

Heidi W. Abbott, Chair  
David R. Hines, Vice Chair  
Karen Cooper-Collins, Secretary  
Tyren Frazier  
Helivi L. Holland  
Mary E. Langer  
Robyn Diehl McDougle  
Dana G. Schrad  
Jennifer Woolard



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**COMMONWEALTH of VIRGINIA**  
*Board of Juvenile Justice*

**BOARD MEETING**

April 18, 2016

Main Street Centre, 600 East Main Street, 12<sup>th</sup> Floor Conference Room South  
Richmond, Virginia 23219

**A G E N D A**

**9:30 a.m. Board Meeting**

- 1. CALL TO ORDER**
- 2. INTRODUCTIONS**
- 3. APPROVAL of January 11, 2016, MINUTES (Pages 3-39)**
- 4. PUBLIC COMMENT**
- 5. DIRECTOR'S CERTIFICATION ACTIONS (Pages 40-63)**
- 6. OTHER BUSINESS**
  - A. Regulatory Update, Janet Van Cuyk, Legislative and Research Manager, Department of Juvenile Justice
  - B. General Assembly Update, Andy Block, Director, Department of Juvenile Justice
- 7. DIRECTOR REMARKS AND BOARD COMMENTS**
- 8. NEXT MEETING: June 29, 2016, 9:30 a.m., Main Street Centre, 600 East Main Street, Richmond**
- 9. ADJOURNMENT**

## GUIDELINES FOR PUBLIC COMMENT

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

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**COMMONWEALTH of VIRGINIA**  
*Board of Juvenile Justice*

**DRAFT MEETING MINUTES**

January 11, 2016

Main Street Centre  
600 East Main Street, 12<sup>th</sup> Floor, Conference Room North  
Richmond, Virginia 23219

**Board Members Present:** Heidi Abbott, Karen Cooper-Collins, Tyren Frazier, David Hines, Helivi Holland, Mary Langer, Robyn McDougle, Dana Schrad, Jennifer Woolard

**Board Members Absent:** None

**Department of Juvenile Justice (Department) Staff Present:** Judy Allen, Ken Bailey, Jill Becker, Andrew "Andy" K. Block, Jr., Valerie Boykin, Demetria Clayton, Greg Davy, Aaron Dixon, Lisa Floyd, Daryl Francis, Janice Gardener, Lynda Hickey, Wendy Hoffman, Quincy Lawrence, Jack Ledden, Shelly McKain, Ashaki McNeil, Christopher Moon, Michael Moring, Elizabeth Morse, Mark Murphy, Margaret O'Shea (Attorney General's Office), Peggy Parrish, Deron Phipps, Kelvin Providence, Adam Santos, Rebecca Smith, Christopher Snead, Larry Tucker, Angela Valentine, Janet Van Cuyk, Anthony Wade, Courtney Warren, Kimberly Worsham

**Guests Present:** Elizabeth Charity (Youth Corporation, Inc.), D.B. Cimney (Youth Corporation, Inc.), Kate Duvall (JustChildren Program), Daniel Lavelle (Youth Corporation, Inc.), Joseph Lloyd (Tidewater Youth Services Commission), Daniel Min (*Richmond-Times Dispatch*), Shawn Sawyer (Tidewater Youth Services Commission), Donna Spence (Youth Corporation, Inc.), Chernoh Wurie (Youth Corporation, Inc.)

**CALL TO ORDER**

Chairperson Heidi Abbott called the meeting to order at 9:37 a.m.

**INTRODUCTIONS**

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

### **APPROVAL of August 3, 2015, MINUTES**

The minutes of the August 3, 2015, Board meeting were provided for approval. On MOTION duly made by Dana Schrad and seconded by Tyren Frazier to approve the minutes as presented. Motion carried.

### **PUBLIC COMMENT PERIOD**

Representatives from Youth Corporation, Inc. discussed the organization's work of reducing recidivism through entrepreneurship. Youth Corporation, Inc. offers job training and employment skills and individualized and business mentorship and entrepreneurial training, which will empower at-risk youth and young adults with the necessary skills to become positive contributors to society. Youth Corporation, Inc. provided a packet of information to the Board, which is attached. The Board thanked the group and asked them to contact the Department for further discussion.

### **COMMUNITY TREATMENT MODEL UPDATE**

Andy Block, Director, Department

In 2014 the Department began discussions with the Board on introducing a new approach to working with residents in its juvenile correctional centers (JCCs) called the Community Treatment Model (Community Model). Residents and staff from Bon Air and Beaumont JCCs are present today to share their experiences on the transition to the new Community Model.

