fans. Other equipment that will be rack mounted includes the PLC's, relays, input/output modules, power supplies, and intercom equipment. Cable management will be used in all cabinets and racks.

5. PROCUREMENT PROCESS

BID or RFP - Drawings and specification will be assembled by the design team. The Agency will decide if the project is to be bid by qualified contractors or contractors will be selected to make proposals based on the drawing and specifications.

Recommendation:

The RFP process would be preferred if allowable by the agency. This would allow expedition of the process to be considered as added value to the project.

6. SCHEDULE/BUDGET

<u>Project Schedule</u>	Design:	2-3 Months
	Pricing/Bidding:	1 Month
	Construction:	6-10 Months

Security System Upgrade - Jail

Electronic Security	Upgrades to existing door control/monitoring system:	\$ 180,000
	Upgrades to existing intercom/paging system:	\$ 75,000
	Upgrades to existing video surveillance system:	\$ 25,000

Total – Electronic Security	\$ 280,000
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Physical Security	Evaluate and replace inoperable locks	\$ 20,000
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Total – Physical Security	\$ 20,000
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Summary

Total Security Upgrade Costs	\$ 300,000
General Conditions (10%)	\$ 30,000
Contractor Overhead & Profit (15%)	\$ 45,000
Permitting and Other Fees	\$ 5,000
Owner Contingency (15%)	\$ 45,000

Total Security System Upgrade Budget	\$ 425,000
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7. CONCLUSION

The design of the security system is critical to life safety and security of staff, public and residents at the Roanoke Valley Juvenile Detention Center. Security is not just equipment; it is a comprehensive system. The design of a security system includes understanding challenges of the facility and providing solutions that work hand in hand with the policies and procedures of the organization. Operations of the facility dictates the selection of hardware, communications, surveillance, monitoring, controls and alarms. The security system will be designed to meet the specific needs of the Roanoke Valley Juvenile Detention Center.



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

PROGRAM AUDITED:

Shenandoah Valley Juvenile Center
300 Technology Drive
Staunton, Virginia 24401-3968
Phone: (540) 886-0729
Timothy Showalter, Executive Director
tshowalter@svjc.org

AUDIT DATES:

April 4, 2022

CERTIFICATION ANALYST:

Shelia L. Hinton

CURRENT TERM OF CERTIFICATION:

June 9, 2019 - June 8, 2022

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS January 8, 2019:

100% Compliance Rating

CURRENT AUDIT FINDINGS April 4, 2022:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION June 6, 2022: Certified Shenandoah Valley Juvenile Center to June 9, 2025 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
Nikeshia Roberts, Central Office
Michael Sayles, Central Office
John Adams, Central Office
Leah Nelson, Central Office
Miguel D. Hansen, Blue Ridge Juvenile Correctional Center
Kiersten Ridge, Lynchburg Juvenile Correctional Center

POPULATION SERVED:

Shenandoah Valley Juvenile Center (SVJC) is a 58-bed secure detention center operated by the Shenandoah Valley Juvenile Center Commission. The members of the Commission include the Counties of Augusta, Rockbridge, and Rockingham and Cities of Lexington, Harrisonburg, Staunton, and Waynesboro. The facility serves male and female residents ages seven through 17. The facility serves a pre-dispositional population, Re-entry youths and Community Placement Program (CPP- eight beds). The Shenandoah Valley Juvenile Center is designed around five ten-room pods (one pod accommodates 15-beds). Additionally, there is one three-bed pod primarily designated for female youth. The detention center has seven classrooms, a computer lab, and a gymnasium. Current admissions are by court order only. The program offers a highly structured

environment that promotes safety and accountability, while offering skill development and a wide range of services to instill positive attitudes and competencies.

Secure detention care is one of the facets used in the total treatment process for the small minority of juveniles requiring secure custody. It is a specific kind of residential care needed for those juveniles coming in conflict with the law who require secure custody for their own protection or for the protection of the community. Since the purpose and accepted philosophy of the juvenile court is the rehabilitation of juveniles, the detention process must be geared to attain a constructive experience for those detained. The social casework concept of treatment must be an integral part of all phases of living within the detention setting.

The philosophy of SVJC focuses upon providing an effective short-term intervention type of program. Detention should begin the process of rehabilitation and lay the groundwork for later treatment. Above all, the detained juvenile should feel in the staff a warm acceptance of himself or herself and rejection only of their anti-social behavior. The staff's belief in the resident must be a belief in their best characteristics and, on the basis of this belief, in their capacity for change. The staff of SVJC is responsible for providing quality services for a client population that is in a state of crisis. Staff is trained and skilled to successfully provide services to individuals and groups of residents.

The program offers a highly structured environment that promotes safety and accountability while offering skill development and a wide range of services to instill positive attitudes and competencies. The Center provides an educational program under the auspices of the Virginia Department of Education and the City of Staunton School Board. Medical assessments, mental health, and psychiatric services are available on site.

In June 2009, the facility began to accept federal residents from the Office of Refugee Resettlement (ORR), Division of Unaccompanied Children Operations (DUCO). There are on average 20 Federal residents in the detention program. There are four fulltime case managers and four clinicians assigned to this group. They are paid with Federal grant money. All are fluent in Spanish. Prior to the audit, permission was obtained from the ORR for the audit team to review a sample of files for the Federal residents and to interview those residents. The interviews were positive and case files demonstrated no areas of noncompliance with DJJ Regulations.

PROGRAMS AND SERVICES PROVIDED:

In addition to all mandated services, Shenandoah Valley Juvenile Center interacts with the community in obtaining such services as:

Facility Provided:

- Behavior management;
- Case management;
- Education;
- Medical health services;
- Anger management;
- Substance abuse;
- Life skills;
- Mental health counseling;
- Recreation and physical education;
- Social/cultural activities; and
- Music and art therapy

Community (services offered by community agencies and resources):

- **Mental health services by the Community Services Board;**
- **Sex education program; and**
- **Volunteers from various community groups**

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

PROGRAM AUDITED:

Chesapeake Juvenile Services
420 Albemarle Drive
Chesapeake, VA 23320
(757) 382-6364
Morris Barco, Superintendent
mbarco@cityofchesapeake.net

AUDIT DATES:

November 23, 2021

CERTIFICATION ANALYST:

Learna R. Harris

CURRENT TERM OF CERTIFICATION:

November 9, 2018 – November 8, 2021

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS June 5, 2018:

99.10% Compliance Rating

6VAC35-101-80 (A). Serious incident reports. CRITICAL

6VAC35-101-80 (D). Serious incident reports.

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

6VAC35-101-1030 (A). Residents' health care records. CRITICAL

CURRENT AUDIT FINDINGS – November 23, 2021:

99.11% Compliance Rating

6VAC35-101-350 (C). Buildings and Inspections

6VAC35-101-510 (I). Emergency and evacuation procedures. CRITICAL

6VAC35-101-700 (D). Personal necessities.

6VAC35-101-700 (E). Personal necessities.

No repeated deficiencies from previous audit.

DEPARTMENT CERTIFICATION ACTION June 6, 2022: Continued the current certification status to October, 2022, with a review of the implementation of the corrective action plan presented by Chesapeake Juvenile Services.

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

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.

TEAM MEMBERS:

Learna Harris, Team Leader
Shelia Hinton, Central Office
John Adams, Central Office
Nikeshia Roberts, Central Office

POPULATION SERVED:

Chesapeake Juvenile Services (CJS) is a 100-bed regional facility located at 420 Albemarle Drive, Chesapeake, Virginia 23322 and is a division of Chesapeake Human Services. The facility serves the cities of Chesapeake, Portsmouth, Suffolk, Franklin and the counties of Isle of Wight and Southampton. CJS provides services to residents in the following programs: Pre-Disposition, Post-Disposition, Community Placement Program (CPP) and Detention Re-entry.

The Chesapeake Juvenile Services has ten (10) beds designated for Post-Disposition and ten (10) flexible beds that are used for Detention Re-entry or other programs as needed. The remaining 70 beds are generally utilized for Pre-Dispositional residents. Included in that 70-bed count is one female unit and four male units.

PROGRAMS AND SERVICES PROVIDED:

CPP, Detention Re-entry and Post-Disposition residents receive assessment and case management services. They have assigned staff that work closely with their parent/legal guardians, probation officers and other involved professionals. They receive services in anger management, substance abuse education/treatment, conflict resolution, life skills and independent living skills.

CJS currently provides staffing and operates by a team approach. There are four teams consisting of juvenile service specialists and supervisors who provide direct care security services and handle daily operations. The facility has support services staff which consist of education, medical, mental health, food services, housekeeping, laundry and maintenance. The goals of the program are to re-integrate juveniles with their families and into the communities in such a way that they have the best opportunity to create positive and productive lives as juveniles and adults. Services offered to youth in the Post- Dispositional program include anger management, substance abuse education/treatment, conflict resolution, life skills, and independent living skills groups.

- Direct:
 - Security
 - Education
 - Educational Assessment
 - Regular and Special Education Curriculum
 - GED Preparation and Testing
 - Post-graduate certification education services
 - Medical/Physical Assessment
 - Onsite Nursing Care
 - Mental Health Assessments
 - Recreational Programming
 - Community Services
 - Fatherhood Initiative Program
 - Aggression Replacement Therapy (ART)
 - Substance Abuse group services

- Religious programming
 - Chesapeake Sheriffs and Police Mentoring program
 - Services accessed in the community:
 - On-site religious services twice per week
 - Guest speakers
 - Community Leaders – community leaders, organizations, and agencies
 - Local entertainment representatives and group performances
 - Career Fair Representative presentations
 - Resident assistance in conduct of City of Chesapeake's Annual Plant Sale
-

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

FACILITY/PROGRAM: Chesapeake Juvenile Services

SUBMITTED BY: Morris Barco, Superintendent

CERTIFICATION AUDIT DATES: November 23, 2021

CERTIFICATION ANALYST: Learnna Harris

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.

6VAC35-101-350 (C). Buildings and Inspections

C. A current copy of the detention center's annual inspection and approval, in accordance with state and local inspection laws, regulations, and ordinances, of the systems listed below shall be maintained. These inspections shall of the:

1. General Inspections
2. Sewage, disposal system;
3. Water supply, and
4. Food service operation

Audit Finding:

There was no documentation that a sanitation inspection was conducted in 2019.

Program Response

Cause:

There was no sanitation report on file documenting, that a sanitation inspection was conducted in 2019 due to transition of Food Service Supervisors and scheduling shortfall.

Effect on Program:

The lack of inspection (Sanitation) in 2019 caused the facility to be out of compliance with DJJ regulation 6VAC35-101-350 (c) Buildings and Inspections.

Planned Corrective Action:

The Food Service Supervisor shall schedule the annual Sanitation Inspection 30-45 days prior to the inspection due date. Additionally; the supervisor shall provide the Assistant Superintendent-Administration with a confirmation email detailing the exact date/time for the scheduled inspection.

Completion Date:

November 23, 2021

Person Responsible:

Assistant Superintendent-Administration

Current Status on February 7, 2022: Compliant

Sanitation inspections are currently up to date.

6VAC35-101-510 (I). Emergency and evacuation procedures. CRITICAL

I. At least one evacuation drill (the simulation of the detention center's emergency procedure) 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:

Evacuation drills were missing on 1st shift in February 2020, 2nd shift in May 2020, 1st and 3rd shifts in August 2020, 3rd shift September 2020, 1st shift October 2020, 2nd shift November 2020, 2nd shift in December 2020, and 1st and 3rd shifts in February 2021.

Program Response

Cause:

Missing evacuation drills on 1st shift in February 2020, 2nd shift in May 2020, 1st & 3rd shift in August 2020, 3rd shift September 2020, 1st shift October 2020, 2nd shift November 2020, 2nd shift December 2020, and 1st & 3rd shift in February 2021.

Effect on Program:

Chesapeake Juvenile Services became out of compliance with DJJ regulation 6VAC35-101-510 (I) Emergency and evacuation procedures.

Planned Corrective Action:

The Team Leader shall create and maintain a monthly calendar depicting the Fire Drill/Evacuation schedule for each shift/team. The schedule shall be provided to each supervisor and administration within the first five business days of each preceding month.

Completion Date:

November 23, 2021

Person Responsible:

Assistant Superintendent-Detention

Current Status on February 7, 2022: Compliant

At least one evacuation drill was conducted on each shift monthly from December 2021 to present.

6VAC35-101-700 (D). Personal necessities.

D. The washcloths, towels, and bed linens shall be cleaned or changed, at a minimum once every seven days and more often, if needed. Bleach or another sanitizing agent approved by the federal Environmental Protection Agency to destroy bacteria shall be used in the laundering of such linens and table linens.

Audit Finding: Residents reported that their sheets and blankets are not being washed every seven days. It was reported by a resident that his bedding was washed the week of October 25, 2021 and had not been washed since then; he was interviewed on November 22, 2021.

Program Response

Cause:

Residents reported that their sheets and blankets were not being washed every seven days.

Effect on Program:

Chesapeake Juvenile Services became out of compliance with DJJ regulation 6VAC35-101-700 (D) Personal necessities.

Planned Corrective Action:

Residents' bed sheets and blankets shall be changed weekly on Thursday during the first shift. This shall be documented on the daily Shift Report by the shift supervisor.

Completion Date:

November 23, 2021

Person Responsible:

Assistant Superintendent-Administration

Current Status on February 7, 2022: Compliant

Six of six residents interviewed reported that their sheets and blankets are being washed weekly.

6VAC35-101-700 (E). Personal necessities.

E. After issuance, blankets shall be cleaned or changed as needed.

Audit Finding:

Residents reported to audit team member that their blankets had holes or were torn. An audit team member looked at the resident's blanket and the information given was accurate.

Program Response

Cause:

Residents reported that their blankets had holes, or were torn which was confirmed.

Effect on Program:

Residents were issued worn or torn blankets causing Chesapeake Juvenile Services to be out of compliance with 6VAC35-101-700 (E) personal necessities.

Planned Corrective Action:

The Laundress shall check the overall condition of all blankets and sheets following each cleaning, and document that they have been inspected prior to re-issuing to the individual units. Unit direct care staff will physically examine the condition of these items prior to issuing to the residents. Non-compliant bedding shall be removed from the unit to be properly discarded.

Completion Date:

November 23, 2021

Person Responsible:

Assistant Superintendent-Administration

Current Status on February 7, 2022: Compliant

Six of six residents interviewed stated their blankets can be changed as needed, two of the six residents interviewed stated their blankets were recently changed due to having holes in them.

ADDENDUM REPORT OF REGULATORY INQUIRY

During the months of January and February 2022, there were several serious incidents at Chesapeake Juvenile Services (CJS). Three of the incidents involved the use of force and two incidents involved staff being accused of sexual misconduct. Three use of force incidents were investigated and founded by CPS. One sexual misconduct was founded by CPS.

Based on the above serious incident reports, it was necessary to review regulatory requirements contained in 6VAC35-101 (Regulations Governing Juvenile Detention Centers) in order to assess areas related to the incidents where there may have been breakdowns in security procedures contributing to the restraints. This review was also necessary to address the life, health, and safety of the residents at Chesapeake Juvenile Services.

On February 17, 2022, staff from the Department of Juvenile Justice (DJJ) Certification Unit, DJJ Quality Assurance Unit, and DJJ Human Rights Advocates conducted an on-site visit to assess the general wellbeing of the residents at CJS. This assessment was conducted due to the above referenced incidents.

A debriefing by DJJ staff was conducted on April 26, 2022 with CJS facility administrators and Chesapeake City administrators including Wanda Bernard-Bailey, Deputy City Manager, Pamela Little-Hill, Director of Human Services, and Kelly Evan Assistant Director. The following information was discussed at this meeting and corrective action plan was requested.

On the day of this visit on February 17th, CJS's population was 26. Nineteen residents were interviewed. The five residents who are currently in active CPS investigations were not interviewed and two residents had court. Twenty-five staff were interviewed using a predetermined set of questions that allowed for an assessment of the rights of the residents and treatment. We reviewed the Behavioral Management System, Grievances, Due Process/Restraints/Confinements, Staffing, Staff Training Records, Use of Force, Medical Services and the frequency of Medical Assessments while in COVID isolation. The following

are some notable areas the team found concerning.

- There were complaints about lack of staff to provide double coverage when needed.
- Residents are often in their rooms due to lack of staff coverage.
- Residents complained that during the day there is not a lot of constructive activity.
- The resident grievance system does not function properly and responses to grievances are often not received. Residents and staff do not feel the grievances are handled properly.
- Residents report there are roaches and bugs on the unit.
- There is a lack of mental health services on the units.
- Staff could not explain how the Physical Restraints Procedure is implemented.
- Residents are secured in their rooms as an immediate sanction.
- Due process is not adequately used.
- Residents complained about having prepackaged sandwiches on the weekends.
- Residents spoke of inappropriate behaviors between staff members.
- There are foul odors in the building.

Below are regulatory findings and the Chesapeake Juvenile Services Corrective Action Plans.

6VAC35-101-1070(B). Behavior Management

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

1. A listing of the rules of conduct and behavioral expectations for the resident;
2. Orientation of residents as required by 6VAC35-101-800 (admission and orientation)
3. The definition and listing of a system of privileges and sanctions that is used and available for use. Sanctions (i) shall be listed in the order of their relative degree of restrictiveness; (ii) may include a "cooling off" period where a resident is placed in a room for no more than 60 minutes; and (iii) shall contain alternatives to room confinement;
4. The specification of the staff members who may authorize the use of each privilege and sanction;
5. Documentation requirements when privileges are applied and sanctions are imposed;
6. The specification of the processes for implementing such procedures; and
7. Means of documenting and monitoring of the program's implementation including, but not limited to, an on-going administrative review of the implementation to ensure conformity with the procedures.

Finding: Non-Compliant

On page 478 of 500 of the electronic version of the policy and procedures manual, under Administrative Confinement, it states, "Chesapeake Juvenile Services does not utilize Administrative Segregation in this facility" and further states that the superintendent at the time had consulted with Certification and determined that administrative confinement was not necessary. However, CJS does use administrative confinement. During this visit it was determined that three female residents were placed in administrative confinement on splits, meaning they only came out of the room for three hours a day. Per Superintendent Barco, this was being done to keep them safe from each other. Staff had reported that they overheard two of the girls saying they were going to fight the other and he felt that was a proactive practice.

The Behavior Management Program was evaluated and contained a description of expectations, sanctions and rewards. It was noted that there are few positive rewards for good behavior and the use of room time as a sanction is over utilized. Behavior management should be reviewed and revised. Assistance from DJJ can be provided as well as obtaining information

from other juvenile detention centers.

Corrective Action

The electronic policy and procedures manual was reviewed and revised as follows: On page 478 of 500 under Administrative Confinement, it now reads "Chesapeake Juvenile Services does utilize Administrative Confinement. Residents shall be placed in administrative confinement only by the facility administrator (Superintendent) or designee (Assistant Superintendent), as a last resort when verbal de-escalation and/or other redirection strategies are unsuccessful. Resident(s) behaviors that are physically violent in nature and pose imminent risks of harm to self and others would be considered for administrative confinement. Documentation of de-escalation strategies and attempts will be noted in the resident's case records and within a state mandated reporting systems

CJS will be transitioning to a therapeutic/trauma informed approach in managing the oversight of residents in our care. Positive behavioral approaches will be utilized to address resident issues and concerns that focus on self-control, communication, critical thinking, accountability, problem solving and resiliency. Residents will be offered a "cool down" period to allow for processing of the situation, and problem solving strategies that focus on positive outcomes.

CJS is currently in the process of retraining staff in order to incorporate a therapeutic milieu. We are also in the process of reviewing and revamping existing policies and procedures that will be in alignment with this model. We have also consulted other JDC programs in our region for further insight and are reviewing their outcomes.

6VAC35-101-1080(B). Disciplinary Process.

- A. Disciplinary report. A disciplinary report shall be completed when it is alleged that a resident has violated a rule of conduct for which room confinement, including a bedtime earlier than that provided on the daily schedule, may be imposed as a sanction.
 - 1. All disciplinary reports shall contain the following:
 - a. A description of the alleged rule violation, including the date, time, and location,
 - b. A listing of any staff present at the time of the alleged rule violation;
 - c. The signature of the resident and the staff who completed the report; and
 - d. The sanctions, if any, imposed.
 - 2. A disciplinary report shall not be required when a resident is placed in his room for a "cooling off" period, in accordance with written procedures, that does not exceed 60 minutes.

Finding: Non-Compliant

In seven out of seven disciplinary reports reviewed, CJS unit staff immediately gave the residents a sanction of 48 hours or 72 hours that began immediately. The documentation showed that some sanctions started before the actual incident time, residents presented with the charge hours after they had already been serving the sanction and supervisors' review is time stamped hours after sanction has begun.

One out of one report reviewed had documentation that the resident requested a hearing. There was no information giving details of the hearing only a note that the resident refused to sign the form and room confinement would continue as written. The person conducting the hearing signed as witness to the resident's refusal to sign.

Corrective Action

Additional staff trainings on verbal de-escalation are being provided during weekly team training sessions in order to reduce the frequency of room confinements. "Line Staff" will no longer be allowed to impose sanctions. Implementation and accurate documentation of sanctions will be recorded, in addition to the supervisor on duty (SOD) being responsible for ensuring due process, on behalf of the resident was afforded. The Assistant Superintendent of Detention shall review each sanction for justification, fairness and equity. Adjustments to the imposed sanctions will be made as necessary. Sanctions will only be imposed following a "Cooling down" period and review of the incident by the SOD. Residents will have the opportunity to gather witnesses' and obtain statements, to support their grievance.

Residents are being educated on their rights and Due Process during weekly community groups on Saturday. SOD's will ensure the resident understands due process before he/she signs the incident paperwork or waives their rights to a hearing.

6VAC35-101-1090 (A). Physical Restraint.

- B. Physical restraint shall be used as a last resort only after less restrictive interventions have failed to control residents whose behavior poses a risk to the safety of the resident, others, or the public.
 - 1. Staff shall use the least force deemed reasonable to be necessary to eliminate the risk or to maintain security and order and shall never use physical restraint as punishment or with the intent to inflict injury.
 - 2. Staff may physically restrain a resident only after less restrictive behavior interventions have failed or when failure to restrain would result in harm to the resident or others.
 - 3. Physical restraint may be implemented, monitored, and discontinued only by staff who have been trained in the proper and safe use of restraints.
 - 4. For the purpose of this section, physical intervention means to prevent an individual from moving all or part of that individual's body.

Finding: Non-Compliant

The staff did not use or attempt a proper Handle with Care techniques. This determination was made based on observation of the videos from the incidents.

Corrective Action

Moving forward, emphasis will be placed on therapeutic approaches to address negative behaviors. CJS teams are receiving more intensive HWC training with a strong focus on verbal de-escalation and re-directional approaches. HWC instructors will test the team members on proficiency to ensure clear understanding of HWC techniques.

If assistance is necessary in addressing an incident, staff will wait for support prior to attempting a physical restraint. Physical restraints will be used only for the purposes of imminent safety risks and security concerns, and only as a last resort.

6VAC35-101-200 (C). Retraining.

- C. All direct care staff shall receive at least 40 hours of training annually that shall include training on the following:
 - 1. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);
 - 2. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases);
 - 3. Maintaining appropriate professional relationships;
 - 4. Interaction among staff and residents;

5. Residents rights, including, but not limited to, the prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
6. Child abuse and neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect); and
7. Behavior intervention procedures.

Interpretation:

Staff did not receive 40 hours of annual retraining for calendar year 2021, they were given credit for CPR/First Aid from the year 2020 which is not accurate.

Corrective Action

Chesapeake Juvenile Services will schedule and provide annual CPR training, regardless of the number of years their certification is active. Additionally, CJS has developed a robust training calendar and all team members will receive more than 40 hours of required trainings. As we become more trauma informed, our trainings will focus on identifying trauma and how to best support our residents without re-traumatization. All staff regardless of position will be trauma informed along with the use of best practices.

The training coordinator will also be providing the following trainings, in addition to DJJ mandated trainings: Verbal de-escalation refresher, crisis response, effective communication, safety tips for working in a secured detention facility, safety searches, radio communication, safety and security, teamwork, trauma informed care, leadership skills, perimeter/grounds checks, role vs. goal and the "Law of the Bad Apple". (Attachment A: Training calendar)

6VAC35-101-490(A). Maintenance of the buildings and grounds.

A. The interior and exterior of all buildings and grounds shall be safe, maintained, and reasonably free of clutter and rubbish. This includes, but not limited to, (i) required locks, mechanical devices, indoor equipment, and furnishings and (ii) all areas where residents, staff, and visitors reasonably may be expected to have access.

Finding: Non-Compliant

The control room staff is sometimes unable to control doors. In talking with the senior staff, they stated that the control panel occasionally "locks up" and if you're not experienced with the panel recovering the system is difficult. Experienced people simply shut it down and allow the system to reboot itself and that usually fixes the problem.

In addition, several maintenance issues were observed: (1) one unit had a smashed/cracked mirror; (2) Unit 5 had a shower out of service; (3) Unit 3 had a non-functional sink in the shower area; and (4) Unit 7 had a non-functional shower and was missing a poison control sticker on the phone. Photos were taken showing rust in some areas and damaged furniture. One picture shows what appears to be a fire alarm taped over. One shower had the drain covered by something and another shower was lacking a curtain making it unusable. The kitchen area showed mold on the reach-in gaskets.

Corrective Actions

Repair Work Orders have been established for the following items: Control Panel, and fire alarm emergency light. Tape on fire alarm cover removed. Chesapeake Juvenile Services has secured repair quotes for both, the inoperable fire alarms and control panel repair/replacement. (Attachment B and C). Capital Improvement funds are being utilized for these projects.

The following items have been repaired and/or replaced:

- (1) Smashed/cracked mirror – Replaced- Unit 4
- (2) Unit 5 Shower out of service – Service restored
- (3) Unit 3 non-functional sink in shower area – Repaired
- (4) Unit 7 non-functional shower – Repaired
- Poison Control Sticker missing on Unit 7 – Replaced
- Damaged furniture- CJS has partnered with the Sheriff's Department to refinish furniture and/or replace any damaged furniture. To date, 10 pieces have been refinished.
- Fire Alarm Taped Over- Tape was put in place during painting and has been removed
- Shower drain covered- The shower has been cleared of debris; Unit-6 Drain - Contractor was contacted and we are waiting appointment for them to assess the area.
- Missing Shower Curtain – Replaced
- Mold on Reach-in gaskets – The Food Service Supervisor has cleaned gaskets of mold. A replacement gasket will be ordered, that is free of stains
- Unit 7 Rust (Picture 521)- Contractor has been contacted. Entire frame will have to be replaced if they are unable to repair it.

Note: Maintenance staff will check and document all plumbing items weekly for compliance.

6VAC35-101-490(B) Maintenance of the buildings and grounds.

B. All buildings shall be reasonably free of stale, musty, or foul odors.

Finding: Non-Compliant

Foul odors were noted in some of the units. In two of the units the mop sink area was poorly maintained. Old, used mop heads and scrub brushes were not hung up to air dry and there were strong musty and moldy odors from the mop sink room. In both of the units with mop sink issues, the doors to the mop sinks were unsecured. This allowed the odors to filter into the rest of the unit.

Corrective Actions

CJS has contracted with UniFirst to deliver mop heads weekly. Upon receipt of the new mop heads staff will change them out weekly. Mops and scrub brushes will be properly hung up to air dry following a quick wash/rinse after each use. Supervisors will check for compliance daily and document their findings in the daily shift report. Maintenance staff will perform routine maintenance (Chemical/water solution) on sewer drains, with emphasis on unit-1 to eliminate odors.

Other DJJ notable areas of concern

- **There were complaints about lack of staff to provide double coverage when needed.** Response: CJS conducted a hiring blitz on April 7-8, 2022. Applicants were interviewed, given a conditional offer of employment, toured the facility and began the on-boarding process with Human Resources. Eight Juvenile Services Specialists were selected during this event. Additionally, interviews were conducted on May 11, 2022 and an additional six applicants were selected. CJS does operate within compliance standards at an 8:1 resident/staff ratio. CJS will continue to hire as needed to ensure adequate facility oversight.
- **Residents are often in their rooms due to lack of staff coverage.** Staff vacancies does not impact the residents from receiving their mandated services. As stated earlier we are revamping our current behavior modification plan. This will also reduce the number of residents on room confinement. We are also in the process of revising our

daily curriculum to allow for resident and community engagement. CJS will continue to operate within state mandate staff to resident ratios.

- **Residents complained that during the day there is not a lot of constructive activity.** On school days, the residents are in school from 8:30am-2:30pm. They are afforded 1 hour of large muscle exercise every day. Additionally, CJS has partner with community stakeholders in the following services areas:
 - Partnered with Healthy Chesapeake to offer a culinary arts program for the residents.
 - The public library outreach program comes in monthly to offer reading materials as well as information about their services. The library also provides a summer reading program that our residents are encouraged to participate in.
 - Law Enforcement Officers provide mentoring monthly
 - Religious services are offered weekly
 - The Chesapeake Advisory Board offers mentoring twice monthly.
 - Recreation Specialist provide arts and crafts activities weekly, and has a Friday Fun Night weekly event that allows for multiple activities of the residents choosing.
 - CJS recently purchased two Play Station-4 gaming consoles and games (Madden NFL, Dragon Ball Z, NBA 2K22, Farming Simulator 22, The Crew 2, Need for Speed Heat, Minecraft Starter Collection, Naruto Ultimate Ninja Storm) for the units.

In addition, The Fatherhood Initiative program provided monthly workshops in the following area: Power Through Choices (10-week curriculum) and the Virginia League of Planned Parenthood provided a 2-week program on decision-making and goal setting

- **The resident grievance system does not function properly and responses to grievances are often not received. Residents and staff do not feel the grievances are handled properly.** Staff will review the grievance process weekly during the Community groups. CJS also purchased secure mailboxes for the residents' grievances. The supervisors check the mailboxes at the beginning and at the end of their shifts and log the contents before addressing the concern.
- **Residents report there are roaches and bugs on the unit.** CJS has a contract with Dotson Pest Control. They treat the building monthly for rodents and insects. Beginning May 1, 2022, they are now treating the building twice a month.
- **There is a lack of mental health services on the units.** Chesapeake Integrated Behavior Health (CIBH) has a full-time QMHP on site at CJS. She provides weekly psycho-educational groups and individual counseling as needed. Tidewater Youth Commission also provides anger regression treatment and substance abuse education. CJS has recently hired a license eligible Family Services Supervisor who will be providing counseling and support. He is tentatively scheduled to begin employment with CJS in late June 2022.
- **Staff could not explain how the Physical Restraints Procedure is implemented.** The training coordinator has revamped his training and to ensure all staff have a clear understanding regarding when it is appropriate to utilize a physical restraint.

- **Residents are secured in their rooms as an immediate sanction.**
Staff shall attempt de-escalation and redirection as a primary first step in addressing an incident. A cool down will be offered for up to 59 minutes in order to allow residents time to process their actions and to be afforded due process. Residents also may be allowed to relocate to another area to counsel with staff, thereby avoiding room confinement. All sanctions shall be administered by the supervisor on duty and reviewed by administration following issuance.
- **Due process is not adequately used.**
Residents shall be educated on due process procedures and allowed the first 59 minutes following an incident to process the event, gather statements and witnesses. Secure mailboxes have been installed on each unit for the purpose of securing Due Process Complaint forms. Forms shall be collected by the SOD twice per shift and immediately for PREA allegations. Each resident has total access to these forms (information mail tray).
- **Residents complained about having prepackaged sandwiches on the weekends.**
CJS no longer uses the prepackaged sandwiches. The residents are given a hot lunch and a fresh sandwich prepared by our Food Service personnel.
- **Residents spoke of inappropriate behaviors between staff members.**
Staff will continue to receive trainings on Effective Communication Skills in July 2022. Persons who violate the City's CARES standards and/or Department policies shall be held accountable in accordance with the Department of Human Resources Disciplinary guidelines.
- **There are foul odors in the building.**
Facility maintenance personnel are providing weekly sewer drain maintenance (Chemical/water treatment) to maintain an order free work environment. Additionally, all mop heads are replaced weekly with new heads. Mops shall be given a final wash/rinse prior to being hung to air dry. All utility room doors will remain secured throughout the day when not in use. The supervisor on duty shall check utility room doors twice during their shift and record their findings on the daily shift report.



Juvenile *Detention* Commission

May 11, 2022

Northern Virginia Juvenile Detention Center

200 S. Whiting St. • Alexandria, VA 22304

Phone: 703.751.3700 • Fax: 703.823.3842

Mr. Kenneth Bailey
Certification Manager
Virginia Department of Juvenile Justice
1601 Old Bon Air Rd
Richmond, VA 23235

Dear Mr. Bailey,

Due to current trends in our population and increased needs of the children, we have identified opportunities to provide additional supports, programs, and services to children at the post-dispositional level. We are requesting an increase in our beds from ten to 16.

This would allow us to provide quality treatment and service provision to more residents who may be court-ordered to the post-dispositional program.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnitha R. McNair".

Johnitha R. McNair
Executive Director

Virginia Juvenile Community Crime Control Act (VJCCCA)

Jenna Easton, Program Manager
June 29, 2022



**Virginia Department
of Juvenile Justice**

**Safety. Connection.
Purpose. Fairness.**



VJCCCA HISTORY AND OVERVIEW

Background

- Enacted in 1995 to restructure funding for local juvenile justice programming
- Intent is for localities to develop and implement programs and services to prevent and address juvenile offending
- Emphasis placed on detention alternatives, diversion and prevention/early intervention programming
- Local flexibility/autonomy; state oversight by DJJ



VJCCCA HISTORY AND OVERVIEW

- Provides formula-based funding to localities
- Some localities contribute a required Maintenance of Effort (MOE) and/or additional local contributions of funds
- Current state allocation ~\$10.4 million; total with MOE and additional local ~\$20 million
- All 133 cities/counties participate
- DJJ provides TA, and has administrative oversight and monitoring of the VJCCCA plans



PLANNING PROCESS/PLAN DEVELOPMENT

- Every two years, localities submit grant applications/proposed biennial plans for the use of funds
- A data-driven process that includes a review of state and local data (e.g. intake data, DAI override data, risk assessment criminogenic need data)
- Plans are developed after consultation with key stakeholders and required plan participants (CPMT Chair, CSU Director, J&DR Court Judges) § 16.1-309.3
- Guidance is provided by DJJ VJCCCA Coordinators



TARGET POPULATIONS

- Juveniles before intake (Diversion)
- Juveniles before the court (Petitions)
 - Child in Need of Services (CHINServices)
 - Child in Need of Supervision (CHINSupervision)
 - Delinquency
- Prevention Services (since FY20)



FY23/24 PLAN HIGHLIGHTS

- Received plans (anticipated) from all 133 localities; some as part of combined plans
- Continued heavy utilization of VJCCCA funds to provide an array of detention alternatives to secure detention (e.g. outreach detention, Electronic Monitoring/GPS, Shelter Care)
- Increased interest in prevention programming, particularly for Truancy Prevention Services
- Added Services: Restorative Justice, Pro-Social Activities, Mentoring



FY21 VJCCCA DATA

Youth Served, FY 2021

	2021
Youth Placed	3,578
Total Program Placements	5,807
Average Placements per Youth	1.6
Youth Eligible for Detention	81.2%

Placement Status, FY 2021

Dispositional Status	Residential	Non-Residential
Pre-D	431 (7.4%)	3,681 (63.4%)
Post-D	32 (0.6%)	1,663 (28.6%)



FY21 VJCCCA DATA

Placements by Service Category and Type, FY 2019-2021

Service Category and Type	2019		2020		2021	
	Total	%	Total	%	Total	%
Accountability	2,119	20.1%	1,715	19.1%	969	16.6%
Community Service	2,064	19.6%	1,648	18.4%	895	15.3%
Restitution/Restorative Justice	55	0.5%	67	0.7%	74	1.3%
Competency Development	2,887	27.4%	2,264	25.3%	1,380	23.6%
After-School/Extended Day	149	1.4%	85	0.9%	34	0.6%
Anger Management Programs	786	7.5%	665	7.4%	388	6.6%
Case Management	692	6.6%	456	5.1%	162	2.8%
Employment/Vocational	39	0.4%	27	0.3%	10	0.2%
Home-Based/Family Preservation	78	0.7%	68	0.8%	44	0.8%
Individual, Group, Family Counseling	124	1.2%	107	1.2%	26	0.4%
Law-Related Education	248	2.4%	240	2.7%	182	3.1%
Life Skills	79	0.7%	55	0.6%	82	1.4%
Parenting Skills	21	0.2%	32	0.4%	62	1.1%
Sex Offender Education/Treatment	2	0.0%	2	0.0%	2	0.0%
Shoplifting Programs	205	1.9%	183	2.0%	84	1.5%
Substance Abuse Assessment	120	1.1%	79	0.9%	61	1.0%
Substance Abuse Education/Treatment	344	3.3%	265	3.0%	243	4.2%
Group Homes	173	1.6%	185	2.1%	117	2.0%
Supervision Plan Services	407	3.9%	361	4.0%	237	4.1%
Public Safety	4,947	47.0%	4,438	49.5%	3,123	53.4%
Crisis Intervention/Shelter Care	676	6.4%	593	6.6%	346	5.9%
Intensive Supervision/Surveillance	625	5.9%	573	6.4%	278	4.8%
Outreach Detention/Electronic Monitoring	3,646	34.6%	3,272	36.5%	2,499	42.8%
Missing	1	0.0%	3	0.0%	17	0.3%
Total Placements	10,534	100.0%	8,966	100.0%	5,843	100.0%



QUESTIONS

Direct VJCCCA Specific Questions to:
Jenna Easton
Program Manager
Jenna.Easton@djj.virginia.gov

Learn more at:
VADJJ Data Resource Guide, FY 2021
<https://www.djj.virginia.gov/pages/about-djj/drg.htm>

Virginia Juvenile Community Crime Control Act
FY2023 - FY2024 Summary of Programs

	Sum of FY23 Year 1 Youth	Sum of FY23 Year 1 Budget	Sum of FY24 Year 2 Youth	Sum of FY24 Year 2 Budget
Anger Management	495	\$231,102.00	716	\$229,602.00
Assessments/Evaluations	29	\$27,926.00	29	\$27,926.00
Clinical Services	124	\$303,658.00	124	\$303,658.00
Community Service	1146	\$877,644.00	1111	\$847,000.00
Coordinator/Administrative	50	\$352,822.40	50	\$354,751.70
Employment/Vocational	63	\$121,300.00	63	\$121,300.00
Gang Intervention	33	\$123,329.10	33	\$123,579.10
Gang Prevention	48	\$162,373.44	48	\$162,623.44
Group Home	265	\$1,649,426.77	265	\$1,649,426.77
Law Related Education	221	\$133,362.00	205	\$115,186.00
Life Skills	376	\$299,984.08	376	\$299,984.08
Mentoring	126	\$284,915.00	127	\$284,717.00
Parenting Skills	239	\$158,495.00	239	\$158,495.00
POST-D Day & Evening Reporting	66	\$611,223.00	66	\$623,840.27
POST-D EM & GPS	934	\$1,094,680.62	940	\$1,093,436.32
POST-D Outreach	305	\$531,711.72	305	\$533,023.72
POST-D Shelter Care	55	\$341,079.73	55	\$341,079.73
PRE-D EM & GPS	1749	\$2,836,031.62	1739	\$2,836,903.62
PRE-D Outreach	888	\$2,666,794.43	883	\$2,364,132.72
PRE-D Shelter Care	332	\$2,387,016.73	152	\$637,981.73
Pro-Social Activities	131	\$45,470.00	131	\$45,470.00
Pro-Social Skills	880	\$444,009.72	865	\$428,357.72
Restorative Justice	172	\$56,441.00	172	\$56,441.00
Sex Offender Services	11	\$24,150.00	11	\$24,150.00
Shoplifting/Larceny Reduction	252	\$37,308.00	250	\$37,308.00
Specialized Prevention Programs	71	\$63,355.00	76	\$63,355.00
Specialized Program Services	439	\$436,101.20	438	\$436,101.20
Substance Abuse Ed/Treatment	521	\$460,551.00	514	\$460,551.00
Substance Abuse Prevention	38	\$75,053.00	38	\$75,053.00
Truancy Intervention	190	\$217,137.00	190	\$217,137.00
Truancy Prevention	650	\$270,142.00	650	\$270,142.00
(blank)				
Grand Total	10899	\$17,324,593.56	10861	\$15,222,713.12

**Virginia Juvenile Community Crime Control Act
FY2023 - FY2024 Budget Summary**

Locality	FY2023 MOE	FY2023 State	FY2024 MOE	FY 2024 State
Accomack	\$0.00	\$ 23,933.00	\$0.00	\$ 23,933.00
Albemarle	\$52,231.00	\$ 71,218.00	\$52,231.00	\$ 71,218.00
Alleghany	\$3,617.00	\$ 18,476.00	\$3,617.00	\$ 18,476.00
Amelia	\$2,729.00	\$ 9,913.00	\$2,729.00	\$ 9,913.00
Amherst	\$28,233.00	\$ 37,022.00	\$28,233.00	\$ 37,022.00
Appomattox	\$332.00	\$ 9,071.00	\$332.00	\$ 9,071.00
Arlington	\$270,059.00	\$ 270,059.00	\$270,059.00	\$ 270,059.00
Augusta	\$0.00	\$ 26,808.00	\$0.00	\$ 26,808.00
Bath	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00
Bedford	\$14,190.00	\$ 70,751.00	\$14,190.00	\$ 70,751.00
Bland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00
Botetourt	\$3,300.00	\$ 13,138.00	\$3,300.00	\$ 13,138.00
Brunswick	\$635.00	\$ 11,703.00	\$635.00	\$ 11,703.00
Buchanan	\$809.00	\$ 67,453.00	\$809.00	\$ 67,453.00
Buckingham	\$287.00	\$ 8,798.00	\$287.00	\$ 8,798.00
Campbell	\$53,024.00	\$ 53,024.00	\$53,024.00	\$ 53,024.00
Caroline	\$8,460.00	\$ 14,869.00	\$8,460.00	\$ 14,869.00
Carroll	\$2,940.00	\$ 18,929.00	\$2,940.00	\$ 18,929.00
Charles City	\$9,400.00	\$ 6,585.00	\$9,400.00	\$ 6,585.00
Charlotte	\$268.00	\$ 12,976.00	\$268.00	\$ 12,976.00
Chesterfield	\$202,459.00	\$ 668,292.00	\$202,459.00	\$ 668,292.00
Clarke	\$0.00	\$ 8,990.00	\$0.00	\$ 8,990.00
Craig	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00
Culpeper	\$1,119.00	\$ 51,802.00	\$1,119.00	\$ 51,802.00
Cumberland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00
Dickenson	\$2,739.00	\$ 10,437.00	\$2,739.00	\$ 10,437.00
Dinwiddie	\$9,014.00	\$ 19,549.00	\$9,014.00	\$ 19,549.00
Essex	\$4,885.00	\$ 22,825.00	\$4,885.00	\$ 22,825.00
Fairfax County	\$613,374.00	\$ 600,996.00	\$613,374.00	\$ 600,996.00
Fauquier	\$2,886.00	\$ 36,836.00	\$2,886.00	\$ 36,836.00
Floyd	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00
Fluvanna	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00
Franklin County	\$10,124.00	\$ 21,332.00	\$10,124.00	\$ 21,332.00
Frederick	\$0.00	\$ 53,031.00	\$0.00	\$ 53,031.00
Giles	\$385.00	\$ 9,243.00	\$385.00	\$ 9,243.00
Gloucester	\$44,727.00	\$ 44,727.00	\$44,727.00	\$ 44,727.00
Goochland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00