The Department started converting units to the Community Model in May 2015 and currently has seven units in operation. The process of converting a unit to the Community Model is complicated and involves training staff on a new curriculum in a block together while still having appropriate supervision of the residents in the JCCs during their absence.

Residents who are housed in Community Model units introduced themselves and discussed their experiences in the new Community Model. The residents believe that the community model approach allows for the following: (i) more open communication with staff; (ii) the staff and the residents feel more like a family; (iii) the staff have become mentors; (iv) the residents are now recognized as people and not judged by past offenses; (v) the residents are given the opportunity to be more creative, such as painting and drawing on the walls; (vi) scheduled activities throughout the day; (vii) the establishment of a vision board to map out the future is an inspiration; and (viii) the mood and mindset of the staff and residents are positive.

The Board posed questions to the residents on what the residents have learned, what additional programs the residents would like to see, and how the Department defines success.

The residents have learned to develop patience; attitudes are beginning to change; and although it might be hard, that second chances are a possibility. Residents would like to see more activities, especially cooking and outside events, a chance to help others, and an opportunity to take college courses. Residents agreed that mentors are needed to help the youth transition back into the community.

Director Block noted that the Department does have two college courses available to residents and is looking to add more classes to the schedule. Director Block also indicated that the Department does

not have a mentoring program available in every community. However, the Department is working on a process, which will require a policy change, to make it easier for advocates in the facilities to stay in contact with the residents after their release.

Director Block believes success can be found in the progress of the youth. Are youth behaving in the units and in the community; are there more incidents or a lack of incidents in the facilities; and how are the young people feeling about their experiences with the community model? Director Block stressed that the original goal of the program was for young people in the facilities to be doing meaningful work from the moment they awoke to when they go to bed. Staff satisfaction is another key piece of success. The Department has instituted shorter working days, 12-hour shifts to eight-hour shifts in the transformed units, to help with the mental and physical strains on personnel.

A facility staff member who has worked with the Department for ten years believes the Department is heading in the right direction. The Community Model allows staff to become closer to the residents and build a relationship based on trust. This gives the staff an opportunity to deal with the resident's trauma and whatever is causing certain behaviors. The staff member went on to say that one of the most important aspects of the program is the family because the youth will eventually return. Families are now able to come on the unit to visit and are provided with tools to help keep the resident on track when they return home.

The Board was very interested in receiving feedback from the residents upon their return home about the program and for the residents to continue giving their feedback through the staff on the program's progress. The Board thanked the residents for coming to the meeting and sharing their feelings about the community model.

#### **DIRECTOR'S CERTIFICATION ACTIONS**

Ken Bailey, Certifications Manager, Department

Included in the Board packet are the individual reports and summary of the Director's certification actions completed on October 26, 2015. Mr. Bailey highlighted a few of the certification actions.

The 26<sup>th</sup> Court Service Unit had a difficult time with documentation, especially in the area of social history reports. The unit has a new administration and is working closely with the Certification Team to correct the deficiencies. Director Block certified the unit for one year with a monitoring report in six months.

Aurora House, a group home in Northern Virginia, had 100% compliance.

Chesapeake Juvenile Services and Post-dispositional Detention Program were certified for three years.

Henrico Juvenile Detention Center had issues with critical regulatory requirements in the area of medication, and the Certification Unit was asked to provide a status update. Their certification was extended until the end of this month. The Certification Team completed follow up reports with Henrico Juvenile Detention Center, and they are now in compliance.

Opportunity House, a group home in Lynchburg, had issues with critical regulatory requirements; and the Certification Unit was asked to provide a status update. Their certification was extended six months with a review of those regulatory requirements every four weeks. The Certification Team has been reviewing those reports every four weeks and they are demonstrating compliance. Opportunity House has implemented better monitoring of their physical/TB exams during the admission process.

The Board had no questions.

#### **TIDEWATER YOUTH SERVICES COMMISSION VARIANCE REQUESTS**

Janet Van Cuyk, Legislative and Research Manager, Department

Shawn Sawyer, Deputy Director, Tidewater Youth Services Commission

Joe Lloyd, Interim Director of the Apartment Living Program, Tidewater Youth Services Commission

The Tidewater Youth Services Commission (Tidewater Commission) is a public agency working with the Department to start an Apartment Living Program (Program). This will be the first Program of its kind that exists in the Commonwealth. The Tidewater Commission previously operated a similar program, but it was closed due to budget cuts. The Tidewater Commission has come before the Board to ask for three variance requests from two sections of the *Regulations Governing Juvenile Group Homes and Halfway Houses (6VAC35-41)*.