Grayson	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00
Greene	\$0.00	\$ 7,596.00	\$0.00	\$ 7,596.00
Greensville	\$8,668.00	\$ 6,585.00	\$8,668.00	\$ 6,585.00
Halifax	\$10,476.00	\$ 63,762.00	\$10,476.00	\$ 63,762.00
Hanover	\$20,556.00	\$ 81,243.00	\$20,556.00	\$ 81,243.00
Henrico	\$209,620.00	\$ 390,110.00	\$209,620.00	\$ 390,110.00
Henry	\$34,009.00	\$ 131,661.00	\$34,009.00	\$ 131,661.00
Highland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00
Isle of Wight	\$10,716.00	\$ 23,984.00	\$10,716.00	\$ 23,984.00
James City	\$91,512.00	\$ 91,512.00	\$91,512.00	\$ 91,512.00
King & Queen	\$2,535.00	\$ 9,336.00	\$2,535.00	\$ 9,336.00
King George	\$1,040.00	\$ 15,258.00	\$1,040.00	\$ 15,258.00
King William	\$10,300.00	\$ 6,951.00	\$10,300.00	\$ 6,951.00
Lancaster	\$7,908.00	\$ 20,530.00	\$7,908.00	\$ 20,530.00
Lee	\$3,333.00	\$ 27,260.00	\$3,333.00	\$ 27,260.00
Loudoun	\$145,706.00	\$ 145,706.00	\$145,706.00	\$ 145,706.00
Louisa	\$1,028.00	\$ 9,905.00	\$1,028.00	\$ 9,905.00
Lunenburg	\$1,047.00	\$ 13,270.00	\$1,047.00	\$ 13,270.00
Madison	\$1,494.00	\$ 6,585.00	\$1,494.00	\$ 6,585.00
Mathews	\$10,651.00	\$ 22,790.00	\$10,651.00	\$ 22,790.00
Mecklenburg	\$1,349.00	\$ 31,360.00	\$1,349.00	\$ 31,360.00
Middlesex	\$3,241.00	\$ 6,585.00	\$3,241.00	\$ 6,585.00
Montgomery	\$179.00	\$ 49,393.00	\$179.00	\$ 49,393.00
Nelson	\$202.00	\$ 10,364.00	\$202.00	\$ 10,364.00
New Kent	\$14,391.00	\$ 10,557.00	\$14,391.00	\$ 10,557.00
Northampton	\$0.00	\$ 12,336.00	\$0.00	\$ 12,336.00
Northumberland	\$6,626.00	\$ 29,083.00	\$6,626.00	\$ 29,083.00
Nottoway	\$617.00	\$ 19,399.00	\$617.00	\$ 19,399.00
Orange	\$2,181.00	\$ 21,728.00	\$2,181.00	\$ 21,728.00
Page	\$0.00	\$ 30,076.00	\$0.00	\$ 30,076.00
Patrick	\$5,984.00	\$ 25,241.00	\$5,984.00	\$ 25,241.00
Pittsylvania	\$29,756.00	\$ 41,765.00	\$29,756.00	\$ 41,765.00
Powhatan	\$2,056.00	\$ 8,468.00	\$2,056.00	\$ 8,468.00
Prince Edward	\$0.00	\$ 10,840.00	\$0.00	\$ 10,840.00
Prince George	\$21,972.00	\$ 52,775.00	\$21,972.00	\$ 52,775.00
Prince William	\$509,171.00	\$ 394,413.00	\$509,171.00	\$ 394,413.00
Pulaski	\$0.00	\$ 21,321.00	\$0.00	\$ 21,321.00
Rappahannock	\$0.00	\$ 9,673.00	\$0.00	\$ 9,673.00
Richmond County	\$11,698.00	\$ 10,751.00	\$11,698.00	\$ 10,751.00
Roanoke County	\$24,644.00	\$ 179,982.00	\$24,644.00	\$ 179,982.00
Rockbridge	\$0.00	\$ 14,600.00	\$0.00	\$ 14,600.00
Rockingham	\$0.00	\$ 44,867.00	\$0.00	\$ 44,867.00

Russell	\$411.00	\$ 28,355.00	\$411.00	\$ 28,355.00
Scott	\$35.00	\$ 23,096.00	\$35.00	\$ 23,096.00
Shenandoah	\$0.00	\$ 31,204.00	\$0.00	\$ 31,204.00
Smyth	\$4,392.00	\$ 29,786.00	\$4,392.00	\$ 29,786.00
Southampton	\$6,340.00	\$ 10,485.00	\$6,340.00	\$ 10,485.00
Spotsylvania	\$39,655.00	\$ 84,641.00	\$39,655.00	\$ 84,641.00
Stafford	\$37,265.00	\$ 107,510.00	\$37,265.00	\$ 107,510.00
Surry	\$6,275.00	\$ 6,585.00	\$6,275.00	\$ 6,585.00
Sussex	\$3,321.00	\$ 6,585.00	\$3,321.00	\$ 6,585.00
Tazewell	\$923.00	\$ 46,689.00	\$923.00	\$ 46,689.00
Warren	\$0.00	\$ 36,630.00	\$0.00	\$ 36,630.00
Washington	\$11,856.00	\$ 34,727.00	\$11,856.00	\$ 34,727.00
Westmoreland	\$30,339.00	\$ 58,808.00	\$30,339.00	\$ 58,808.00
Wise	\$6,815.00	\$ 54,899.00	\$6,815.00	\$ 54,899.00
Wythe	\$0.00	\$ 33,156.00	\$0.00	\$ 33,156.00
York	\$44,146.00	\$ 54,684.00	\$44,146.00	\$ 54,684.00
Alexandria	\$95,575.00	\$ 185,026.00	\$95,575.00	\$ 185,026.00
Bristol	\$9,828.00	\$ 28,057.00	\$9,828.00	\$ 28,057.00
Buena Vista	\$0.00	\$ 11,657.00	\$0.00	\$ 11,657.00
Charlottesville	\$108,415.00	\$ 220,840.00	\$108,415.00	\$ 220,840.00
Chesapeake	\$83,014.00	\$ 246,857.00	\$83,014.00	\$ 246,857.00
Colonial Heights	\$0.00	\$ 69,080.00	\$0.00	\$ 69,080.00
Covington	\$1,054.00	\$ 7,575.00	\$1,054.00	\$ 7,575.00
Danville	\$26,324.00	\$ 86,999.00	\$26,324.00	\$ 86,999.00
Emporia	\$8,917.00	\$ 63,101.00	\$8,917.00	\$ 63,101.00
Fairfax City	\$0.00	\$ 12,378.00	\$0.00	\$ 12,378.00
Falls Church	\$2,815.00	\$ 120,679.00	\$2,815.00	\$ 120,679.00
Franklin City	\$6,195.00	\$ 15,521.00	\$6,195.00	\$ 15,521.00
Fredericksburg	\$33,165.00	\$ 54,975.00	\$33,165.00	\$ 54,975.00
Galax	\$0.00	\$ 13,363.00	\$0.00	\$ 13,363.00
Hampton	\$110,724.00	\$ 315,703.00	\$110,724.00	\$ 315,703.00
Harrisonburg	\$0.00	\$ 41,964.00	\$0.00	\$ 41,964.00
Hopewell	\$42,913.00	\$ 105,185.00	\$42,913.00	\$ 105,185.00
Lexington	\$0.00	\$ 6,608.00	\$0.00	\$ 6,608.00
Lynchburg	\$147,370.00	\$ 247,716.00	\$147,370.00	\$ 247,716.00
Manassas	\$2,510.00	\$ 59,873.00	\$2,510.00	\$ 59,873.00
Manassas Park	\$0.00	\$ 20,794.00	\$0.00	\$ 20,794.00
Martinsville	\$22,756.00	\$ 72,076.00	\$22,756.00	\$ 72,076.00
Newport News	\$226,485.00	\$ 339,437.00	\$226,485.00	\$ 339,437.00
Norfolk	\$639,899.00	\$ 639,899.00	\$639,899.00	\$ 639,899.00
Norton	\$10.00	\$ 12,062.00	\$10.00	\$ 12,062.00
Petersburg	\$64,836.00	\$ 84,000.00	\$64,836.00	\$ 84,000.00

Poquoson	\$10,295.00	\$ 10,295.00	\$10,295.00	\$ 10,295.00
Portsmouth	\$45,877.00	\$ 184,000.00	\$45,877.00	\$ 184,000.00
Radford	\$0.00	\$ 10,199.00	\$0.00	\$ 10,199.00
Richmond City	\$459,084.00	\$ 347,683.00	\$459,084.00	\$ 347,683.00
Roanoke City	\$274,384.00	\$ 394,210.00	\$274,384.00	\$ 394,210.00
Salem	\$9,418.00	\$ 52,851.00	\$9,418.00	\$ 52,851.00
Staunton	\$0.00	\$ 35,093.00	\$0.00	\$ 35,093.00
Suffolk	\$57,855.00	\$ 124,169.00	\$57,855.00	\$ 124,169.00
Virginia Beach	\$662,505.00	\$ 869,280.00	\$662,505.00	\$ 869,280.00
Waynesboro	\$0.00	\$ 55,484.00	\$0.00	\$ 55,484.00
Williamsburg	\$31,908.00	\$ 39,383.00	\$31,908.00	\$ 39,383.00
Winchester	\$0.00	\$ 66,337.00	\$0.00	\$ 66,337.00
	\$5,922,796.00	\$10,379,921.00	\$5,922,796.00	\$10,379,921.00
	\$16,302,717.00		\$16,302,717	

Table 1: FY23/24 Allowable VJCCCA Funded Programs and Services (updated 12/09/2021)

VJCCCA GRANT PLAN ADMINISTRATION	
Coordinator/ Administrative Services	<p>Administrative services to manage VJCCCA plans, programs, and services</p> <p><u>Services may include:</u> plan development coordination, Plan and/or Data Contact responsibilities, negotiating/monitoring service contracts, and attending VJCCCA meetings and/or training</p> <p><u>Requirements:</u> Plans may allocate up to 5% of total VJCCCA budget for compensation of these services by non-DJJ staff; FTE percentages must be proportional to allocation</p>
PUBLIC SAFETY	
Pre-Dispositional Detention Alternatives	
PRE-D Outreach Services	<p>Monitoring that provides for public safety and assures youth's availability for court through random contacts at home, school, and within the community via face to face or phone/video contact This category of services should not be used for CHINS or other non-detainable offenses.</p> <p><u>Target Population:</u> Pre-dispositional youth in need of a detention alternative (with a DAI score of 10-14); Youth stepped down from a more-restrictive detention alternative</p> <p><u>Requirements:</u> Program guidelines must be established through an MOA with provider and must include program expectations established by court and CSU, including: number and mode of contacts; length of stay; a plan for step up/down as needed based on a system of graduated sanctions and incentives; hours of operation; program behavior management system; and admission/dismissal criteria.</p> <p>Monitoring that provides for public safety and assures youth's availability for court through use of electronic monitoring (EM) or global positioning service (GPS) This category of services should not be used for CHINS or other non-detainable offenses.</p> <p><u>Target Population:</u> Pre-dispositional youth in need of a detention alternative (with a DAI score of 10-14); Youth stepped up/down from a less/more-restrictive detention alternative.</p> <p><u>Requirements for non-DJJ providers:</u> Program guidelines must be established through an MOA with provider and must include program expectations established by court and CSU, including: number and mode of contacts; length of stay; a plan for step up/down as needed based on a system of graduated sanctions and incentives; hours of operation; program behavior management system; and admission/dismissal criteria. Use of EM/GPS must also include Pre-D Outreach Services as a component of this service.</p>
PRE-D Electronic Monitoring (EM) & Global Positioning Service (GPS)	<p>Monitoring that provides for public safety and assures youth's availability for court through use of electronic monitoring (EM) or global positioning service (GPS) This category of services should not be used for CHINS or other non-detainable offenses.</p> <p><u>Target Population:</u> Pre-dispositional youth in need of a detention alternative (with a DAI score of 10-14); Youth stepped up/down from a less/more-restrictive detention alternative.</p> <p><u>Requirements for non-DJJ providers:</u> Program guidelines must be established through an MOA with provider and must include program expectations established by court and CSU, including: number and mode of contacts; length of stay; a plan for step up/down as needed based on a system of graduated sanctions and incentives; hours of operation; program behavior management system; and admission/dismissal criteria. Use of EM/GPS must also include Pre-D Outreach Services as a component of this service.</p>

<p>PRE-D Structured Day & Evening Reporting Programs</p>	<p>Non-residential programs that provide structured activities and supervision during or after regular school hours (especially during the hours of 3:00pm-7:00pm), and are used as a pre-dispositional alternative to secure detention. This category of services should not be used for CHINS or other non-detainable offenses.</p> <p><u>Target population:</u> Pre-dispositional youth in need of a detention alternative (with a DAI score of 10-14); Youth stepped up/down from a less/more-restrictive detention alternative</p> <p><u>Services include:</u> transportation; counseling; supervision; academic support; vocational development; cultural, educational and recreational activities; pro-social skill development</p> <p>Short-term (up to 90 days) residential care programs that focus on stabilizing youth behavior and are used as a pre-dispositional alternative to detention.</p> <p>This category of services should not be used for CHINS or other non-detainable offenses.</p>
<p>PRE-D Shelter Care</p>	<p><u>Target Population:</u> Pre-dispositional youth in need of a detention alternative (with a DAI score of 10-14); Youth stepped up from a less-restrictive detention alternative; Youth stepped down from secure detention</p> <p><u>Services include:</u> assessment(s) and a specifically approved range of services to address treatment needs such as counseling, academic support, interagency services referrals</p>
<p>Post-Dispositional/Graduated Sanctions</p>	
<p>POST-D Outreach Services</p>	<p>Monitoring that provides additional contacts to home, school, and within the community via face to face or phone/video contact in order to enhance probation/parole supervision</p> <p><u>Target Population:</u> Youth on probation or parole in need of additional supervision; youth facing technical violation(s) of supervision; youth before the court for disposition</p> <p><u>Requirements:</u> Program guidelines must be established through an MOA with provider and must include program expectations established by court and the CSU, including: number and mode of contacts; length of stay; a plan for step up/down as needed based on a system of graduated sanctions and incentives; hours of operation; program behavior management system; and admission/dismissal criteria. The number of contacts shall be determined in advance, proportional to severity of need with a plan to decrease over time, and should not remain in place for over 30 consecutive days without CSU Supervisor approval. Additional surveillance contacts do not replace contacts made by the youth's probation/parole officer.</p>

<p>POST-D Electronic Monitoring (EM) & Global Positioning Service (GPS)</p>	<p>Monitoring that provides additional surveillance in order to enhance probation/parole supervision through use of electronic monitoring (EM) or global positioning service (GPS);</p> <p><u>Target Population:</u> Youth on probation or parole in need of additional supervision; youth facing technical violation(s) of supervision; youth before the court for disposition</p> <p><u>Requirements for non-DJJ providers:</u> Program guidelines must be established through an MOA with provider and must include program expectations established by court and the CSU, including: number and mode of contacts; length of stay; a plan for step up/down as needed based on a system of graduated sanctions and incentives; hours of operation; program behavior management system; and admission/dismissal criteria. The number of contacts shall be determined in advance, proportional to severity of need with a plan to decrease over time, and should not remain in place for over 30 consecutive days without CSU Supervisor approval. Additional surveillance contacts do not replace contacts made by the youth's probation/parole officer.</p> <p><u>Use of EM/GPS</u> must also include Post-D Outreach Services as a component of this service.</p>
<p>POST-D Structured Day & Evening Reporting Programs</p>	<p>Non-residential programs that provide structured activities and supervision during or after regular school hours (especially during the hours of 3:00pm-7:00pm) in order to enhance probation/parole supervision</p> <p><u>Target Population:</u> Youth on probation or parole in need of additional supervision; youth facing technical violation(s) of supervision; youth before the court for disposition</p> <p><u>Services include:</u> transportation; counseling; supervision; academic support; vocational development; cultural, educational and recreational activities; pro-social skill development</p>
<p>POST-D Shelter Care</p>	<p>Short-term (up to 90 days) residential care programs that focus on stabilizing youth behavior in order to enhance probation/parole supervision</p> <p><u>Target Population:</u> Youth on probation or parole in need of additional supervision; youth facing technical violation(s) of supervision; youth before the court for disposition</p> <p><u>Services include:</u> assessment(s) and a specifically approved range of services to address treatment needs such as counseling, academic support, interagency services referrals</p>

ACCOUNTABILITY	
Community Service Programs	<p>Programs that provide community service work opportunities for youth that include supervision and recruiting & establishing partnerships with workites; May also incorporate social learning and/or restorative principles; transportation to/from workites</p> <p>Case management duties alone (providing a list of workite opportunities, monitoring attendance, verifying completion) do not meet the requirements for this program.</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D); youth on supervised probation/parole facing technical violation(s) (graduated sanction)</p> <p><u>Requirements:</u> An MOA between DJJ and the locality (as the service provider) is required.</p>
Law Related Education Programs	<p>Programs that encourage youth to become law-abiding citizens by promoting civic responsibility, accountability, and an understanding of the legal system; may also include offense-specific individual/group discussions, interactive web-based presentations, pre & post knowledge tests</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D); youth on supervised probation/parole facing technical violation(s) (graduated sanction)</p> <p><u>Program Examples:</u> Virginia Rules</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p>
Restorative Justice Programs	<p>Programs that provide youth an opportunity to repair harm caused by their behavior and to recognize how their behavior impacts others; May also include restitution and/or other compensation to victims</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D); youth on supervised probation/parole facing technical violation(s) (graduated sanction)</p> <p><u>Services include:</u> circle processing; community conferencing; victim/offender conferences</p> <p><u>Requirements:</u> Participation by all parties is strictly voluntary.</p>
Shoplifting/Larceny Reduction Programs	<p>Programs that educate participants on the laws and consequences of shoplifting and/or larceny; May also include developing consequential thinking skills; discussing alternatives to problem behavior; addressing thinking patterns, values, and beliefs that lead to problem behavior</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D) on charges related to shoplifting and/or larceny; youth on supervised probation/parole facing technical violation(s) (graduated sanction) for related behavior</p> <p><u>Program Examples:</u> Youth Emerge Straight (Y.E.S.); STOPLifting (3rd Millennium Classrooms)</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p>

COMPETENCY DEVELOPMENT	
Anger Management Programs	<p>Programs that teach alternative means of communicating and problem solving to reduce aggressive behavior; May also include individual/group counseling and education; conflict resolution skills; self-regulation skills; cognitive behavioral interventions; development of problem solving, impulse-control, and coping skills</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D) on charges related to violence and/or aggression; youth on supervised probation/parole facing technical violation(s) (graduated sanction) for related behavior</p> <p><u>Program Examples:</u> Aggression Replacement Therapy (ART); Thinking For a Change (T4C); 3rd Millennium Classrooms; Peaceful Alternatives To Tough Situations (PATTS)</p> <p><u>Requirements:</u> Services must be provided by a licensed mental health professional with applicable degree(s) and specialized training* or a curriculum/program approved by the VJCCA Coordination Team</p> <p><u>Assessments/evaluations</u> for youth requiring clinical services in order to fulfill diversion plan or court ordered obligations. The SASSI does not meet the requirements for this program.</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D) requiring clinical services in order to fulfill diversion or court-ordered obligations</p> <p><u>Requirements:</u> Services must be provided by a licensed mental health professional with applicable degree(s) and specialized training*</p>
Assessments/ Evaluations	<p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D) with an identified need for mental health services</p> <p><u>Requirements:</u> Services must be provided by a licensed mental health professional with applicable degree(s) and specialized training*</p> <p>Mental health services to meet the needs of youth and family; May include individual, group, or family counseling; in-home counseling; equine therapy; art therapy; music therapy; etc.</p>
Clinical Services	<p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D) with an identified need for mental health services</p> <p><u>Requirements:</u> Services must be provided by a licensed mental health professional with applicable degree(s) and specialized training*</p> <p>Programs that prepare youth with basic employment skills and assist them in obtaining employment; May include vocational assessment and counseling; job and pre-employment skill development; on-site supervision/supported employment; coordination of transportation; job placement programs</p>
Employment/ Vocational Programs	<p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D) with an identified need for employment skill building; youth on supervised probation/parole with an identified need for related skill development</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCA Coordination Team</p>

<p>Gang Intervention Programs</p>	<p>Programs designed to reduce gang involvement; May include skill development to assist youth in critical thinking, decision making, and resistance/refusal skills; identifying and addressing youth, family and community factors that influence gang involvement; mentoring/coaching; wraparound services and supports; individual/family/group counseling; connecting youth to pro-social supports, places, and activities; tattoo removal; job training/placement</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D) on charges related to gang involvement; youth on supervised probation/parole with an identified need</p> <p><u>Program Examples:</u> The Phoenix Curriculum; Gang Resistance Education and Training (G.R.E.A.T.); Youth Advocate Programs (YAP)</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p>
<p>Life Skills Programs</p>	<p>Programs that promote skill development to assist youth in maintaining pro-social and healthy behaviors to become productive citizens; May include individualized services based on youth's identified criminogenic need; consequential thinking, goal setting, social perspective-taking, and/or interpersonal skill development; independent living skills; development of healthy relationships and support systems</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D) with an identified need for life skills development</p> <p><u>Program Examples:</u> Casey Life Skills; Botvin LifeSkills Training; ARISSE; Project Life</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p>
<p>Mentoring Programs</p>	<p>Programs that build competency by providing a positive adult relationship/role model to support, guide, and enhance opportunities for youth to meet their goals and be successful; May include modeling/teaching prosocial skills and coping mechanisms; advising; reinforcing and coaching positive behavior; interpersonal skill training</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D); youth on supervised probation/parole with an identified need</p> <p><u>Program Examples:</u> MENTOR Virginia</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p>
<p>Parenting Skills Programs</p>	<p>Programs designed to build positive parenting solutions, enhance parenting skills, and provide support to the parents/guardians/caretakers/natural supports of justice-involved youth; May include parent/guardian empowerment; culturally competent programming; fatherhood initiatives</p> <p><u>Target Population:</u> Parents/guardians/caretakers/natural supports of youth before intake or the court (Pre-D or Post-D) or on supervised probation/parole</p> <p><u>Program Examples:</u> The Parent Project; 24/7 Dad; FAST Families & Schools TogetherSM; Strengthening Families</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p>