The first variance request is for 6VAC35-41-650 E Nutrition. The Program works with the youth on independent living skills. They will be taught how to grocery shop, budget, and develop their own menus that are nutritional and meet the USDA guidelines. There is not a cook on the premises. The menus developed might not reflect the meal the youth will eat that day. After working late at night, the youth, depending on their energy level, might decide to fix something different from their set menu. The staff would not necessarily be able to monitor the actual meal and whether the youth followed their menu exactly.

The second variance request is for 6VAC35-41-650 C Nutrition. Depending on the hours the youth is keeping, whether at school or at work, the staff would not necessarily be able to monitor whether the youth ate or has eaten within the 15 hours following the evening meal to the breakfast meal. The staff may not have the means to ensure youth are getting meals in that timeframe.

The third variance request is for 6VAC35-41-920 D Staff Supervision of Residents. There are situations when staff will need to leave the Program due to issues with residents. An example would be if a youth were to become ill at work and needs to be brought home. A staff member on duty would need to leave the premises and attend to the youth who was ill. Policies, procedures, and protocols are in place for this type of incident. The residents are aware they cannot leave the premises without first notifying staff. In addition, youth must sign in and out upon arrival and departure from the premises. If staff decides the situation warrants them leaving the premises, they will not be gone for an extended period as there is a requirement for hourly observation of participants.

There was an extended question and answer period on the Program. A summary of the answers about the Program are as follows.

The Program accepts youth transitioning out of JCCs or youth already in the community but for various reasons are not living at home. These are youth who have no family, no home, and nowhere to go except into homelessness or a shelter. Primarily the Program accepts males from across the state but has an interest in being co-ed (one of the four apartments could house females). The Program does not accept registered sex offenders. When a youth first enters the Program, he or she is required to wear a GPS monitor the first 30 days; so staff can know their exact location. The youth are allowed to stay in the Program for four to six months.

The Program staff work closely with the youth's referring parole officer and, in addition, the applicant's packet is reviewed to see if the Program is the appropriate place for the youth. This means making sure the Program can help with the youth's needs, if the youth would be able to follow the guidelines of the Program, and if the youth is motivated to be successful.

The Program teaches independent living skills such as how to budget, grocery shop, and open a checking account. The staff ensures the youth has their source documents such as birth certificate, Medicaid card, and social security card. Staff helps the youth complete applications for work and even role play job interviews. The Program conducts aggressive replacement training groups, independent living groups, and cooking groups. The staff provides the youth with whatever they might need to transition to their own home and be successful.

The Program is located in a condominium complex in Virginia Beach that has four apartments, with eight beds and two residents in each apartment. Bed checks are completed every hour and residents are instructed to sign in and out when entering and leaving the premises. No staff lives onsite, but the Program is manned 24 hours a day, seven days a week. It was requested that the Board envision a condominium complex with four units in one building with the building next door housing the Program's office on the bottom floor. Program staff on duty during the day/evening shift will be either the Assistant Director or Director and a counselor. Program staff during the midnight shift will be one counselor available throughout the night. There might be situations where residents, for various reasons, need transportation back home, while only one staff person is on duty.

Board Member Holland, referring to the variance request, "staff person would be off site for only short periods of time" asked what the Program considers a "short periods of time"?

Mr. Lloyd acknowledged that staff could be away from the premises for 30 to 60 minutes.

Board Member Woolard commented that it does seem that the Board's challenge is to balance wanting to facilitate what the Program is already doing, which is to make sure the youth are secure, with not trying to solve the problems that do not exist yet. Board Member Woolard imagines this variance would be used infrequently and for a relatively short period of time. Board Member Woolard would be reluctant as a Board to put a lot of specific conditions onto the request without having a sense about what the variance will really accomplish.

On MOTION duly made by Helivi Holland that the Board of Juvenile Justice approves the Tidewater Youth Services Commission's variance requests for exemption from the Board's regulatory requirements provided in section 6VAC35-41-650 (E) and (C) and 6VAC35-41-920 (D) of the

*Regulation Governing Juvenile Group Homes and Halfway Houses* involving its planned Apartment Living Program for a period of five years.