<p>Pro-Social Activities</p>	<p>Programs, services, and activities that build protective factors, provide positive reinforcement, and reduce likelihood for future delinquency through pro-social activities; May include structured recreational activities; extracurricular activities; cultural activities; lessons/classes; costs associated with GED testing</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D); youth on supervised probation/parole with an identified need</p> <p><u>Requirements:</u> Prior approval must be received from the VJCCCA Coordination Team. This category must be a standalone program on the plan.</p>
<p>Pro-Social Skills Programs</p>	<p>Programs tailored to the individual needs of youth that teach skills to enhance pro-social behaviors and improve consequential thinking skills; May include cognitive behavioral interventions; gender specific programming; character development and value clarification; addressing thinking patterns, values, and beliefs that contribute to problem behavior</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D); youth on supervised probation/parole with an identified need to strengthen protective factors</p> <p><u>Program Examples:</u> Thinking For A Change (T4C); 3rd Millennium Classrooms; Girls Circle; The Council for Boys and Young Men; Unity Circle; Becoming a Man (B.A.M) Program; Working on Womanhood (WOW)</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p>
<p>Sex Offender Services</p>	<p>Programs and services that promote public safety through education and/or treatment of sexual offending behaviors; May include sexting education; personal boundary education; individual, family, and group counseling/treatment</p> <p><u>Target Population:</u> Youth before intake or court (Pre-D or Post-D) or on supervised probation/parole on charges related to sexting, pornography, and/or sexual offending behaviors</p> <p><u>Requirements:</u> Services must be provided by a licensed professional with applicable degree(s) and specialized training* or a curriculum/program approved by the VJCCCA Coordination Team</p>
<p>Substance Abuse Education/ Treatment Programs</p>	<p>Programs designed to teach youth the consequences of illegal substance use, assist the youth in remaining drug and alcohol free, and to avoid further problem behavior; May include substance abuse education; substance abuse counseling/treatment</p> <p>Urinalysis, breathalyzer, and other drug testing may be conducted by the service provider only when done in conjunction with treatment program administration. Drug testing alone is an excluded service.</p> <p>The SASSI does not meet the requirements for this program.</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D) on charges related to drugs or alcohol; youth on supervised probation/parole facing technical violation(s) (graduated sanction) for related behavior</p> <p><u>Requirements:</u> Services must be provided by a licensed professional with applicable degree(s) and specialized training* or a curriculum/program approved by the VJCCCA Coordination Team</p>

<p>Truancy Intervention Programs</p>	<p>Programs that improve school engagement and reduce further court involvement by addressing barriers to school attendance; May include mentoring/coaching and counseling; incentives and rewards; summer transition services; morning accountability/wake-up calls; home visits; student/teacher relationship building; college & career readiness services; academic supports; truancy-based mediation/restorative practices; alternative court programs/teen court</p> <p><u>Target Population:</u> Youth before intake for CHINS-Truancy petitions; youth on supervised probation/parole facing technical violation(s) (graduated sanction) for related behavior</p> <p><u>Program Examples:</u> Achievement Mentoring Program (AMP); Check and Connect; School Engagement Program by Domus; On Track Supports by RISE Network; Preparing Our Kids for Success by Parent Project; Youth Advocate Program – Truancy (YAP)</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p>
<p>Specialized Program Services (formerly Supervision Plan Services)</p>	<p>Funding allocated for the purchase of services that are not provided for within the current VJCCCA plan. Services may include any service or program outlined on the Allowable Services List.</p> <p><u>Target Population:</u> Youth before intake or the court (Pre-D or Post-D) on charges related to the requested service; youth on supervised probation/parole facing technical violation(s) (graduated sanction) related to/indicating need for requested service</p> <p><u>Requirements:</u> Approval must be received from the VJCCCA Coordination Team</p>
<p>GROUP HOMES</p>	
<p>Group Home Programs</p>	<p>Programs that provide a residential placement in a non-secure environment; includes placement in a homelike foster care environment</p> <p><u>Target Population:</u> Youth before the court (Pre-D or Post-D); youth on supervised probation/parole with an identified need</p> <p><u>Requirements:</u> Must meet licensing, regulatory, and certification requirements.</p>

* All service providers (including local VJCCCA-funded employees and contracted providers) must possess the required professional credentials and must be operating in compliance within regulations and scope of practice, including but not limited to the VA Dept. of Health Professions Board of Counseling.

Table 2: FY 23/24 Allowable VJCCCA Funded Prevention Programs and Services (updated 12/09/2021)

COMPETENCY DEVELOPMENT	
Gang Prevention Programs	<p>Programs designed to prevent gang involvement; May include skill development to assist youth in critical thinking, decision making, and resistance/refusal skills; identifying and addressing youth, family and community factors that influence gang involvement; mentoring/coaching; wraparound services and supports/case management; individual/family/group counseling; connecting youth to pro-social supports, places, and activities; tattoo removal; job training/placement</p> <p><u>Target Population:</u> Youth who have been identified, by an approved assessment tool, as being at-risk for gang involvement</p> <p><u>Program Examples:</u> The Phoenix Curriculum; Gang Resistance Education and Training (G.R.E.A.T.); Youth Advocate Programs (YAP)</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p> <p>Programs designed to teach youth the consequences of illegal substance use, assist the youth in remaining drug and alcohol free, May include substance abuse education; substance abuse screening (i.e. SASSI), assessment, and counseling</p> <p>Urinalysis, breathalyzer, and other drug testing is a prohibited service.</p> <p><u>Target Population:</u> Youth who have been identified, by an approved assessment tool, as being at-risk for substance abuse</p> <p><u>Requirements:</u> Services must be provided by a licensed professional with applicable degree(s) and specialized training* or a curriculum/program approved by the VJCCCA Coordination Team</p>
Substance Abuse Prevention Programs	<p>Programs that improve school engagement and prevent youth from becoming truant by addressing barriers to school attendance; May include mentoring/coaching and counseling; incentives and rewards; summer transition services; morning accountability/wake-up calls; home visits; student/teacher relationship building; college & career readiness services; academic supports; case management; truancy-based mediation/restorative practices; alternative court programs/teen court; truancy awareness campaigns</p> <p><u>Target Population:</u> Youth who have been identified, by an approved assessment tool, as being at-risk for truancy</p> <p><u>Program Examples:</u> Achievement Mentoring Program (AMP); Check and Connect; School Engagement Program by Domus; On Track Supports by RISE Network; Preparing Our Kids for Success by Parent Project; Youth Advocate Program – Truancy (YAP); Wyman’s Teen Outreach Program (TOP); Communities in Schools; Truancy Court Program (TCP); Ability School Engagement Partnership</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p> <p>Programs that provide specialized services to prevent youth from becoming involved in the juvenile justice system</p>
Truancy Prevention Programs	<p><u>Target Population:</u> Youth who have been identified, by an approved assessment tool, as being at-risk for truancy</p> <p><u>Program Examples:</u> Achievement Mentoring Program (AMP); Check and Connect; School Engagement Program by Domus; On Track Supports by RISE Network; Preparing Our Kids for Success by Parent Project; Youth Advocate Program – Truancy (YAP); Wyman’s Teen Outreach Program (TOP); Communities in Schools; Truancy Court Program (TCP); Ability School Engagement Partnership</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p> <p>Programs that provide specialized services to prevent youth from becoming involved in the juvenile justice system</p>
Specialized Prevention Programs	<p><u>Target Population:</u> Youth who have been identified, by an approved assessment tool, as being at-risk for juvenile justice system involvement</p> <p><u>Requirements:</u> A curriculum/program approved by the VJCCCA Coordination Team</p>

* All service providers (including local VJCCCA-funded employees and contracted providers) must possess the required professional credentials and must be operating in compliance within regulations and scope of practice, including but not limited to the VA Dept. of Health Professions Board of Counseling.

**DEPARTMENT OF JUVENILE JUSTICE
REGULATORY AND GUIDANCE DOCUMENT UPDATE**

June 29, 2022

ACTIONS WITH RECENT UPDATES:

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

6VAC35-35 Regulation Governing the Process for Planning, Designing, and Constructing Locally Funded Juvenile Residential Facilities (*New)

Stage: NOIRA (Standard Regulatory Process)

Status: This action involves a comprehensive overhaul of the process localities follow to obtain state reimbursement for local facility construction and renovation projects and proposes a new process for localities that have no plans to seek reimbursement for such projects. The NOIRA has completed Executive Branch review, and was published in the *Virginia Register* on February 1, 2021. The 30-day public comment period generated no comments.

Next step: The board approved the proposed amendments on April 7, 2021, for advancement to the Proposed Stage of the standard regulatory process. The department continues its preparations to advance the approved amendments for Executive Branch review.

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

Stage: Proposed (Standard Regulatory Process)

Status: This regulation was last amended effective January 1, 2014. This action involves a comprehensive review of the regulatory requirements. The NOIRA was published in the *Virginia Register* on October 31, 2016; we received no public comments. The action was submitted through the Proposed Stage on April 17, 2020, has undergone Executive Branch review, and was published in the *Virginia Register* on May 24, 2021. The 60-day public comment period ended on July 23, 2021, with no public comments.

Next step: The reconvened workgroup has resumed meetings to prepare this regulation for advancement to the Final Stage of the standard regulatory process.

6VAC35-71 Regulation Governing Juvenile Correctional Centers

Stage: Revised Proposed (Standard Regulatory Process).

Status: This regulation became effective on January 1, 2014. This action involves a comprehensive review of the regulatory requirements. The NOIRA was published in the *Virginia Register* on October 3, 2016. At the NOIRA stage, no public comments were submitted. The Proposed action was certified by the Office of the Attorney General; approved by DPB, the SPSHS, and the Governor's Office; and subsequently published in the *Virginia Register* on September 30, 2019. The 60-day public comment period

ended on November 29, 2019. Significant changes were made after the Proposed Stage, so the action was advanced through a Revised Proposed Stage, which was submitted on August 31, 2021. The Revised Proposed Stage completed Executive Branch review on January 4, 2022. It was published in the *Virginia Register* on February 14, 2022, and a 30-day public comment period followed, ending on March 16, 2022. There were no public comments.

Next step: The department is now preparing the regulation for the Board's approval to advance to the Final Stage of the standard regulatory process.

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

Stage: Proposed (Standard Regulatory Process)

Status: This regulation became effective on January 1, 2014. This action involves a comprehensive review of the regulatory requirements. The NOIRA was published in the *Virginia Register* on October 17, 2016, and yielded no public comments. The action was submitted through the Proposed Stage on September 3, 2019, completed Executive Branch review, and was published in the *Virginia Register of Regulations* on May 24, 2021. The 60-day public comment period ended on July 23, 2021, and resulted in two public comments. The reconvened workgroup held its last meeting on December 6, 2021. At its April 20, 2022, meeting, the Board authorized the Department to submit this regulation to the Final Stage.

Next step: The Department is preparing the necessary documents to submit this action to the Final Stage of the standard regulatory process.

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

Stage: NOIRA (Standard Regulatory Process)

Status: This regulation became effective January 1, 2008, and has never been amended. This action involves a comprehensive overhaul of the regulatory requirements to ensure the continued provision of post-release services for incarcerated juveniles with a substance abuse, mental health, or other therapeutic need. The NOIRA completed Executive Branch review on January 4, 2022, and subsequently was published in the *Virginia Register* on February 14, 2022. The required 30-day public comment period ended on March 16, 2022, and yielded no comments.

Next step: The department has convened a workgroup to prepare the text for the Proposed Stage of the standard regulatory process.

6VAC35-200 Regulations Governing Youth Detained Pursuant to Federal Contracts (*New)

Stage: NOIRA (Standard Regulatory Process)

Status: This action seeks to establish new regulations applicable to programs for youth detained in juvenile correctional facilities pursuant to contracts with the federal government. The action is intended to carry out the legislative directive in Chapter 599

of the 2020 Acts of Assembly. The NOIRA action has undergone DPB, SPSHS, and Governor's Office review, was published in the *Virginia Register* on March 1, 2021, and the public comment period ending on March 31, 2021, yielded no public comment.

Next step: The workgroup has reconvened to consider the draft language for this chapter with a goal of bringing the proposed text to the Board at its September meeting.



Amy M. Floriano
Director

COMMONWEALTH OF VIRGINIA
Department of Juvenile Justice

P.O. Box 1110
Richmond, VA 23218
(804) 371.0700
Fax: (804) 371.6497
www.djj.virginia.gov

TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

SUBJECT: Request Amendment of Three Policies: 02-006 (Application for Federal Funds), 01-001 (Board Policies and Standards), and 17-001 (Summary of Residents' Rights);
Request Rescission of One Policy: 05-010 (The Prison Rape Elimination Act)

DATE: June 29, 2022

I. SUMMARY OF ACTION REQUESTED

The Department of Juvenile Justice (the Department) respectfully requests the State Board of Juvenile Justice (the Board) to approve the amendment of three existing Board policies and the rescission of one existing Board policy pursuant to the authority established in *Code of Virginia* § 66-10.

II. BACKGROUND OF THE REQUEST

Code of Virginia § 66-10 contains three provisions that empower the Board to establish certain policies and give rise to duties related to policies. The statute provides in pertinent part:

The Board shall have the following powers and duties:

1. To establish and monitor policies for the programs and facilities for which the Department is responsible under this law;
2. To ensure the development of a long-range youth services policy;
3. To monitor the activities of the Department and its effectiveness in implementing the policies developed by the Board...

Pursuant to this statutory authority, the Board currently has 37 active policies in place ranging in subject matter from overall administration of the Department to operations within facilities and programs regulated by the Department. Many of these policies were initially established in the early 1990s and were last reviewed or updated more than ten years ago.

At the April 2022 Board meeting, the Department informed the Board of its intent to conduct a comprehensive review of each existing Board policy and to make a formal recommendation to the Board to retain, amend, or rescind each one based upon the review. The Department noted its plan to recommend retaining or amending

the policies that are mandated by statute or that provide additional guidance above and beyond what is mandated by regulation and to recommend rescinding the policies that have been subsumed into regulation, that duplicate existing law, or that are obsolete. The Board took action on two policies and asked the Department to recommend amendments to one policy for reconsideration at the June meeting.

Since the April Board meeting, the Department has continued its comprehensive review of the Board policies and is recommending action on three additional policies for the Board's consideration, as well as action on the policy originally taken up in April. The policies and summaries are contained in Parts IV and V of this memorandum.

III. DIFFERENCES BETWEEN BOARD POLICIES AND BOARD REGULATIONS

Code of Virginia § 2.2-4001, which provides definitions for terms used in the Administrative Process Act (§ 2.2-4000 et. seq.) (the Act), defines the term "regulation" as "any statement of general application, having the force of law, affecting the rights or conduct of any person, adopted by an agency in accordance with the authority conferred on it by applicable basic laws." The Act makes it clear that all regulations are subject to the requirements contained in the Act unless an exception or exemption applies.

In contrast, policies are neither defined nor expressly addressed in the Act. Furthermore, while policies may be enforced by the authorized body to the extent that they do not collide with a law or regulation, they do not have the same force and effect of law afforded to regulations.¹ It is the Department's understanding, therefore, that policies are not regulations subject to the requirements of the Act. This means that the authority to establish, amend, and rescind Board policies rests solely with the Board, and additional involvement or approval by other executive branch agencies is not required, nor must the Board consider any public comments before taking action to amend or rescind such policies.

IV. SUMMARY OF POLICIES IDENTIFIED FOR AMENDMENT

Current Policy

02-006 **Applications for Federal Funds**

Code of Virginia § 66-10 gives the Board the power and the duty "3. To review and comment on all applications [by the Department] for federal funds."

It is the policy of the Board of Juvenile Justice to encourage the Department to coordinate funding from all sources, federal, state, and private, so as to gain the greatest possible benefit from the available resources.

The Department shall inform the Board of all initial applications for federal funds, including grants (whether received directly from a federal agency or administered by another entity, or jointly applied for with other state agencies and payments from the federal government under such programs. When the timeframes in the application process permit, the Board shall be notified before the application is made, and the Board's comments may be included in the application materials as appropriate. When the timeframes of the application process do not permit

¹ 2011 Op. Va. Att'y Gen. 99, 102.

prior notification to the Board, the Department shall inform the Board as soon as practical of its application for federal funds, the purpose in seeking the funds, and the status of the application.

The Department shall report to the Board at least annually on its multi-year-grant-funded projects or applications for federal funds.

Effective Date: August 26, 1991 *Most Recent Review:* November 14, 2007

Recommendation: Amend

Proposed Amended Policy

02-006 Summary Reports on Grants and Other Funding

Code of Virginia § 66-10 gives the Board of Juvenile Justice (the Board) the power and the duty: “1. To establish and monitor policies for the programs and facilities for which the Department of Juvenile Justice (the Department) is responsible under this law,” and “3. To monitor the activities of the Department and its effectiveness in implementing the policies developed by the Board.”

It is the policy of the Board to encourage the Department to coordinate funding from all sources, including federal, state, and private sources, so as to gain the greatest possible benefit from the available resources.

In order to keep the Board abreast of the Department’s active grant applications and the types of funding the Department is receiving, the Department shall provide the Board with a summary report of any applications the Department submits for grant funding, the purpose in seeking the funds, and the status of the application, as well as any additional grants of which the Department is a recipient. The Department shall provide such summary report to the Board at least twice annually.

Effective Date: June 29, 2022 *Most Recent Review:* June 29, 2022

Rationale for Recommendation: During the 2012 General Assembly Session, the General Assembly repealed the statutory provision that originally formed the basis for the current policy. The policy directs the Department to inform the Board of all initial applications for federal funds and establishes timeframes for such notification. Based on the 2012 legislative change, the Department recommended rescinding this policy at the April 20, 2022, Board meeting. While the Board members agreed that the legislative change prevents them from being as involved in the Department’s grant application process, they emphasized the continued importance of knowing what grant funding the Department is pursuing and how such funding will impact the agency’s mission and programming. Rather than rescinding the policy, the Board asked the Department to propose amendments to keep them informed of any competitive grant funding the Department is pursuing.

DJJ’s Division of Administration and Finance provides regular reports on federal monies the Department receives and must track all grant funding proposals and receipts. The Department believes these reports can be modified with ease and provided to the Board to provide a full picture of the Department’s pending grant applications and any funding the Department receives. The Department recommends that this report be submitted to the Board at least twice annually. If the Board adopts this proposal, any multi-year grant-funded

projects or applications for federal funds would be captured in the biannual reports and would not require distinct treatment.

Current Policy

01-001 **Board Policies and Standards**

The Board of Juvenile Justice is a policy board, as defined in § 2.2-2100 of the Code of Virginia. It is charged by law with adopting and monitoring regulations and policies for programs over which it has oversight, as provided in the Code of Virginia.

The Department shall assist the Board in development of policies shall review existing policies at least every four years and shall present the Board any recommended modifications that may be necessitated by changes in law, regulation, and practice. Enacted Board policies shall remain in effect, regardless of scheduled review dates, until the Board votes to adopt a new, retain the existing, adopt an amended, or rescind the existing policy.

The Department shall provide means for agency staff to be cognizant of such policies and may issue procedures, as needed, to implement Board policies. Policies shall be maintained in a format that is accessible to the public.

Effective Date: January 25, 1991 *Most Recent Review:* November 14, 2007

Recommendation: Amend

Proposed Amended Policy

01-001 **Board Policies and Regulations**

The Board of Juvenile Justice is a policy board charged by law with adopting and monitoring regulations and policies for programs over which it has oversight, as provided in the Code of Virginia. (Code of Virginia § 2.2-2100 and § 66-10.)

The Department shall assist the Board in developing policies, reviewing policies at least every four years, and presenting the Board with any recommended modifications necessitated by changes in law, regulation, or practice. At the conclusion of each review, or as circumstances require, the Department shall recommend to the Board that it (i) retain the current policy, (ii) adopt a new or amended policy, or (iii) rescind the policy. Notwithstanding scheduled review dates, enacted Board policies shall remain in effect until the Board votes to rescind the policy or adopt a new or amended policy.

The Department shall ensure agency staff are aware of Board policies and may enact procedures, as necessary, to implement these policies. The Department shall maintain policies in a format accessible to the public.

Effective Date: June 29, 2022 *Most Recent Review:* June 29, 2022

Rationale for Recommendation: Since the last review of this policy, standards have been subsumed into the Department's regulations. The policy's title should be amended to reflect this development. The recommendation also adds language to clarify that the Department shall make a recommendation to the Board

after each quadrennial review or when circumstances require a review (e.g., a change in a statute or regulation), and it outlines the options available to the Board. The Department believes these are implied in the current language and that the amendment does not represent a substantive change; however, the added language does express the policy's intent more clearly. Several changes for grammar and style also are included in the recommendation. The substance of the regulation is otherwise unchanged.

Current Policy

17-001 Summary of Residents' Rights

The Department shall ensure the safety and dignity of individuals committed to its care or to its temporary custody by observing, upholding, and enforcing the basic rights of residents guaranteed in laws relating to individual rights and under the United States Constitution, the Constitution of Virginia, and federal and state statutes and regulations. Staff in facilities regulated by the Board shall respect and protect all such rights. These rights shall not be diminished or denied for disciplinary reasons.

Effective Date: September 9, 2009 *Most Recent Review:* September 9, 2009

Recommendation: Amend

Proposed Amended Policy

17-001 Protecting Residents' Rights

The Department shall ensure the safety and dignity of individuals committed to its care or to its temporary custody by observing, upholding, and enforcing the basic rights of residents guaranteed under the United States Constitution and the Constitution of Virginia and in federal and state statutes and regulations. Staff in facilities regulated by the Board shall respect and protect all such rights. These rights shall not be diminished or denied for disciplinary reasons.

Effective Date: June 29, 2022 *Most Recent Review:* June 29, 2022

Rationale for Recommendation: The recommendation changes the title of this policy to reflect its contents more accurately since it does not, in fact, contain a summary of residents' rights. Rather, the policy expresses the Board's commitment to protecting the rights of those under the care of the Department or other entities regulated by the Board. The phrase "laws relating to individual rights" is stricken as duplicative of "federal and state statutes and regulations." The recommendation makes no other changes to this policy.

IV. SUMMARY OF POLICY IDENTIFIED FOR RESCISSION

05-010 The Prison Rape Elimination Act

The Prison Rape Elimination Act of 2003 (PREA) requires, and it is the policy of the Board to mandate, zero tolerance toward any incident involving the sexual assault, sexual harassment, or rape of a resident and the Department to make preventing, detecting, and responding to such incidents a priority in all facilities housing committed juveniles.

It is the policy of the Board to ensure that any sexual activity between juveniles and staff, volunteers, or contract personnel is prohibited and any staff, volunteers, or contract personnel who engage in such acts should be subject to disciplinary action and criminal sanctions, as applicable.

In addition, it is the policy of the Board that the Department strictly adheres to the mandatory child abuse reporting laws in the Commonwealth and any employee who witnesses or has knowledge of any sexual activity, assault, harassment, or rape shall immediately report it to the facility superintendent or director or designee. Furthermore, it is the policy of the Board that the Department addresses any employee's knowing failure to report such sexual activity through the Department's Code of Conduct and the Department of Human Resource Management's Standards of Conduct. Finally, it is the policy of the Board that retaliation against any employee or resident for reporting an allegation of sexual activity or assault is prohibited.

Effective Date: November 14, 2012

Most Recent Review: N/A

Recommendation: Rescind

Rationale for Recommendation:

The Prison Rape Elimination Act (PREA) is a federal statute that was passed in 2003 in order to “provide for the analysis of the incidence and effects of prison rape in federal, state, and local institutions and to provide information, resources, recommendations, and funding to protect individuals from prison rape.” PREA created a national commission charged with drafting federal standards for eliminating prison rape, which became effective in 2012. Juvenile correctional centers are among the institutions that are subject to these federal standards and required to undergo an audit at least once during every three-year audit cycle to assess compliance with PREA. Juvenile correctional facilities remain subject to these federal standards regardless of whether conforming state statutes, regulations, or policies are in place.

The national standards are set out in Title 28 of the Code of Federal Regulations. Among its provisions, Section 115.311(a) directs agencies to have a written policy mandating zero tolerance toward sexual abuse and harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The standards define the term, “agency,” as “the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice with direct responsibility for the operation of any facility that confines inmates, detainees, or residents.” As the entity that operates Bon Air Juvenile Correctional Center, the Department is responsible for complying with this requirement. The Department's written procedure, which is applicable to all juvenile correctional center residents, DJJ employees, contractors, volunteers, visitors, and all persons who conduct business with the Department, satisfies each of the requirements enumerated in the juvenile facility standards and is one of several tools used to demonstrate compliance during a PREA audit. The written procedure emphasizes the Department's zero tolerance toward all forms of sexual abuse and sexual harassment, establishes a process for preventing retaliation when staff or residents report such incidents, and ensures that the juvenile correctional center has a plan in place to provide adequate levels of staffing.

In contrast, the Board is not responsible for operating juvenile correctional centers, and therefore does not appear to meet the definition of an agency for purposes of the national standards. Furthermore, this Board policy does not satisfy the criteria for written policies set forth in the national standards. Although the policy declares the Board and Department's zero tolerance for incidents involving sexual assault, harassment, or rape,

it does not outline the Department's approach to preventing, detecting, and responding to such conduct, as mandated in Section 115.311(a).

If the Board votes to rescind this policy, the Department would continue to be subject to PREA and the national standards. DJJ's current procedures, alone, are sufficient to establish compliance with Section 115.311(a). For these reasons, the Department recommends rescinding this policy.

VI. IMPACT AND EFFECTIVE DATE OF BOARD ACTION

If the Board votes in support of the Department's recommendations in Parts IV and V of this memorandum, the proposed rescission and amendments, as applicable, will take effect immediately. Amending the three Board policies, as recommended in Part IV, will ensure the Board has the information it needs to carry out its duties effectively and will reaffirm the Board's commitment to protecting the rights of the youth in the care of the facilities it regulates. For the reasons set forth in Part V of this memo, rescinding 05-010 will have no additional impact on operations within the juvenile correctional center nor on agency operations.



**Department of Juvenile Justice
Division of Residential Services
Standard Operating Procedure**

VOL IV – 4.1 – 1.03	Statutory Authority: Title 66 and §§ 18.2-64.2, 18.2-67.4, and 63.2-1509 of the <u>Code of Virginia</u> ; 28 C.F.R. Part 115 PREA
Subject: PRISON RAPE ELIMINATION ACT (PREA)	Regulations: 6VAC35-71-60; 6VAC35-71-70; 6VAC35-71-75; 6VAC35-71-150; 6VAC35-71-160; 6VAC35-71-170; 6VAC35-71-550; 6VAC35-71-555; 6VAC35-71-840
	ACA # 4-JCF-3A-02; 4-JCF-3D-01; 4-JCF-3D-02; 4-JCF-3D-04; 4-JCF-3D-07; 4-JCF-3D-08; 4-JCF-3D-09; 4-JCF-4C-50; 4-JCF-6D-06

1.03-1.0 PURPOSE

The Prison Rape Elimination Act of 2003 (Public Law No. 108-79) (PREA) was signed into law in 2003 to “provide for the analysis of the incidence and effects of prison rape in Federal, State and local institutions and to provide information, resources, recommendations, and funding to protect individuals from prison rape.” Meeting the objectives of PREA is a priority of the Virginia Department of Juvenile Justice (DJJ). DJJ has zero tolerance for any incident involving the sexual abuse, sexual harassment, or rape of a resident. The purpose of this procedure is to ensure residents are protected from sexual abuse and sexual harassment and to outline DJJ’s approach to preventing, detecting, and responding to such conduct.

1.03-2.0 SCOPE

This procedure applies to all residents, DJJ employees, contractors, volunteers, visitors, and all persons who conduct business with DJJ. Sexual contact between residents and sexual contact between residents and employees, contractors, volunteers and visitors is prohibited by § 18.2-64.2 and § 18.2-67.4 of the *Code of Virginia*.

1.03-3.0 DEFINITIONS

General Definitions

Abuse – The improper use or treatment of an individual, a corrupt practice or application of policy or procedure that directly or indirectly affects an individual in an unjust manner, or any intentional act that causes physical, mental, or emotional injury to an individual.

Administrator – The superintendent or assistant superintendent and supervisory staff (e.g., community manager, operations manager, community coordinator, shift commander, etc.).

Balanced Approach Data Gathering Environment (BADGE) – An electronic case record on each juvenile beginning at the initial contact with the court service unit and continuing until the release from supervision. The system also serves to generate a variety of reports using the information collected on the residents.

BADGE Incident Report (BADGE-IR) – A report prepared through the BADGE incident reporting module that describes any event or situation that is severe in nature and may present a risk to public safety or threatens or critically affects staff or residents. Incidents necessitating a BADGE-IR are divided into Critical Incidents (Level I and Level II) and Non-Critical Incidents for reporting purposes.

Carnal Knowledge – The acts of sexual intercourse, cunnilingus, fellatio, anilingus, anal intercourse, and animate or inanimate object sexual penetration. (*Code of Virginia* § 18.2-64.2)

Contact – For the purposes of this procedure, contact may include being in the same enclosure with a resident (e.g., dayroom, resident room, courtyard, hallway, clinic, intake, etc.), being able to visually observe the resident (e.g., via live video feeds, one-way or two-way glass, etc.), or being able to converse with a resident (e.g., through talking or shouting, via intercom, etc.).

Contractor – A person who provides services on a recurring basis pursuant to a contractual agreement with DJJ (e.g., medical professionals employed through a contract, providers). [28 CFR § 115.5]

Employee – A person who works directly for the agency or facility. [28 CFR § 115.5]

Exigent Circumstances – Any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. [28 CFR § 115.5]

Fraternization – An employee association with residents, or their family members, outside of employee job functions that extends to unacceptable, unprofessional and prohibited behavior. Examples include non-work related visits between residents and employees, non-work related relationships with family members of residents, discussing employee personal matters (marriage, children, work, etc.) with residents, and engaging in romantic or sexual relationships with residents. (See VOL I-1.2-01 Staff Code of Conduct)

Gender Identity – A person’s internal sense of being male or female, regardless of the person’s sex assigned at birth.

Gender Nonconforming – A person whose appearance or manner does not conform to traditional societal gender expectations. [28 CFR § 115.5]

Institutional Incident Report (IIR) – A report completed by staff in a facility that describes an incident in accordance with VOL IV-4.1-1.01 (Incident Reports).

Intersex – A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development. [28 CFR § 115.5]

Medical Practitioner – A health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice. For purposes of this procedure, a “qualified medical practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims. [28 CFR § 115.5]

Ombuds Program – Created to monitor living conditions within DJJ’s Juvenile Correctional Centers (JCCs), serving as an “early warning system” when problems are identified. It also provides a way for parents and staff to privately report any areas of concern, including allegations of sexual harassment or sexual abuse in accordance with the Prison Rape Elimination Act (PREA) of 2003.

Ombuds Program Number – The number (833-941-1370 [toll free], 804-323-0888) provided to any third party reporter or staff to report any incident of sexual abuse of a resident.

Pat-Down Search – A brief visual and manual search consisting of running of the hands over the clothed body of a resident by an employee to determine whether the individual possesses contraband. Those being searched may be asked to remove outside clothing such as sweaters, jackets, shoes, etc. [28 CFR § 115.5]

Peer Educators – residents who apply for and are selected as instructors of the VADJJ PREA Peer Education Class.

Physical Evidence Recovery Kit (PERK) – The kit administered by specially trained professional medical practitioners to collect forensic evidence for criminal investigations of sexual assaults and other sexual violations. PERK examinations should be administered within 120 hours of an alleged incident of sexual intercourse.

PREA Hotline – The toll free telephone number maintained by the PREA Unit to allow residents to report sexual abuse or sexual harassment by dialing #55 from any resident telephone system phone.

Qualified Mental Health Professional (QMHP) – For the purposes of this procedure, QMHP means a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of their professional practice. A “qualified mental health practitioner” refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims. For this agency, QMHPs are also referred to as the Behavioral Services Unit (BSU). [28 CFR § 115.5]

Rape – The *Prison Rape Elimination Act of 2003*, 34 U.S.C. § 30309 defines rape as “the carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person, forcibly or against that person’s will; or not forcibly or against the person’s will, where the victim is incapable of giving consent because of their youth, or their temporary or permanent mental or physical incapacity; or achieved through the exploitation of the fear or threat of physical violence or bodily injury.”

Security Series Staff – Resident specialists (I and II) and security staff.

- *Resident Specialist I and II (RS I and RS II)* – Staff who have completed *Basic Skills for Resident Specialists* and whose primary job responsibilities are maintaining the safety, care, and well-being of residents, implementing the structured program of care and the behavior management program, and maintaining the security of the facility.
- *Security Staff* – Staff who are responsible for maintaining the safety, care, and well-being of residents and the safety and security of the facility to provide residents and staff with a safe living and work environment. Security staff includes Security Manager (SM),

Security Coordinator (SC), and Resident Specialists (RS).

Staff – For purposes of this procedure, staff refers to all employees.

Strip Search – A search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia. [28 CFR § 115.5] At no time during a strip search will the person conducting the search have physical contact with the individual being searched.

Substantiated Allegation – An allegation that was investigated and determined to have occurred. [28 CFR § 115.5]

Transgender – A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth. [28 CFR § 115.5]

Unfounded Allegation – An allegation that was investigated and determined not to have occurred. [28 CFR § 115.5]

Unsubstantiated Allegation – An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. [28 CFR § 115.5]

Volunteer – An individual who donates time and effort on a recurring basis to enhance the activities and programs of DJJ.

Definitions Related to Sexual Abuse

Sexual Abuse includes:

- a. Sexual abuse of a resident by another resident; and
- b. Sexual abuse of a resident by a staff member, contractor, or volunteer. [28 CFR § 115.6]

Sexual Abuse of a Resident by another Resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- b. Contact between the mouth and the penis, vulva, or anus;
- c. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- d. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation. [28 CFR § 115.6]

Sexual Abuse of a Resident by a Staff Member, Contractor, or Volunteer includes any of the following acts, with or without consent of the resident:

- a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- b. Contact between the mouth and the penis, vulva, or anus;
- c. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

- d. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- e. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- f. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (a) through (e) of this section;
- g. Any display by a staff member, contractor, or volunteer of their uncovered genitalia, buttocks, or breast in the presence of a resident, and
- h. Voyeurism by a staff member, contractor, or volunteer. [28 CFR § 115.6]

Sexual Harassment includes:

- a. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; and
- b. Any verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures. [28 CFR § 115.6]

Voyeurism by a Staff Member, Contractor, or Volunteer – An invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is using a toilet in their cell to perform bodily functions; requiring a resident to expose their buttocks, genitals, or breasts; or taking images of all or part of a resident’s naked body or of a resident performing bodily functions. [28 CFR § 115.6]

1.03-4.0 GENERAL PROCEDURES

1.03-4.1 Zero Tolerance Policy

1. DJJ prohibits and will not tolerate any fraternization or sexual misconduct, including sexual abuse and sexual harassment, between staff, contractors, volunteers, and residents, or between residents. DJJ actively works to prevent, detect, report and respond to any violation. [28 CFR § 115.311(a)]
2. Any behavior of a sexual nature between employees and residents is prohibited. Employees shall be subject to a disciplinary action under the Standards of Conduct and shall be subject to prosecution under the *Code of Virginia*. All staff, contractors and volunteers shall report any suspicion of fraternization or sexual misconduct between staff, contractors, volunteers and residents. Staff are not only required to report, but also may be subjected to disciplinary actions if they do not. [28 CFR § 115.311(a)]
3. Any behavior of a sexual nature by residents is prohibited and subject to disciplinary action in accordance with VOL IV-4.1-1.16 (Resident Discipline) and may result in criminal charges. [28 CFR § 115.311(a)]
4. Consensual sexual activity among residents shall not be permitted. If residents engage in this type of activity, the resident(s) shall be subject to disciplinary action in accordance with VOL

IV-4.1-1.16 (Resident Discipline). [28 CFR § 115.311(a)]

1.03-4.2 Contracting with Other Entities for Confinement of Residents

1. If DJJ contracts for the confinement of its residents with private agencies or other entities, including other government agencies, DJJ shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. [28 CFR § 115.312(a)]
2. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The PREA Coordinator or designee shall conduct such monitoring. [28 CFR § 115.312(b)]

1.03-4.3 Hiring and Promotion Decisions

1. In accordance with 28 CFR § 115.317 and VOL I-1.2-04 (Background Investigations):
 - a. DJJ shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:
 - i. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
 - ii. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - iii. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(ii) above.
 - b. DJJ shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.
 - c. Before hiring new employees who may have contact with residents, DJJ shall:
 - i. Perform a criminal background records check;
 - ii. Consult applicable child abuse registries (i.e., complete a Department of Social Services/Child Protective Services (DSS)/CPS) Request for Search of the Central Registry); and
 - iii. Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
 - d. DJJ shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

- e. DJJ shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.
- f. DJJ shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. All employees have a continuing affirmative duty to disclose any such misconduct.
- g. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- h. Unless prohibited by law, DJJ shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

1.03-4.4 PREA Coordinator and Facility PREA Compliance Manager

- 1. DJJ shall designate an upper-level, agency-wide PREA Coordinator to develop, implement and oversee agency efforts to comply with the PREA standards in all JCCs. [28 CFR § 115.311(b)]
- 2. The Deputy Director of Residential Services in conjunction with the PREA Coordinator shall designate a Facility PREA Compliance Manager to coordinate the facility's efforts to comply with the PREA standards. The Facility PREA Compliance Manager shall have regular contact with the PREA Coordinator and the superintendent of the JCC. [28 CFR § 115.311(c)]

1.03-4.5 Facility Upgrades and Technologies

- 1. When designing or acquiring any new facility or in planning any substantial expansion or modification of existing facilities, DJJ shall consider the effect of designs, acquisitions, expansions, or modifications on DJJ's ability to protect residents from sexual abuse. [28 CFR § 115.318(a)]
- 2. When installing or updating any video monitoring system, electronic surveillance system, or other monitoring technology, DJJ shall consider how such technology may enhance DJJ's ability to protect residents from sexual abuse [28 CFR § 115.316(b)].

1.03-5.0 TRAINING AND EDUCATION

1.03-5.1 Employee, Volunteer and Contractor Training

- 1. All DJJ employees who may have contact with residents shall be trained on the following:
 - a. The zero-tolerance policy for sexual abuse and sexual harassment;
 - b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

- c. The right of residents to be free from sexual abuse and sexual harassment;
 - d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - e. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
 - f. The common reactions of juvenile victims of sexual abuse and sexual harassment;
 - g. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
 - h. How to avoid inappropriate relationships with residents;
 - i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
 - j. The role of staff as a first responder should a resident disclose sexual abuse as detailed in the PREA Response Protocols;
 - k. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
 - l. Relevant laws regarding the applicable age of consent. [28 CFR § 115.331(a)]
2. Such training shall be tailored to the unique needs and attributes of the residents of juvenile facilities and to the gender of the residents in each facility. The employee shall receive additional training if the employee is reassigned from a facility or unit that houses only male residents to a facility or unit that houses only female residents, or vice versa. [28 CFR § 115.331(b)]
 3. DJJ shall provide each employee who may have contact with residents refresher training on DJJ’s current sexual abuse and sexual harassment policies and procedures every year. [28 CFR § 115.331(c)]
 4. DJJ shall train security series staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs. [28 CFR § 115.315(f)]
 5. DJJ shall train all volunteers and contractors who have contact with residents on their responsibilities under DJJ’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but this training shall include, at a minimum, notification of DJJ’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report any such incidents [28 CFR § 115.332(a) and (b)]. The appropriate level and type of training of volunteers and contractors who have contact with residents may be determined based on the following table:

Services Provided/Level of Contact with Residents	Minimum Training Level/Type
Incidental Contact with Residents (e.g., construction crews)	<ul style="list-style-type: none"> • Written materials
Supervised Contact with Residents (e.g., interpreters, volunteers, interns)	<ul style="list-style-type: none"> • Written materials
Unsupervised Contact with Residents (e.g., medical professionals, contract employees, etc.)	<ul style="list-style-type: none"> • Formal training with a lesson plan • If applicable, specialized training related to responsibilities

6. DJJ shall maintain documentation of all training, including the employee, volunteer or contractor’s signature or electronic verification that he/she understands the training. This

shall be done using either the PREA Training Acknowledgement for Staff Form (Attachment #1) or the PREA Volunteer and Contractor Acknowledgement Form (Attachment #2) [28 CFR § 115.331(d); § 115.332(c)]

1.03-5.2 Resident Education

1. During the intake process, residents shall receive information explaining, in an age appropriate fashion, DJJ's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The receipt of this information shall be documented using the Intake PREA Brochure Acknowledgement Form (Attachment #3) in addition to the Intake/Orientation form (DIS-008) to be placed in the residents master and transfer files. [28 CFR § 115.333(a)]
2. Within the first ten (10) days of arrival at the facility, residents shall attend the VADJJ PREA Peer Education where they will be instructed by a trained peer educator(s). VADJJ PREA Peer Education shall be supervised by Bon Air Staff. New residents shall receive comprehensive age-appropriate information (either in person or through video) regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and all aspects of DJJ's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. [28 CFR § 115.333(b)] Information shall include the following topics:
 - a. Definition of sexual abuse and sexual harassment and behavior prohibited by staff, contractors, volunteers and other residents;
 - b. Strategies to prevent sexual abuse and sexual harassment;
 - c. Reporting sexual abuse and sexual harassment (see section 7.0 below);
 - d. Department policies and procedures for responding to such incidents;
 - e. Their rights to be free from retaliation for reporting such incidents;
 - f. Availability of treatment and counseling; and
 - g. Availability and use of Resident PREA Hotline (#55).
3. Peer educators shall be provided with a comprehensive training regarding the information listed above in 5.2 (2) prior to leading their first class. Peer educators shall be selected based on the following criteria:
 - a. Phase III or Phase IV in the Community Treatment Model Phase System;
 - b. No Behavioral Intervention Reports (BIRs) in the last 60 days;
 - c. No Disciplinary Reports (DRs) in the last 120 days;
 - d. No gang participation within the facility in the last year;
 - e. No sexual misconduct within the facility in the last year;
 - f. Must be approved through the case management process; and
 - g. Demonstration of leadership and positive role modeling.
4. In the event a peer educator team is not available within the first ten (10) days of a resident's arrival to Bon Air, the PREA Coordinator or designee shall provide the aforementioned PREA Peer Education Class.
5. Residents shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. [28 CFR § 115.333(c)]

6. Such information (to include written materials) shall be provided in formats accessible to all residents, including residents who are deaf or hard of hearing; blind or visually impaired; have intellectual, psychiatric or speech disabilities or are otherwise disabled; or who have limited reading skills or are limited English proficient. DJJ shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to such residents. Ensuring access shall include, when necessary to ensure effective communication, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, for residents who are limited English proficient, deaf or hard of hearing. [28 CFR § 115.316(a) and (b); § 115.333(d)]
7. DJJ shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining another effective interpreter could compromise the safety of the resident, the performance of first-responder duties or the investigation of a resident's allegations. [28 CFR § 115.316(c)]
8. Documentation that residents have received such information and training shall be maintained using the Intake/Orientation form (DIS-008) and placed in the resident's master and transfer files. The PREA Coordinator and PREA Compliance Manager shall also document this training using the Peer Education Acknowledgement Form (Attachment #4). [28 CFR § 115.333(e)]
9. DJJ shall ensure that key information (relating to 5.2(2) above) is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. [28 CFR § 115.333(f)]

1.03-5.3 Medical Practitioner and QMHP Training

1. Full and part-time employees and contractual medical practitioners and QMHPs who work regularly within the facility shall have training in the following:
 - a. How to detect and assess signs of sexual abuse and sexual harassment;
 - b. How to preserve physical evidence of sexual abuse;
 - c. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
 - d. How to report allegations or suspicions of sexual abuse and sexual harassment and to whom. [28 CFR § 115.335(a)]
2. No medical staff employed by DJJ shall conduct forensic examinations. When a forensic examination is required, the resident shall be transported to a Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner. [28 CFR § 115.335(b)]
3. DJJ shall maintain documentation of such training. [28 CFR § 115.335(c)]
4. Medical practitioners and QMHPs shall also receive the training mandated under 1.03-5.1 for employees or for contractors and volunteers, depending upon the practitioner's status. [28 CFR § 115.335(d)]