Board Member Hines is not as comfortable with the variance on the supervision as he is with the nutrition variances. If personnel are gone for 30 minutes and come back, do a bed check and then the personnel is gone for another 30 minutes, come back and do a bed check. Now there is 12-hour supervision instead of 24-hour supervision. This aspect concerns Board Member Hines, not just for the youth and the staff, but for the safety of the residents that live in the community.

Ms. Van Cuyk said the Board has three options with regards to the variance request that include vote as moved, substitute motion, or amend the variance to include timeframes.

Board Member Langer asked the Board to look at the other side of the issue. If a youth is stranded in the community or needs assistance to get home, this youth's predicament could be a greater safety risk than the youth sitting in the apartment for 30 minutes alone. The opportunity for staff to assist that independent youth in the community is probably the greater danger.

Board Member Hines agrees: if the variance were to be amended to say staff will only leave the premises when they need to assist the youth because that need is greater, Board Member Hines can support.

Ms. Van Cuyk noted that the Board can amend the variance request to include timeframes or to say only "in case of emergencies" shall staff be allowed to leave the premises.

The Board approved the MOTION duly made by Helivi Holland and seconded by Dana Schrad for the Tidewater Youth Services Commission's variance requests for exemptions from the Board's regulatory requirements provided in section 6VAC35-41-650 (E) and (C) of the *Regulation Governing Juvenile Group Homes and Halfway Houses* involving its planned Apartment Living Program for a period of five years. The Board approved a substitute motion to amend the variance request for 6VAC35-41-920 (D) to limit when the variance is applicable to only emergency situations with the staff leaving the Apartment Living Program for no longer than one hour providing notice of the absence is made to his or her supervisor. Motion carried.

#### **REGULATORY UPDATE**

Janet Van Cuyk, Legislative and Research Development Manager, Department

Ms. Van Cuyk noted that the regulatory update can be found on page 80.

Due to time issues, the presentation on the length of stay guidelines has been passed over.

#### **REENTRY UPDATE**

Valerie Boykin, Deputy Director for Community Programs, Department  
Ashaki McNeil, Reentry Program Manager, Department

In August 2014, the Department received funding from an Office of Juvenile Justice and Delinquency Prevention (OJJDP) reentry planning grant of \$130,000. The grant allows the Department to assess its



parole and reentry systems and provide concrete recommendations to sure up the processes. Part of that involved creating a taskforce of intra- and inter-agency partners who could assist in improving the processes and getting access to services for the youth. The Department has since been awarded an implementation grant of \$700,000 with a match from the Department and the Annie E. Casey Foundation that will give the Department just over \$1 million. The Department was one of only three states to receive this grant award.

The Department has had initial success with the grant funding by establishing One-Stop Workforce Centers (Centers) located in 15 court service units. These Centers will have computers available that will link directly to local workforce development centers to help the youth with finding employment. The Department is also in the process of setting up Centers in Beaumont and Bon Air JCCs.

Another accomplishment is the success of the Driver's Education (Ed) testing site at Beaumont JCC. This is the first JCC in the nation to have an Ed testing site. Currently, Beaumont JCC is only able to provide the paper test; but the Department is looking at purchasing the simulator. Currently, four students from Beaumont have passed the test.

Historically, youth were not able to apply for Medicaid until after they left a JCC. The Department now has implemented a better process. The youth is able to apply for Medicaid 45-days prior to his or her release, and the coverage becomes effective on the day of his or her release. The Department is also able to cover eligible youth with Medicaid coverage for hospitalization while in the Department's care.

The Department is fortunate to have a Department of Labor grant designated to Pathways, a non-profit entity implementing certification programs to the JCCs. One of the Pathways' programs is located at Beaumont JCC called Youth Build. The residents in this program are actually building pieces that are transported to the community to renovate a house. There is also a Pathways' Career program, which is at Bon Air JCC and offers industry recognized certifications for the youth. Both programs pay the residents for their work, and the money is used to pay off their fines and fees prior to their release. The money left over is given to the youth to take with them and assist with reentry after release.

School reenrollment continues to be a problem area for the Department. The Reentry Taskforce has a subcommittee looking at the reenrollment process and strengthening the regulations so the youth can quickly enroll in the appropriate school after their release. The local school division determines where the youth are placed and many times they are placed in alternative schools. This makes it hard for the youth to ever get back to a regular education setting.