1.03-5.4 Investigator Training

1. In addition to the general training provided to all employees under 1.03-5.1, DJJ investigators, including designated facility PREA investigators, who conduct investigations into sexual abuse and sexual harassment, shall receive specialized training in conducting investigations in the correctional center setting. [28 CFR § 115.334(a)] Training shall include:
 - a. Techniques for interviewing juvenile sexual abuse victims;
 - b. Proper use of *Miranda* and *Garrity* warnings;
 - c. Sexual abuse evidence collection in confinement settings; and
 - d. The criteria and evidence required to substantiate a case for administrative action or prosecution referral. [28 CFR § 115.334(b)]
2. DJJ shall maintain documentation of such training. [28 CFR § 115.334(c)]
3. Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations. [28 CFR § 115.334(d)]

1.03-6.0 RESIDENT SUPERVISION

1.03-6.1 Resident Screening and Housing, Bed, Program, Education and Work Placements

1. Within 72 hours of a resident's arrival to a facility (both initial and transfers), the counselor shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The counselor shall complete the Vulnerability Assessment in BADGE as part of the orientation process and at least every 90 calendar days thereafter. In the absence of the counselor, the CC or CM shall complete the assessment. Upon each completion, the assessment shall be printed from BADGE and a copy shall be placed in the resident's Master and Transfer Files. The completion of the assessment shall also be documented on the Intake/Orientation form (DIS-008). If new information is obtained during the intake process or throughout the resident's commitment, the counselor shall complete a new Vulnerability Assessment. [28 CFR § 115.341 (a) and (b)]
2. In the event BADGE is not available due to power outage, internet malfunction, etc., staff shall complete a paper copy of the Vulnerability Assessment (DIS-017). The staff who completed the form shall provide copies to appropriate staff, to include BSU, counselor, CC, CM, and Facility PREA Compliance Manager, within 24 hours of completing the assessment. A copy shall also be placed in the resident's Master and Transfer Files. The information shall be transferred into BADGE as soon as practicable but not to exceed five (5) working days of regained access.
3. Information shall be gathered through conversations with residents during the intake process, medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records and other relevant documentation from residents' files. [28 CFR § 115.341(d)] Information to be gathered shall include:

- a. Prior sexual victimization or abusiveness;
 - b. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
 - c. Current charges and offense history;
 - d. Age;
 - e. Level of emotional and cognitive development;
 - f. Physical size and stature;
 - g. Mental illness or mental disabilities;
 - h. Intellectual or developmental disabilities;
 - i. Physical disabilities;
 - j. The resident's own perception of vulnerability; and
 - k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. [28 CFR § 115.341(b)]
4. For any resident who scores moderate or high risk of victimization and/or of perpetration based on the findings in their initial Vulnerability Assessment or whose score increases to moderate or high risk of victimization and/or of perpetration, the Institutional Classification and Review Committee (ICRC) shall review the resident's current placement within seven (7) days of the assessment. For any resident who scores little to no elevated risk but the assessor has concerns about the resident's vulnerability or deems further consideration is necessary, the resident may also be referred to ICRC. If the Vulnerability Assessment indicates no change in the risk of victimization and perpetration, no further action is required.
 5. The information gathered relating to (3) and (4) above shall remain confidential. Information shall be disseminated in a manner that ensures sensitive information is not exploited to any resident's detriment by staff or other residents. [28 CFR § 115.341(e)]
 6. DJJ facilities shall use the information gathered during intake screenings or any time during commitment to make housing, bed, program, education and work assignments for residents, with the goal of keeping all residents safe from sexual abuse. [28 CFR § 115.342(a)]
 7. Residents may be placed in protective custody away from other residents only as a last resort when less restrictive measures are inadequate for the safety of the resident and others and only until an alternative can be safely arranged in accordance with VOL IV-4.1-2.28 (Special Housing). Residents placed in protective custody shall have access to the same basic rights as residents in general population and shall not be denied daily large-muscle exercise or any legally required educational programming or special education services. These residents shall receive daily visits from medical or mental health care clinicians in accordance with VOL IV-4.3-5.08 (Medical Management of Residents in Special Housing). They shall also have access to other programs and work opportunities to the extent possible. [28 CFR § 115.342(b)] Any protective custody placements shall document:
 - a. The basis for the facility's concerns for the resident's safety;
 - b. The reasons no alternative way of separation can be arranged; and
 - c. The need for protective custody shall be reviewed a minimum of every two (2) weeks

to determine if there is a continuing need for separation from the general population in accordance with case management procedures. [28 CFR § 115.342(h)]

8. A resident shall not be placed in any housing or programming based solely on the resident's identification as lesbian, gay, bisexual, transgender or intersex. A resident's identification as lesbian, gay, bisexual, transgender or intersex shall not be considered as an indicator of likelihood of being sexually abusive. [28 CFR § 115.342(c)]
9. Decisions to place transgender or intersex residents in a male or female facility or unit, along with other housing and programming decisions and assignments, shall be made on a case-by-case basis ensuring each resident's health and safety and considering the impact of the placement on population management and security. [28 CFR § 115.342(d)]
10. Placement and programming decisions for transgender or intersex residents shall be reassessed at least twice a year by the Classification and Treatment Services Team (CTST) to review any threats to the resident's safety. The resident's perception of their own safety shall be given serious consideration. [28 CFR § 115.342(e) and (f)]
11. A transgender or intersex resident shall not be searched or physically examined for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of the broader medical examination conducted in private by a medical practitioner. [28 CFR § 115.315(e)]
12. Residents shall be allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. [28 CFR § 115.315(d)]
13. Transgender and intersex residents shall be allowed to shower separately from other residents. [28 CFR § 115.342(g)]

1.03-6.2 Supervision and Monitoring of Residents

1. Facilities shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse in accordance with VOL IV-4.1-2.01 (Security Staffing), VOL IV-4.1-2.00 (Development of Post Orders), and VOL IV-4.1-2.04 (Movement and Supervision of Residents). The staffing plan shall consider:
 - a. Generally accepted juvenile detention and correctional/secure residential practices;
 - b. Any judicial findings of inadequacy;
 - c. Any findings of inadequacy from Federal investigative agencies, if applicable;
 - d. Any findings of inadequacy from internal or external oversight agencies;
 - e. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
 - f. The composition of the resident population;
 - g. The number and placement of security series staff;
 - h. Institutional programs occurring on a particular shift;

- i. Any applicable State or local laws, regulations, or standards;
 - j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
 - k. Any other relevant factors. [28 CFR § 115.313(a)]
2. The staffing plan shall be followed except during limited and discrete exigent circumstances. Deviations from the plan shall be documented. The staffing plan shall specify a staff to resident ratio of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security series staff as defined above shall be included in these ratios. Teachers and other school personnel who have had the appropriate training may be included in the ratio during the time in which they are leading class or during other on-campus educational programming. [28 CFR § 115.313(b) and (c)]
 3. Each facility shall assess the established staffing plan a minimum of once per year in consultation with the DJJ PREA Coordinator and the Facility PREA Compliance Manager. The review shall consider the current staffing plan, prevailing staffing patterns, the facility's use of video monitoring systems or other monitoring technologies, and any resources the facility has available to commit to ensure adherence to the staffing plan. [28 CFR § 115.313(d)]
 4. An administrator, as defined above, at each facility shall conduct unannounced rounds in all areas to which staff has access (i.e., housing units, central infirmary, staff offices, school classrooms, etc.) in order to identify and deter staff sexual abuse and sexual harassment. The rounds shall be conducted at least twice per month, not to exceed fifteen (15) calendar days between rounds, and shall cover all shifts, day and night. Staff shall not alert other staff of when these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility. The administrator shall document the rounds in the designated area's logbook in red ink as "PREA unannounced round" noting their first and last name in accordance with VOL IV-4.1-2.06 (Logbooks). Any deficiencies observed during such rounds and corrective actions shall be communicated in writing to the superintendent or designee and Facility PREA Compliance Manager. [28 CFR § 115.313(e)]
 5. An announcement of the presence of staff of the opposite gender shall be made when they are entering a housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing in accordance with VOL IV-4.1-2.02 (Supervision of Opposite Gender Residents) and VOL IV-4.1-2.04 (Movement and Supervision of Residents). The announcement shall be made by staff currently supervising the unit. The announcement shall be made every time a staff of the opposite gender enters the unit, regardless of the current presence of another staff of that gender. The announcement shall be documented in the housing unit logbook in accordance with VOL IV-4.1-2.06 (Logbooks) by the staff who made the announcement. [28 CFR § 115.315(d)]
 6. The Facility PREA Compliance Manager shall conduct monthly rounds in all areas to which staff have access (i.e., housing units, central infirmary, staff offices, school classrooms, etc.) to review the respective logbooks and ensure compliance with (4) and (5) above.
 7. Residents shall not be subject to cross-gender strip searches or cross-gender body cavity searches (meaning a search of the anal or genital opening), except in exigent circumstances or when performed by medical practitioners. DJJ shall not conduct cross-gender pat-down searches except in exigent circumstances. The facility shall document and justify all cross-

gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. All searches shall be conducted in accordance with VOL IV-4.1-2.14 (Resident, Staff, and Visitor Searches). [28 CFR § 115.315(a), (b) and (c)]

1.03-7.0 REPORTING OF SEXUAL ABUSE OR SEXUAL HARASSMENT

1.03-7.1 Resident Reporting of Sexual Abuse or Sexual Harassment

1. Residents shall be provided multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents to include:
 - a. Grievance;
 - b. Emergency Grievance;
 - c. PREA Hotline;
 - d. Staff;
 - e. Written request; or
 - f. Medical Service Request. [28 CFR § 115.351(a)]
2. Residents shall also be provided at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. This service is provided by the Young Women's Christian Association (YWCA) Richmond. [28 CFR § 115.351(b)]
3. Staff shall provide residents with the tools necessary to make a written report at their request and shall assist residents who cannot complete a written report themselves. [28 CFR § 115.351(d)]
4. Regardless of the means by which such reports are received, reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents shall be responded to as provided in this procedure.
5. PREA related grievances shall be addressed with in accordance with VOL IV-4.1-1.15 (Resident Grievances and Complaints) in addition to the guidelines provided below:
 - a. The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. [28 CFR § 115.352(b)(1)]
 - b. No resident shall be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. [28 CFR § 115.352(b)(3)]
 - c. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance shall not be referred to a staff member who is the subject of the complaint. [28 CFR § 115.352(c)]
 - d. The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. The Facility PREA Compliance Manager shall communicate this

to the resident using the Investigative Outcomes Form (Attachment #5). [28 CFR § 115.352(d)(1) and (d)(2)]

- i. The agency may claim an extension of time to respond, of up to 15 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. [28 CFR § 115.352(d)(3)]
- e. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. [28 CFR § 115.352(d)(4)]
- f. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. [28 CFR § 115.352(e)(1)]
- g. The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. [28 CFR § 115.352(f)(1)]
 - i. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken; shall provide an initial response within 48 hours; and shall issue a final agency decision within five (5) calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. [28 CFR § 115.352(f)(2)]
- h. DJJ may discipline a resident for filing a grievance related to alleged sexual abuse only where DJJ demonstrates that the resident filed the grievance in bad faith. [28 CFR § 115.352(g)]

1.03-7.2 Staff Reporting of Sexual Abuse or Sexual Harassment

1. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports in accordance with VOL IV-4.1-1.01 (Incident Reports). [28 CFR § 115.351(c)]
2. Staff, including medical practitioners and QMHPs, shall immediately report to the shift commander any knowledge, suspicion or information of any type regarding any incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of DJJ, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. If the shift commander is the subject of the complaint, the staff shall notify the Administrator on Call (AOC). [28 CFR § 115.361(a) and (d)]
3. Staff shall comply with any applicable mandatory child abuse reporting laws. [28 CFR § 115.361(b)]

4. Medical practitioners and QMHPs shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality. [28 CFR § 115.361(d)(2)]
5. Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff is prohibited from revealing any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. [28 CFR § 115.361(c)]
6. Staff may use one of the Ombuds Program numbers (833-941-1370 [toll free] or 804-323-0888) to privately report sexual abuse and sexual harassment of residents. [28 CFR § 115.351(e)]
7. Incidents involving the sexual abuse or sexual harassment of a resident shall be entered into BADGE in accordance with VOL IV-4.1-1.01 (Incident Reports). The AOC or designee shall input information regarding the immediate actions taken in the PREA Corrective Action Tab within three (3) business days. Once the investigation is completed by the Investigative Unit, the Facility PREA Compliance Manager shall add information regarding the final PREA Corrective Action.

1.03-7.3 Medical Practitioner and QMHP Reporting

1. Residents who report prior sexual victimization, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical practitioner or QMHP within 14 days of the intake screening. [28 CFR § 115.381(a)]
2. Residents who report having perpetrated sexual abuse shall be offered a follow-up meeting with a QMHP within 14 days of the intake screening. [28 CFR § 115.381(b)]
3. All offerings of follow-up meetings and outcomes of meetings shall be documented in the resident's medical record or behavioral health file, as appropriate.
4. Information related to sexual victimization or sexual abusiveness that occurred in an institutional setting shall be limited to medical practitioners, QMHPs and other staff, as necessary, to inform treatment plans and security and other management decisions (including housing, bed, work, education, and program assignments, or as otherwise required by federal, state or local law). [28 CFR § 115.381(c)]
5. For a resident who is 18 years of age or older, medical practitioners and QMHPs shall not report information to an external entity about prior sexual victimization that did not occur in an institutional setting unless they have first obtained informed consent from the resident. If the resident does not consent to reporting the allegation to an external entity, the medical practitioner or QMHP shall offer follow-up services, as appropriate. [28 CFR § 115.381(d)]
6. Residents under the age of 18 who allege prior sexual victimization shall be reported in accordance with 6VAC35-71-70 (Suspected Child Abuse or Neglect).

1.03-7.4 Third-Party Reporting of Sexual Abuse or Sexual Harassment

1. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to file such requests on behalf of residents using the Ombuds Program or the Third Party Reporting Form (Attachment #6). [28 CFR § 115.352(e)(1)]
 - a. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. [28 CFR § 115.352(e)(2)]
 - b. If the resident declines to have the request processed on their behalf, the agency shall document the resident's decision. [28 CFR § 115.352(e)(3)]
 - c. A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on their behalf. [28 CFR § 115.352(e)(4)]
2. DJJ shall post information on how to make such reports on its website. [28 CFR § 115.354]

1.03-7.5 Reporting to Other Facilities

1. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigating authority as detailed in 6VAC35-71-70 (Suspected Child Abuse or Neglect). [28 CFR § 115.363(a)]
2. Such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation. [28 CFR § 115.363(b)]
3. The facility shall document that it has provided such notification. [28 CFR § 115.363(c)]
4. The facility head that receives such notification shall ensure that the allegation is investigated in accordance with established guidelines. [28 CFR § 115.363(d)]

1.03-7.6 Protection against Retaliation

1. All residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff. [28 CFR § 115.367(a)]
2. Protection measures may include housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. [28 CFR § 115.367(b)]

For at least 90 days following a report of sexual abuse, the Facility PREA Compliance Manager shall monitor the conduct or treatment of residents who reported the sexual abuse or

sexual harassment, and of residents who were reported to have suffered sexual abuse or sexual harassment to see if there are changes that may suggest possible retaliation by residents or staff. Such monitoring shall include review of disciplinary reports and housing or program changes and conducting periodic status checks, including interviews with the resident, at least every thirty (30) days. The monitoring shall be documented on the Retaliation Monitoring Form-Residents (Attachment #7). Monitoring for retaliation shall continue beyond 90 days if the initial monitoring indicates a continuing need. [28 CFR § 115.367(c) and (d)]

3. The PREA Coordinator shall monitor staff who reported sexual abuse against a resident for at least 90 days following a report to see if there are changes that may suggest possible retaliation. Monitoring shall include contacting the DJJ Employee Relations Manager to determine if any negative performance reviews, corrective and/or disciplinary actions, and/or adverse employment actions have occurred. Monitoring shall also include reassignments and interviews with the staff member. Such monitoring shall be documented on the Retaliation Monitoring Form-Staff (Attachment #8). Monitoring for retaliation shall continue beyond 90 days if the initial monitoring indicates a continuing need. Staff who feel retaliated against may call the Ombuds Program at either (833) 941-1370 (toll free) or (804) 323-0888. [28 CFR § 115.367(c)]
4. If any individual who cooperates with an investigation expresses a fear of retaliation, DJJ shall take appropriate measures to protect that individual against retaliation using the same monitoring process provided in 7.6 (2) and (3) above. [28 CFR § 115.367(e)]
5. Any identified instances of retaliation shall be acted on promptly under VOL I-1.2-01 (Staff Code of Conduct) or VOL IV-4.1-1.16 (Resident Discipline), as appropriate.
6. DJJ's obligation to monitor shall terminate if the allegation is determined to be unfounded. [28 CFR § 115.367(f)]

1.03-8.0 RESPONSE TO RESIDENT REPORTS OF SEXUAL ABUSE

1.03-8.1 Facility Response to Report of Sexual Abuse

1. Each facility shall coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical practitioners, QMHPs, investigators and facility administrators in accordance with the PREA Response Protocols and VOL IV-4.1-2.00 (Development of Post Orders). [28 CFR § 115.365]
2. Facilities shall take immediate action to protect residents who report sexual abuse or residents who are deemed to be at substantial risk of imminent sexual abuse. Any use of protective custody or segregated housing shall be in accordance with 6.1(5) above. [28 CFR § 115.362; § 115.368]
3. The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by making available the mailing addresses and telephone numbers (including toll-free numbers, if available) of victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible [28 CFR § 115.353(a)]

- a. Prior to giving them access, residents shall be informed of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. [28 CFR § 115.353(b)]
 - b. DJJ shall maintain or attempt to enter into memoranda of understanding or other similar agreements with community service providers able to provide residents with confidential emotional support services related to sexual abuse and shall maintain copies of agreements or documentation showing attempts to enter into such agreements. [28 CFR § 115.353(c)]
 - c. Residents shall have access to contact the following:
 - i. PREA Hotline: Residents may press #55 to reach the PREA Hotline. Residents may select one (1) for reporting or two (2) for the emotional support line.
 - ii. YWCA Richmond, Director of Crisis Response: 6 North Fifth St., Richmond, VA 23219.
4. Residents shall be provided with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians. [28 CFR § 115.353(d)]

1.03-8.2 Staff Response to Report of Sexual Abuse

1. Any staff receiving a resident's report of sexual abuse shall *immediately* ensure the safety of the alleged victim and follow the PREA Response Protocol provided on the Sexual Assault Response Checklist (Attachment #9).
2. Staff shall immediately report to the shift commander any suspicion or knowledge of sexual abuse or sexual harassment, retaliation against residents or staff who report such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
3. The superintendent or designee shall immediately report any allegation of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Investigative Unit Supervisor, the Facility PREA Compliance Manager and the PREA Coordinator. [28 CFR § 115.361(f)]
4. The superintendent or designee shall promptly report any allegation of sexual abuse and sexual harassment, including third-party and anonymous reports, to the alleged victim's parents or legal guardians, unless official documentation shows the parents or legal guardians should not be notified. [28 CFR § 115.361(e)(1)]
5. If the Department of Social Services is the guardian of the alleged victim, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. [28 CFR § 115.361(e)(2)]
6. If a court retains jurisdiction over the alleged victim of sexual abuse (e.g., serious offenders committed pursuant to § 16.1-285.1), the superintendent or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation. [28 CFR § 115.361(e)(3)]

7. The facility shall immediately report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the Investigative Unit. [28 CFR § 115.361(f)]

1.03-8.3 First Responders' Duties

1. The first staff member (regardless of that staff member's position within the facility) to receive an allegation of sexual abuse shall:
 - a. Take immediate steps to protect the alleged victim by separating the alleged victim and abuser.
 - b. Immediately contact the shift commander unless the shift commander is the subject of the allegation in which case the first responder shall contact the AOC.
 - c. The shift commander, or AOC if the shift commander is the subject of the allegation, shall begin the Sexual Assault Response Checklist (Attachment #9).
 - d. If the first staff responder is not a security series staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security series staff.
 - e. Ensure that constant one to one supervision of the alleged victim is maintained until another staff member assumes this responsibility. [28 CFR § 115.364]
 - f. Protect victim's privacy by limiting shared information.
 - g. Complete an Institutional Incident Report (IIR) and submit to Shift Commander.
2. Upon receiving notification of an alleged incident, the shift commander shall:
 - a. Call for a medical practitioner's immediate response to the location or instruct staff to transport the alleged victim to the medical department.
 - b. Ensure that all involved individuals have been separated and constant one to one supervision of the alleged victim(s) and the alleged abuser(s) is maintained.
 - c. If the abuse occurred within a time period that still allows for the collection of physical evidence (e.g., within 120 hours from the time the abuse allegedly occurred):
 - i. Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; and
 - ii. Prevent the alleged abuser from taking any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.
 - d. Ensure that any potential crime scene is preserved and protected until appropriate steps can be taken to collect any evidence. [28 CFR § 115.364]
3. The PREA Response Protocols shall be individualized for each facility, posted in each housing unit and other areas designated by the superintendent, and covered in training provided to all staff. Each superintendent shall be responsible for ensuring their facility-specific protocol has been posted.

1.03-8.4 Access to Emergency Medical and Mental Health Services:

1. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as determined by medical practitioners and

QMHPs in accordance with VOL IV-4.3-2.05 (Medical Sexual Assault Response Plan). [28 CFR § 115.382(a)]

2. If no qualified medical practitioners or QMHPs are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical practitioners or QMHPs. [28 CFR § 115.382(b)]
3. Resident victims of sexual abuse while committed shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. [28 CFR § 115.382(c)]
4. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. [28 CFR § 115.382(d)]

1.03-8.5

Evidence Protocol and Forensic Medical Examinations:

1. To the extent DJJ is responsible for investigating allegations of sexual abuse, DJJ shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. [28 CFR § 115.321(a)]
2. The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. [28 CFR § 115.321(b)]
3. Residents who experience sexual abuse shall be given access to forensic medical examinations without financial cost where evidentiarily or medically appropriate.
 - a. Such examinations shall be conducted at the designated community medical facility by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible.
 - b. If SAFEs or SANEs are not available, the examination can be performed by other qualified medical practitioners. [28 CFR § 115.321(c)]
4. DJJ shall attempt to make a victim advocate available from a rape crisis center to the resident. For the purpose of this procedure, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 34 U.S.C. 12511(b)(2)(C), to victims of sexual assault of all ages. The facility may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. If a rape crisis center is not available to provide victim advocate services, a qualified staff member from a community-based organization or a qualified agency staff member shall be made available. Agencies shall document efforts to secure services from rape crisis centers. [28 CFR § 115.321(d)]

- a. For the purposes of this procedure, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual abuse and forensic examination issues in general. [28 CFR § 115.321(h)]
5. If requested by the resident, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. [28 CFR § 115.321(e)]
6. To the extent DJJ itself is not responsible for investigating allegations of sexual abuse, DJJ shall request that the investigating agency follow the requirements of this section. [28 CFR § 115.321(f)]
7. The requirements of paragraphs (1) through (6) of this section shall also apply to:
 - a. Any State entity outside of DJJ that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
 - b. Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities. [28 CFR § 115.321(g)]

1.03-8.6 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

1. Any resident who is the victim of sexual abuse shall be offered a medical and mental health evaluation and, as appropriate, treatment services while in any DJJ facility in accordance with VOL IV-4.3-2.05 (Medical Sexual Assault Response Plan). [28 CFR § 115.383(a)]
2. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. [28 CFR § 115.383(b)]
3. The facility shall provide such victims with medical and mental health services consistent with the community level of care. [28 CFR § 115.383(c)]
4. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. [28 CFR § 115.383(d)]
5. If pregnancy results from conduct specified in paragraph (4) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services in accordance with VOL IV-4.3-5.10 (Care of Pregnant Residents). [28 CFR § 115.383(e)]
6. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. [28 CFR § 115.383(f)]
7. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. [28 CFR § 115.383(g)]

8. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within thirty (30) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. [28 CFR § 115.383(h)]

1.03-8.7 Investigations

All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, shall be investigated promptly, thoroughly and objectively. [28 CFR § 115.322(a); § 115.371(a)]

1. DJJ shall have a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. DJJ shall publish this policy on its website. The agency shall document all such referrals. [28 CFR § 115.322(b)]
 - a. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both DJJ and the investigating entity. [28 CFR § 115.322(c)]
2. All allegations of sexual abuse shall be investigated by investigators who have received special training in sexual abuse investigations involving juvenile victims in accordance with 5.4 above. [28 CFR § 115.371(b)]
3. The Investigative Unit may refer allegations of sexual abuse of a resident by a staff member, contractor, or volunteer and allegations of sexual abuse of a resident by another resident to the Virginia State Police (VSP) as provided by the Memorandum of Agreement (MOA). All such referrals shall be documented.
 - a. The Investigative Unit shall request that VSP follow the requirements of PREA, including specialized training for investigators mandated under PREA.
 - b. For allegations of sexual abuse that have been referred to VSP, the Investigative Unit shall only investigate when the incident has been referred back to the Investigative Unit by VSP.
 - c. The Investigative Unit shall not designate investigative authority on PREA-related allegations to the JCC.
4. Allegations of sexual harassment of a resident by another resident shall be referred to the Investigative Unit Supervisor and shall be investigated by a unit member who has received specialized training as mandated by PREA.
5. No standard higher than a preponderance of evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. [28 CFR § 115.372]
6. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior

complaints and reports of sexual abuse involving the suspected perpetrator. [28 CFR § 115.371(c)]

7. Investigations shall not be terminated based solely on the source of the allegation recanting the allegation. [28 CFR § 115.371(d)]
8. When the quality of evidence appears to support criminal prosecution, DJJ shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. [28 CFR § 115.371(e)]
9. The credibility of an alleged victim, suspect, or witness shall not be assessed by the person's status as a resident or staff. Residents shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation. [28 CFR § 115.371(f)]
10. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence, and copies of all documentary evidence shall be attached where feasible. [28 CFR § 115.371(h)]
11. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. [28 CFR § 115.371(i)]
12. Administrative investigations:
 - a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. [28 CFR § 115.371(g)]
13. All written administrative and criminal investigative reports shall be retained for as long as the alleged abuser is committed to or employed by DJJ, plus five years, unless the abuse was committed by a juvenile resident and applicable laws require a shorter period of retention. [28 CFR § 115.371(j)]
14. The departure of an alleged abuser or victim shall not be the basis for terminating an investigation. [28 CFR § 115.371(k)]
15. Any entity of the Commonwealth of Virginia conducting investigations involving sexual abuse or sexual harassment involving a resident shall do so pursuant to the requirements listed above. [28 CFR § 115.371(l)]
16. DJJ shall cooperate with any outside agencies investigating sexual abuse and shall endeavor to remain informed about the progress of the investigation. [28 CFR § 115.371(m)]

1.03-8.8 Reporting Investigative Outcomes to Residents

1. Following an investigation into a resident's allegation of sexual abuse suffered in a DJJ facility, the Facility PREA Compliance Manager shall complete and review the Investigative Outcomes Form (Attachment #5) with the resident within five (5) business days, informing

the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the investigations are conducted by an outside entity, DJJ shall request relevant information from the investigating agency and inform the resident. The Facility PREA Compliance Manager shall provide a copy of the notification to the resident. [28 CFR § 115.373(a) and (b)]

2. Following a resident's allegation that a staff member has committed sexual abuse against the resident, DJJ shall subsequently inform the resident (unless the allegation has been determined to be unfounded) whenever:
 - a. The staff member is no longer posted within the resident's unit;
 - b. The staff member is no longer employed at the facility;
 - c. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and
 - d. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. [28 CFR § 115.373(c)]
3. Following a resident's allegation that he or she has been sexually abused by another resident, the alleged victim shall be informed whenever:
 - a. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; and
 - b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. [28 CFR § 115.373(d)]
4. All such notifications or attempted notifications shall be documented on the Investigative Outcomes Form (Attachment #5). [28 CFR § 115.373(e)] The Facility PREA Compliance Manager shall retain a copy of the form and provide additional copies to the Investigative Unit and PREA Coordinator.
5. The obligation to report under this procedure shall terminate if the resident is released from DJJ's custody. [28 CFR § 115.373(f)]

1.03-8.9 Sexual Abuse Incident Reviews

1. The facility shall conduct a sexual abuse incident review using the PREA Incident Review Form (Attachment #10) at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall occur within 30 days of the investigation's conclusion. [28 CFR § 115.386(a) and (b)]
2. An incident review shall be conducted using the PREA Incident Review Form (Attachment #10) at the end of every substantiated sexual harassment investigation. Such review shall occur within 30 days of the investigation's conclusion.
3. The review team shall include the following staff:
 - a. The Superintendent or Assistant Superintendent, with input from line supervisors,
 - b. Facility PREA Compliance Manager and/or PREA Coordinator;
 - c. Investigators;

- d. Medical practitioners; and
 - e. QMIHPs. [28 CFR § 115.386(c)]
4. The review team shall:
- a. Consider whether the allegation or investigation indicates a need to change procedures or practices to better prevent, detect, or respond to sexual abuse;
 - b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - d. Assess the adequacy of staffing levels in that area during different shifts;
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
 - f. Document its findings, including but not necessarily limited to determinations made pursuant to (a) through (e) above, and any recommendations for improvement and submit to the Superintendent and Facility PREA Compliance Manager. The findings shall be maintained in accordance with the Library of Virginia retention schedule. [28 CFR § 115.386(d)]
5. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. [28 CFR § 115.386(e)]

1.03-9.0 DISCIPLINARY SANCTIONS

1.03-9.1 Disciplinary Sanctions for Employees

1. Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment procedures. [28 CFR § 115.376(a)]
 - a. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. [28 CFR § 115.376(b)]
2. Disciplinary sanctions for violations of agency procedures relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. [28 CFR § 115.376(c)]
3. All terminations for violations of agency sexual abuse or sexual harassment procedures, or resignations by employees who would have been terminated if not for their resignation, shall be reported to the Investigative Unit and to any relevant licensing bodies by the PREA Coordinator. [28 CFR § 115.376(d)]

1.03-9.2 Corrective Action for Contractors and Volunteers

1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to the Investigative Unit and to relevant licensing bodies by the PREA Coordinator. [28 CFR § 115.377(a)]

2. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment procedures by a contractor or volunteer. [28 CFR § 115.377(b)]

1.03-9.3 Interventions and Disciplinary Sanctions for Residents

1. Residents may be subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The residents' due process rights shall be followed as described in VOL IV-4.1-1.16 (Resident Discipline). [28 CFR § 115.378(a)]
2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed on other residents with similar histories and who have received sanctions for comparable offenses. [28 CFR § 115.378(b)]
3. In the event a disciplinary sanction results in the room confinement of a resident, such confinement shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services in accordance with VOL IV-4.1-2.28 (Special Housing). Residents in room confinement shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible to maintain safety and security. [28 CFR § 115.378(b)]
4. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. [28 CFR § 115.378(c)]
5. Residents may be offered participation in programs, services or interventions designed to address and correct underlying reasons or motivations for the abuse. Such interventions may be required for participation in any rewards-based behavior management program, but not as a condition to access general programming or education. [28 CFR § 115.378(d)]
6. Residents may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. [28 CFR § 115.378(e)]
7. For the purpose of disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. [28 CFR § 115.378(f)]

1.03-10.0 DATA COLLECTION AND REVIEW

1.03-10.1 Data Collection

1. DJJ shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using BADGE and a standardized set of definitions. [28 CFR § 115.387(a)]
2. DJJ shall aggregate the incident-based sexual abuse data at least annually. [28 CFR § 115.387(b)]

3. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. [28 CFR § 115.387(c)]
4. DJJ shall maintain, review, and collect data as needed from all available incident-based documents, including BADGE Incident Reports (BADGE – IRs), other reports, investigation files, and sexual abuse incident reviews. [28 CFR § 115.387(d)]
5. DJJ shall also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. [28 CFR § 115.387(e)]
6. Upon request, DJJ shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. [28 CFR § 115.387(f)]

1.03-10.2 Data Review for Corrective Action:

1. Data collected in 10.1 above shall be used to assess and improve the effectiveness of DJJ's sexual abuse prevention, detection, and response procedures, practices and training, including:
 - a. Identifying problem areas;
 - b. Taking corrective action on an ongoing basis; and
 - c. Preparing an annual report of its findings and corrective actions for each facility, as well as DJJ as a whole. [28 CFR § 115.388(a)]
2. Such annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of DJJ's progress in addressing sexual abuse. [28 CFR § 115.388(b)]
 - a. The report shall be approved by the Director and made available to the public through DJJ's website. [28 CFR § 115.388(c)]
 - b. Specific material from the report may be redacted when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted must be indicated. [28 CFR § 115.388(d)]

1.03-10.3 Data Storage, Publication and Destruction

1. DJJ shall ensure that data collected pursuant to 10.1 above are securely retained. [28 CFR § 115.389(a)]
2. DJJ shall make all aggregated sexual abuse data, from facilities under its direct control and any private facilities with which it contracts, readily available to the public at least annually through its website. [28 CFR § 115.389(b)]
3. Before making aggregated sexual abuse data publicly available, DJJ shall remove all personal identifiers. [28 CFR § 115.389(c)]

4. DJJ shall maintain sexual abuse data collected pursuant to 10.1 above for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. [28 CFR § 115.389(d)]

1.03-11.0 PREA AUDITS

1.03-11.1 Frequency and Scope of Audits

1. During the three-year period starting on August 20, 2013, and during each three-year period thereafter, DJJ shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. [28 CFR § 115.401(a)]
2. During each one-year period starting on August 20, 2013, DJJ shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. [28 CFR § 115.401(b)]
3. The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist DJJ with PREA-related issues. [28 CFR § 115.401(c)]
4. The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit. [28 CFR § 115.401(d)]
5. DJJ shall bear the burden of demonstrating compliance with the standards. [28 CFR § 115.401(e)]
6. The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type. [28 CFR § 115.401(f)]
7. The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period. [28 CFR § 115.401(g)]
8. The auditor shall have access to, and shall observe, all areas of the audited facilities. [28 CFR § 115.401(h)]
9. The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). [28 CFR § 115.401(i)]
10. The auditor shall retain and preserve all documentation (e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. [28 CFR § 115.401(j)]
11. The auditor shall interview a representative sample of residents and of staff, supervisors, and administrators. [28 CFR § 115.401(k)]
12. The auditor shall review a sampling of any available videotapes and other electronically available data that may be relevant to the provisions being audited. [28 CFR § 115.401(l)]

13. The auditor shall be permitted to conduct private interviews with residents. [28 CFR § 115.401(m)]
14. Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. [28 CFR § 115.401(n)]
15. Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. [28 CFR § 115.401(o)]

1.03-11.2 Auditor Qualifications

1. An audit shall be conducted by:
 - a. A member of a correctional monitoring body that is not part of, or under the authority of, the agency (but may be part of, or authorized by, the relevant State or local government);
 - b. A member of an auditing entity such as an inspector general's or ombudsperson's office that is external to the agency; or
 - c. Other outside individuals with relevant experience. [28 CFR § 115.402(a)]
2. All auditors shall be certified by the Department of Justice. The Department of Justice shall develop and issue procedures regarding the certification process, which shall include training requirements. [28 CFR § 115.402(b)]
3. No audit may be conducted by an auditor who has received financial compensation from the agency being audited (except for compensation received for conducting prior PREA audits) within the three years prior to the agency's retention of the auditor. [28 CFR § 115.402(c)]
4. DJJ shall not employ, contract with, or otherwise financially compensate the auditor for three years subsequent to the agency's retention of the auditor, with the exception of contracting for subsequent PREA audits. [28 CFR § 115.402(d)]

1.03-11.3 Audit Contents and Findings

1. Each audit shall include a certification by the auditor that no conflict of interest exists with respect to their ability to conduct an audit of the agency under review. [28 CFR § 115.403(a)]
2. Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards. [28 CFR § 115.403(b)]
3. For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); or Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level. [28 CFR § 115.403(c)]
4. Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility and shall include recommendations for any required corrective action. [28 CFR § 115.403(d)]

5. Auditors shall redact any personally identifiable resident or staff information from their reports but shall provide such information to the agency upon request and may provide such information to the Department of Justice. [28 CFR § 115.403(e)]
6. DJJ shall ensure that the auditor's final report is published on the agency's website or is otherwise made readily available to the public. [28 CFR § 115.403(f)]

1.03-11.4 Audit Corrective Action Plan

1. A finding of "Does Not Meet Standard" with one or more standards shall trigger a 180-day corrective action period. [28 CFR § 115.404(a)]
2. The auditor and DJJ shall jointly develop a corrective action plan to achieve compliance. [28 CFR § 115.404(b)]
3. The auditor shall take necessary and appropriate steps to verify implementation of the corrective action plan, such as reviewing updated policies and procedures or re-inspecting portions of a facility. [28 CFR § 115.404(c)]
4. After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action. [28 CFR § 115.404(d)]
5. If DJJ does not achieve compliance with each standard, it may (at its discretion and cost) request a subsequent audit once it believes that it has achieved compliance. [28 CFR § 115.404(e)]

1.03-11.5 Audit Appeals

1. DJJ may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. [28 CFR § 115.405(a)]
2. If the Department of Justice determines that DJJ has stated good cause for a re-evaluation, DJJ may commission a re-audit by an auditor mutually agreed upon by the Department of Justice and DJJ. DJJ shall bear the costs of this re-audit. [28 CFR § 115.405(b)]
3. The findings of the re-audit shall be considered final. [28 CFR § 115.405(c)]

1.03-11.6 State Compliance

1. Pursuant to 34 U.S.C. 30307, in determining whether the State is in full compliance with the PREA standards, the Governor shall consider the results of the most recent agency audits. [28 CFR § 115.406(a)]
2. The Governor's certification shall apply to all facilities in the State under the operational control of the State's executive branch, including facilities operated by private entities on behalf of the State's executive branch. [28 CFR § 115.406(b)]

1.03-12.0 ANNUAL REVIEW

This procedure shall be reviewed at least annually by the DJJ PREA Coordinator.

1.03-13.0 RESPONSIBILITY

The Superintendent shall have primary responsibility for ensuring compliance with this procedure.

1.03-14.0 INTERPRETATION

The Deputy Director of Residential Services shall be responsible for interpreting and granting any exceptions to this procedure.

1.03-15.0 CONFIDENTIALITY

All procedures and bulletins are DJJ property and shall only be used for legitimate business purposes. Any redistribution of the documents or information contained in the procedures or bulletins shall be in accordance with applicable state and federal statutes and regulations and all other DJJ procedures. Any unauthorized use or distribution may result in disciplinary and/or criminal action, as appropriate and applicable.

1.03-16.0 REVIEW DATE

This procedure shall remain in effect until rescinded or otherwise modified by the appropriate authority.

Approved by: <u>Valerie P. Boykin</u> Valerie P. Boykin, Director	Date: February 5, 2021
Effective Date: February 22, 2021	Office of Primary Responsibility: Deputy Director of Residential Services; Superintendent
Supersedes: July 6, 2020	Forms: PREA Training Acknowledgement Form for Staff; Volunteer and Contractor Acknowledgement Form; Intake PREA Brochure Acknowledgement Form; Peer Education Acknowledgment Form; Investigative Outcomes Form; Third Party Reporting Form; Retaliation Monitoring Form-Residents; Retaliation Monitoring Form-Staff; Sexual Assault Response Checklist; PREA Incident Review Form; DIS-008 Intake/Orientation Form; DIS-017 Vulnerability Assessment
IOP Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Resident Access: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Department of Juvenile Justice
Division of Residential Services
PREA Training Acknowledgement Form for Staff**

Staff Name:	Position:	Date of Training:
<p>I, (Print Full Name) _____, assigned to Bon Air Juvenile Correctional Center, received training on the Prison Rape Elimination Act (PREA). This training covered and I understand the information in the following areas:</p> <ol style="list-style-type: none"> 1. Its zero-tolerance policy for sexual abuse and sexual harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Residents' right to be free from sexual abuse and sexual harassment; 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. The common reactions of juvenile victims of sexual abuse and sexual harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; 8. How to avoid inappropriate relationships with residents; 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent. 		
Staff Signature:	Date:	

**Department of Juvenile Justice
Division of Residential Services
PREA Volunteer and Contractor Acknowledgement Form**

Our goal at the Department of Juvenile Justice (DJJ) is to keep everyone safe. Part of achieving that goal is making sure everyone understands how to prevent, detect, and respond to sexual abuse and sexual harassment. We want to make sure that you understand the rules of the facility and how to report an issue in the unlikely event that an incident occurs in your presence or is reported to you.

- DJJ has a **zero-tolerance policy** that prohibits any fraternization, sexual abuse, or sexual harassment between residents and any staff, volunteer, contractor, or other residents while residents are under the jurisdiction/custody of DJJ. Participation in any form of sexual abuse or sexual harassment will be investigated and is subject to disciplinary action and/or prosecution.
- Everyone is **required** to report incidents or suspicion of sexual abuse or sexual harassment and any retaliation for reporting sexual abuse or sexual harassment.
- You may report any known incidents or suspected sexual abuse or sexual harassment between residents and staff or other residents by:
 - Calling the Ombuds Program Number at:
 - 1-804-323-0888
 - Toll Free: 1-833-941-1370
 - Reporting verbally to any staff member
 - Reporting to the facility's PREA Compliance Manager
 - (804) 323-2921
 - Reporting to the PREA Hotline:
 - djjpreahotline@djj.virginia.gov
 - Writing a letter to the PREA Coordinator and mailing it to:
 - 1601 Old Bon Air Rd., North Chesterfield, VA 23235

By signing below, I understand and acknowledge that I have read the above information and understand DJJ's PREA zero-tolerance policy, my duty to report, and ways to report any incidents or suspicion of sexual abuse or sexual harassment.	
Are you a volunteer or contractor? <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor	
Legibly Print Name:	Company/Group Affiliation:
Signature:	Date:

**Department of Juvenile Justice
Division of Residential Services
PREA Brochure Acknowledgement Form**

Resident Name:	Juvenile #:	Date of Training:
Assigned JCC:		Date Arrived at JCC:
<p>I, (resident printed name) _____, acknowledge that I received a copy of the brochure “Prison Rape Elimination Act (PREA): Youth Safety Guide for Secure Facilities and Residential Placements” during my orientation. I acknowledge that I received education and was provided an opportunity to ask questions regarding the brochure’s contents to include the following:</p> <ul style="list-style-type: none"> • How to use the PREA Hotline—dial #55 and choose option 1 or 2: <ul style="list-style-type: none"> ○ Option 1 is the Sexual Abuse reporting line which allows residents to report incident. ○ Option 2 is the Emotional Support Line provided by the YWCA Greater Richmond. ○ Option 2 does not replace the usage of the Counselors, Behavioral Specialists or Personal Advocates. ○ All allegations of sexual abuse and sexual harassment are taken seriously, monitored by DJJ staff, and investigated; therefore, use of the above hotline must be used appropriately. Any resident who makes an allegation in bad faith may be addressed through the disciplinary process and/or other administrative remedies. 		
Resident Signature:		Date:
Staff Signature:		Date:

cc: Master and Transfer Files

**Department of Juvenile Justice
Division of Residential Services
PREA Peer Education Acknowledgement Form**

Resident Name:	Juvenile Number:	Date of Training:
Assigned JCC:		Date Arrived at JCC:
<p>I, (resident printed name) _____, acknowledge that I received PREA Peer Education on and fully understand the following topics:</p> <ul style="list-style-type: none"> • The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. • The agency’s policies and procedures for responding to sexual abuse and sexual harassment. • How to report incidents or suspicions of sexual abuse and sexual harassment to include the PREA hotline (#55) • Resident’s right to be free from sexual abuse and sexual harassment. • Resident’s right to be free from retaliation for making reports. 		
Resident Signature:		Date:
Staff Signature:		Date:

**Department of Juvenile Justice
Division of Residential Services
PREA Investigative Outcomes Form**

Resident Name:	Juvenile #:
Case Number:	Date Resident Notified:

Agency Decision on the Merits:	
This allegation has been investigated in accordance with the PREA Standards and VOL IV-4.1-1.03. Based on the evidence, the Investigative Unit has determined that the allegation is:	<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Unfounded

In accordance with PREA Standards and VOL IV-4.1-1.03, following a resident's allegation that a staff member has committed sexual abuse against the resident, DJJ shall subsequently inform the alleged victim (unless the allegation has been determined to be unfounded) of the following actions:			
Action:	Yes	No	N/A
The staff member is no longer posted within the resident's unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff member is no longer employed at the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff member has been indicted on a charge related to sexual abuse within the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff member has been convicted on a charge related to sexual abuse within the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accordance with PREA Standards and VOL IV-4.1-1.03, following a resident's allegation that they have been sexually abused by another resident, the alleged victim shall be informed of the following actions:			
Action:	Yes	No	N/A
The alleged abuser has been indicted on a charge related to sexual abuse within the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The alleged abuser has been convicted on a charge related to sexual abuse within the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

cc: Investigative Unit
Resident
PREA Coordinator

**Department of Juvenile Justice
Division of Residential Services
PREA Third Party Reporting Form**



Third Party Reporting Form

Sexual Abuse or Sexual Harassment
on Behalf of a Resident

Today's Date:

Mail to:

PREA Coordinator
1601 Old Bon Air Rd. North
Chesterfield, VA 23235

Or email to:

djjpreahotline@djj.virginia.gov

Please complete this form to report sexual abuse or sexual harassment on behalf of a resident.

DJJ will ensure that all residents, staff, contractors, and volunteers are free from retaliation for reporting sexual abuse or sexual harassment.

CONTACT INFORMATION

Name (Last, First):

Phone (optional):

Best time to contact you:

Morning

Afternoon

Evening

DESCRIPTION OF INCIDENT: *Please provide any information you presently know that may be useful in our investigation. Please do not seek out any involved parties to obtain additional or clarifying information.*

Date of incident (if known):

Resident(s) involved:

Staff member(s) involved:

Type of incident (if known):

Sexual Abuse

Sexual Harassment

Unknown

Description:

If you have additional questions or concerns please call the PREA Coordinator at (804) 297-1019

**Department of Juvenile Justice
Division of Residential Services
PREA Retaliation Monitoring Form – Residents**

Monitoring Date (30-day continuation):	
Monitoring:	
<input type="checkbox"/> Reviewed Disciplinary Report	<input type="checkbox"/> Reviewed IIR/SIRs
<input type="checkbox"/> Reviewed Program or Treatment Notes	<input type="checkbox"/> Reviewed Housing Changes
<input type="checkbox"/> Reviewed Staff Reassignment	<input type="checkbox"/> Conversation with Human Rights Advocate
<input type="checkbox"/> Conducted Face-to-Face Contact with Resident	<input type="checkbox"/> Other:
<input type="checkbox"/> Advocate/Mentor Assigned	
Comments (Details about what actions were taken):	

**Conclusion
Monitoring Conducted By:**

Findings:		
<input type="checkbox"/> Monitoring Complete—No Retaliation Found	<input type="checkbox"/> Advocate/Mentor Assigned	
<input type="checkbox"/> Monitoring Complete—Retaliation Addressed and Resolved	<input type="checkbox"/> Other:	
<input type="checkbox"/> Continue Monitoring for 30 Days		
If retaliation was addressed and resolved, describe what actions were taken:		
PREA Compliance Manager:	Signature:	Date:

Original: Maintained by PREA Compliance Manager
Copy: Provided to PREA Coordinator

**Department of Juvenile Justice
Division of Residential Services
PREA Retaliation Monitoring Form – Staff**

Date Allegation Received:	Location of Incident:
Type of Monitoring: <input type="checkbox"/> New 90-day monitoring <input type="checkbox"/> 30-day continuation	Anticipated Monitoring Expiration Date:
Name of Staff Being Monitored:	Case #:
Monitoring Reason: <input type="checkbox"/> Reported Sexual Abuse / Sexual Harassment <input type="checkbox"/> Expressed fear of retaliation for cooperating with a sexual abuse/sexual harassment investigation. <input type="checkbox"/> Other:	
Brief Description of Allegation:	

Monitoring (to be completed for each monitoring contact)

Monitoring Date (within 30 days of report):	
Monitoring: <input type="checkbox"/> Reviewed Staff Reassignment <input type="checkbox"/> Conducted Interview with Staff <input type="checkbox"/> Other (Explain)	Contacted HR Director or Employee Relations Manager to determine if there have been: <input type="checkbox"/> Negative Performance Reviews <input type="checkbox"/> Corrective and/or Disciplinary Actions <input type="checkbox"/> Adverse Employment Actions
Comments (Details about what actions were taken):	

Monitoring Date (within 60 days of report):	
Monitoring: <input type="checkbox"/> Reviewed Staff Reassignment <input type="checkbox"/> Conducted Interview with Staff <input type="checkbox"/> Other (Explain)	Contacted HR Director or Employee Relations Manager to determine if there have been: <input type="checkbox"/> Negative Performance Reviews <input type="checkbox"/> Corrective and/or Disciplinary Actions <input type="checkbox"/> Adverse Employment Actions
Comments (Details about what actions were taken):	

Monitoring Date (within 90 days of report):	
Monitoring: <input type="checkbox"/> Reviewed Staff Reassignment <input type="checkbox"/> Conducted Interview with Staff <input type="checkbox"/> Other (Explain)	Contacted HR Director or Employee Relations Manager to determine if there have been: <input type="checkbox"/> Negative Performance Reviews <input type="checkbox"/> Corrective and/or Disciplinary Actions <input type="checkbox"/> Adverse Employment Actions
Comments (Details about what actions were taken):	

**Department of Juvenile Justice
Division of Residential Services
PREA Retaliation Monitoring Form – Staff**

Monitoring Date (30-day continuation):	
Monitoring: <input type="checkbox"/> Reviewed Staff Reassignment <input type="checkbox"/> Conducted Interview with Staff <input type="checkbox"/> Other (Explain)	Contacted HR Director or Employee Relations Manager to determine if there have been: <input type="checkbox"/> Negative Performance Reviews <input type="checkbox"/> Corrective and/or Disciplinary Actions <input type="checkbox"/> Adverse Employment Actions
Comments (Details about what actions were taken):	

**Conclusion
Monitoring Conducted By:**

Findings:		
<input type="checkbox"/> Monitoring Complete—No Retaliation Found <input type="checkbox"/> Monitoring Complete—Retaliation Addressed and Resolved <input type="checkbox"/> Continue Monitoring for 30 Days <input type="checkbox"/> Other		
If retaliation was addressed and resolved, describe what actions were taken:		
PREA Coordinator:	Signature:	Date:

Original: Maintained by PREA Coordinator

**Department of Juvenile Justice
Division of Residential Services
PREA Sexual Assault Response Checklist**

Incident Location:		Date/Time:	
Reported By:		Checklist Completed by:	
Brief Description of Incident: _____			
Alleged Victim(s) (Name, juvenile number)		Alleged Abuser(s) (Name and juvenile number or staff position)	
Task	Not Needed	Task Completed By:	Time
Incident Began/Discovered/Reported	---		
Separate the alleged victim and abuser	<input type="checkbox"/>		
Shift Commander notified	<input type="checkbox"/>		
Assign additional staff, if needed	<input type="checkbox"/>		
Ask who was involved, where and when it happened, and if there were any witnesses.	<input type="checkbox"/>		
Notify Administrator on Call (AOC)			
Notify the Investigative Unit			
Notify the PREA Compliance Manager (PCM) or PREA Coordinator, if PCM is unavailable.	<input type="checkbox"/>		
Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence by Investigator	<input type="checkbox"/>		
Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating	<input type="checkbox"/>		
Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating	<input type="checkbox"/>		
Notify medical unit and escort the victim to the facility medical unit, if necessary (<i>only address acute medical needs</i>)	<input type="checkbox"/>		
Notify BSU Treatment Director or BSU On-Call			
Prepare for possible transport and Notify Transport Staff	<input type="checkbox"/>		
If there is indication of sexual assault, ensure the victim is transported to the local hospital for further treatment, examination, documentation, collection of forensic evidence (PERK kit), and testing for sexually transmitted diseases.	<input type="checkbox"/>		
Ensure follow up medical treatment is arranged, if applicable	<input type="checkbox"/>		
Complete an IIR and BADGE-IR	<input type="checkbox"/>		
Notify CPS	<input type="checkbox"/>		

Shift Commander or AOC Name (print): _____

Date: _____

Signature: _____

**Department of Juvenile Justice
Division of Residential Services
Prison Rape Elimination Act (PREA) Incident Review Form**

SIR # (attach):	Date of Incident:	Time of Incident:
Location (specific):	Date Reported:	Time Reported:
Was an interpreter utilized during any part of the reporting or investigation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes to above, explain purpose:		

Incident type:	<input type="checkbox"/> Sexual Abuse (Subs.)	<input type="checkbox"/> Sexual Abuse (Unsubs.)	<input type="checkbox"/> Sexual Harassment (Subs.)
Incident Class/Description:			
Brief description of the incident to include investigative findings:			

Incident originated by:	
<input type="checkbox"/> Hotline report <input type="checkbox"/> Third-party reporting <input type="checkbox"/> Grievance	<input type="checkbox"/> Observation: video or direct (circle one) Observed by: <input type="checkbox"/> Resident Reported Allegation to Staff

Resident Name	Juv. #	*Role	Gender Identity	Race	Age
Staff Name	Title	*Role	Gender Identity	Race	Age

*Role: victim, perpetrator, witness/reporter, unknown

Referrals

Incident Reported to:			Contact	Date/Time
Child Protective Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Medical	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Behavioral Services Unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Investigative Unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Forensic Examination:

Was the report made within 120 hours of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did for the alleged victim receive a forensic exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, document the rationale:		

**Department of Juvenile Justice
Division of Residential Services
Prison Rape Elimination Act (PREA) Incident Review Form**

The forensic examination was conducted by:		
Date of examination:		
Was there medical follow-up required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		

Victim Advocate:

For allegations of sexual abuse, was the victim offered access to a victim advocate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Victim response to victim advocate services	<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined
Name and contact information for advocacy group:		
The victim advocate participated in the following:		
<input type="checkbox"/> Forensic examination		
<input type="checkbox"/> Investigative interviews		
<input type="checkbox"/> Emotional support/crisis intervention		
Was an interpreter utilized?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, document purpose:		

Facility's Immediate Actions

Describe immediate action taken for safety and security needs of the resident(s). This may include separation of the victim and perpetrator (staff or resident); investigative hold, administrative hold, etc.; medical treatment/SANE examination; unit transfer; preservation of crime scene and evidence, etc. If no immediate actions were taken, please explain.

Incident Review Team Assessment and Recommendations

Review Date:		
Incident Review Team: Refer to VOL IV-4.1-1.03(8.9) for a list of review team member requirements. If more than one attends for each category, list all names in the same space.		
Member Titles	Member Names	
Superintendent		
Assistant Superintendent		
PREA Compliance Manager		
PREA Coordinator		
Investigators		
Medical Practitioners		
QMHPs		
Other:		

**Department of Juvenile Justice
Division of Residential Services
Prison Rape Elimination Act (PREA) Incident Review Form**

1. Was the incident area subject to video monitoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If no, explain:		
2. Did the allegation or investigation indicate a need for practice and/or policy changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, please describe (state any policies that need to be changed, the changes needed, and how these changes would improve the facility's ability to prevent, detect, or respond to allegations of sexual abuse or sexual harassment):		
3. Were there physical barriers in the area where the alleged incident occurred which may have enabled the sexual abuse or sexual harassment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, describe:		
b. What steps can be or are being taken to eliminate these physical barriers?		
4. Was there sufficient staffing in the area(s) where the alleged incident occurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If no, please explain and list any proposed improvements:		
5. Was the alleged incident motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, explain:		
6. Was the alleged incident motivated or otherwise caused by other group dynamics in the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, explain:		
7. Did facility administration accept proposed changes and create plan for their implementation (PREA Compliance Manager will monitor implementation of corrective actions):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If no, explain reasons for not implementing recommendations:		
b. If yes, provide the date on which the recommendation was completed:		

PREA Compliance Manager (Print):

Signature: _____

Date:

CC: PREA Coordinator
Facility Superintendent

**Department of Juvenile Justice
Division of Residential Services
Vulnerability Assessment**

Pre-Populated Information

◆ **General Information**

Resident first and last name	
Date admitted to current DJJ facility	/ /
Today's date (initial screening must occur within 72 hours)	/ /
Staff completing vulnerability assessment (print first and last name)	
Juvenile #	
Most Recent Vulnerability Assessment date	/ /
Sex on birth certificate	
Date of Birth	/ /

◆ Risk of Victimization (PV)	
PV9. Is this the first time the resident has been placed in a JCC? a. Yes: Male1 b. Yes: Female0	
PV10. Is the current most serious committing offense for a non-person offense (use DAI categories, not a felony against a person and not a class 1 misdemeanor against a person)? a. Yes: Male1 b. Yes: Female0	
PV11. How many times has the resident received an institutional charge for Assault on Staff (S05), Assault on Resident (C05), and/or Fighting (077) in any juvenile confinement setting? Total Number: _____ a. Male: 1 time1 b. Male: 2 times2 c. Male: 3 or more times3 d. Female: less than 3 times0 e. Female: 3 or more times1	
PV12. Does the resident have convictions or adjudications for a sexual offense against a person (VCC—OBS, SEX, RAP [excluding OBS-3712-M4] with a DAI category of felony against a person or class 1 misdemeanor against a person)? a. Yes: Male4 b. Yes: Female2	
PV13. Does the resident have a mental health diagnosis (es)? (Note: refer to the juvenile's admission and evaluation packet and any other additional evaluations. Examples include, but are not limited to, depressive disorders, bipolar disorder, and anxiety disorders. Add a note in the space provided if this information is not available: _____ a. Yes: Male1 b. Yes: Female1	
PV14. Does the resident have any known intellectual or developmental disabilities? (Note: refer to the juvenile's admission and evaluation package and any other additional evaluations. Examples include, but are not limited to, intellectual disability, Autism Spectrum Disorders, fetal alcohol syndrome, Down syndrome, and specific learning disorders.) Add a note in the space provided if this information is not available: _____ a. Yes: Male1 b. Yes: Female1	

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PV15. Reassessment Only: How long has the resident been at the current DJJ facility?	
a. Male: less than 6 months.....	0
b. Male: 6 or more months	2
c. Female: any timeframe	0
PV Total (sections PV9-PV15)	→

◆ Risk of Perpetration (PP)	
PP1. Does the resident have a gang alert?	
a. Yes: Male	5
b. Yes: Female	2
PP2. Does the resident have convictions or adjudications for a non-person sexual offense (VCC — OBS, SEX, RAP [excluding OBS-3712-M4] with a DAI category <i>other than</i> felony against a person or class 1 misdemeanor against person)?	
a. Yes: Male	2
b. Yes: Female	1
PP3. Has the resident been found guilty of an institutional offense for Sexual Misconduct (011)?	
a. Yes: Male	2
b. Yes: Female	1
PP Total (sections PP1-PP3)	→

Resident Questions

◆ Risk of Victimization (RV)	
RV1. What is the highest grade you have completed in school?	
RV2. Do you feel comfortable being in a facility with so many other youth?	
a. No: Male	1
b. No: Female	1
RV3. Do you get along well with other youth?	
a. No: Male	1
b. No: Female	1
RV4. Do you find it easy to make friends?	
a. No: Male	1
b. No: Female	1
RV5. Do you feel comfortable being in groups of youth you do not know well?	
a. No: Male	1
b. No: Female	1
RV6. What is your gender identity (male, female, transgender, other)?	
a. If different from sex on birth certificate: Male	11
b. If different from sex on birth certificate: Female	5
RV7. Are you intersex (meaning your reproductive or sexual anatomy [genitals] do not fit the typical definition of male or female)?	
a. Yes: Male	11
b. Yes: Female	5
RV8. Are you straight (meaning you are attracted to people of the opposite gender)?	
a. Yes: Male	0
b. Yes: Female	0

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<i>IF RESIDENT ANSWERS "YES" TO RV8 ABOVE. SKIP TO RV12 BELOW.</i>	
RV9. Are you gay/lesbian (meaning you are attracted to people of the same gender)?	
a. Yes: Male	10
b. Yes: Female	4
<i>IF RESIDENT ANSWERS "YES" TO RV9 ABOVE. SKIP TO RV12 BELOW.</i>	
RV10. Are you bisexual (meaning you are attracted to both males and females) or pansexual (meaning you are attracted to people regardless of their gender)?	
a. Yes: Male	10
b. Yes: Female	4
<i>IF RESIDENT ANSWERS "YES" TO RV10 ABOVE. SKIP TO RV12 BELOW.</i>	
RV11. Are you questioning (meaning you are not sure who you are attracted to)?	
a. Yes: Male	10
b. Yes: Female	4
RV12. Do you feel at risk of being attacked or abused by other youth (For example: have you received threats, insults, and harassment from other youth)?	
a. Yes: Male	3
b. Yes: Female	1
RV13. Have you ever been attacked, bullied, or abused by people your own age (peers)?	
a. Yes: Male	2
b. Yes: Female	0
RV14. Have you ever had a sexual experience that you were not comfortable with or did not want to have (For example: groping or fondling, kissing, genital/private part being touched, oral sex, or penetration against your will)? (If yes, tell the resident that the PREA Compliance Manager and PREA Coordinator will be notified. Send an email to the PREA Compliance Manager and copy the PREA Coordinator.)	
a. Yes: Male	4
b. Yes: Female	2
<i>IF RESIDENT ANSWERS "NO" TO RV14 ABOVE. SKIP TO "RV TOTAL" BELOW.</i>	
RV15. Did this sexual experience take place at a confinement facility (e.g., detention center, detention home, etc.)? (If yes, tell the resident that the PREA Compliance Manager and PREA Coordinator will be notified. Send an email to the PREA Compliance Manager and copy the PREA Coordinator.)	
a. Yes: Male	15
b. Yes: Female	6
RV16. Would you like to receive mental health services related to the information you have disclosed during this assessment? (Indicate "yes/no" in the space provided. If yes, send email to mental health staff and complete BSU Referral Form DIS-068 generally within 24 hours.)	
RV Total (sections RV1-RV16).....	→
◆ Risk of Perpetration (RP)	
RP1. Have you ever pressured someone else to perform a sexual act against their will?	
a. Yes: Male	3
b. Yes: Female	1

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RP2. Would you like to receive mental health services related to the information you have disclosed during this assessment? (Indicate "yes/no" in the space provided. If yes, send email to mental health staff and complete a BSU Referral Form DIS-068 generally within 24 hours.)	
RP Total (sections RPI-RP2).....	→

Staff Observations Only

◆ Risk of Victimization (CV) Note to screener: Do not score until after meeting with resident.	
CV1. Reason for Vulnerability Assessment (circle one):	Intake PREA Incident Reassessment Other:
CV2. Does the resident appear overweight? a. Yes: Male1 b. Yes: Female0	
CV3. Does the resident look young for their age? a. Yes: Male1 b. Yes: Female0	
CV4. Does the resident have a visible physical disfigurements or disability? a. Yes: Male1 b. Yes: Female1	
CV5. Is the resident deaf or hard of hearing? a. Yes: Male1 b. Yes: Female1	
CV6. Does the resident appear frail, weak, shy, or easily intimidated? a. Yes: Male1 b. Yes: Female1	
CV7. Does the resident have limited English proficiency? (If yes, an interpreter shall be use. Indicate the language in the space provided) _____ a. Yes: Male1 b. Yes: Female1	
CV8. Does the resident have a speech impediment? a. Yes: Male1 b. Yes: Female1	
CV9. Does the resident appear to have a cognitive disability (e.g., difficulty understanding questions or following conversation)? a. Yes: Male1 b. Yes: Female1	
CV10. Is the resident at the appropriate grade level? a. No: Male-below grade level or above1 b. No: Female0	
CV11. Do you perceive this resident as being gender non-conforming (a person whose appearance or manner does not conform to traditional societal gender expectations)? a. Yes: Male10 b. Yes: Female4	
CV12. Do you perceive this resident to be vulnerable? a. Yes: Male11 b. Yes: Female5	
CV Total (sections CV1-CV12).....	→

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Total Scores

Victimization Score → <i>(PV+RV+CV totals)</i>		Risk of Victimization → <i>(See scales below)</i>	
Perpetration Score → <i>(PP+PR totals)</i>		Risk of Perpetration → <i>(See scales below)</i>	
<u>Male Resident Scoring Scales:</u> Risk of Victimization: <ul style="list-style-type: none"> • High Risk: 17+ • Moderate Risk: 7-16 • Little to No Elevated Risk: 0-6 Risk of Perpetration: <ul style="list-style-type: none"> • High Risk: 5+ • Moderate Risk: 1-4 • No Elevated Risk: 0 		<u>Female Resident Scoring Scales:</u> Risk of Victimization: <ul style="list-style-type: none"> • High Risk: 6+ • Moderate Risk: 3-5 • Little to No Elevated Risk: 0-2 Risk of Perpetration: <ul style="list-style-type: none"> • High Risk: 4+ • Moderate Risk: 1-3 • No Elevated Risk: 0 	
For any resident who scores moderate to or high risk of victimization and/or of perpetration based on the findings in their initial Vulnerability Assessment or whose score increases to moderate or high risk of victimization and/or of perpetration, ICRC shall review the resident's current placement within seven (7) days of the assessment.			

Counselor Signature: _____

Date: _____

Cc: Master and Transfer Files