A major effort being undertaken by the Division of Community Programs is to revise the Department's reentry and parole processes. The new processes will have a greater involvement with families at the moment of commitment including being a part of the decision making for their family member.

The Department is also looking at expanding evidence-based programs. The Apartment Living Program (Program) is the Department's first in terms of building continuum of services for the youth. The Department is hoping to award contracts to providers statewide this spring that would expand

the array of services available to youth and their families. The Department is also researching more family-based treatments that can fill a critical need for family counseling or other types of services.

Board Member Langer asked what the continuum is for those youth who are entering the Program, who do not have a family or other support, and then their parole ends.

Deputy Director Boykin offered that the youth in the Program are usually employed fairly quickly and are expected to save money for future housing. There is a component that follows up with the youth after they leave the Program to ensure they are transitioning well.

Chief Deputy Director Valentine added that one of the other pieces that the Tidewater Commission provides is called the Apartment Support Program. When the youth leave the program, they will move into their own apartment. When the youth first moves in, they have saved enough money to pay their security deposit. With the Apartment Support Program, their first month's rent the Department pays 75% and the youth pays 25%. The next month its 50%-50% split between the youth and the Department. Then the next month the youth pays 75% and the Department pays 25% or until the youth has saved enough money to they pay their own rent. A case manager continues to track the youth through the Apartment Support Program helping to facilitate a smooth transition.

Engaging families through visitation options is another project the Department is working on under the Reentry Grant. The Department has issued a transportation request for proposal, which closed last December. Hopefully later this year, the Department will be issuing a contract with a vendor who will be able to transport families to the JCCs in order for the families to visit with their youth more consistently.

The Department currently has two video visitation programs in Danville and Roanoke where families can go and visit with their family members who are at either Bon Air or Beaumont JCC via video conferencing. The Department is working with a non-profit organization that primarily works with the Department of Corrections but is interested in partnering with the Department to create another video visitation site for the Richmond Metro Area. In addition each parole officer has a video camera attached to their office computers so, if it is during the day, families can visit with the parole officer and have a video visitation with their family member in a JCC. This is a great opportunity for families located in one part of the state to participate via video conferencing in the decision-making conversations associated with their family member in the Department's care.

The Department would also like to partner with the Department of Social Services (DSS) on their family partnership model with youth in foster care. DSS has frequent family partnership meetings to try to reunite the youth with their family. The Department is working with the DSS to adopt a similar process. The purpose is to keep the family tied together and work with the family on issues prior to the youth returning home.

The Department is also working to set up child friendly visitation sites at Bon Air and Beaumont JCCs. The Department has youth that are parents themselves or have younger siblings; the Department is making these sites a little more family friendly for visitation.

Through the Reentry Grant, all parole staff will be retrained on the YASI, which is the Department's risk assessment tool. With any type of assessment instrument, it is beneficial to retrain and retool employees periodically to maintain the reliability and validity of the instrument. In addition, the Department will also develop a train-the-trainer session to have the internal capacity to train new staff over time to ensure appropriateness in the administration and scoring of the instrument.

#### **EDUCATION UPDATE**

Lisa Floyd, Deputy Director for Education, Department  
Jill Becker, Director of Special Education, Department

The Division of Education is working hard to update and improve the teaching and learning taking place in the classrooms of the JCCs. Last fall, the Division of Education asked for an audit to receive baseline data on the Department's special education population. The audit has been completed and a report provided. In the meantime, the Department has had several changes of personnel, job duties, and responsibilities. Jill Becker, the Department's new Director of Special Education, prepared a response to the audit and an implementation plan.

The Board was provided a summary plan, which is attached, breaks down the needs improvement areas of the audit and describes the Department's proposed corrective action and timeline related thereto. All items noted on this document have been completed. The audit results allowed the Division of Education to (i) train staff in a group setting or in one-on-one trainings; (ii) bring in other divisions such as Residential Services, including Health and Behavioral Services, to assist in the special education processes; and (iii) to develop checklists to help staff with the details. In addition, an internal audit team has been created to perform mock audits in the spring to track the successes and ensure items do not fall through the cracks.

Board Member Cooper-Collins asked if all areas that were found to be out of compliance have been corrected.

Ms. Becker noted that there is one area that still needs attention dealing with a speech pathologist. Ms Becker went on to report that the Division of Education held its first manifestation meeting, which was a major accomplishment and included other divisions in the process. This will become common practice.

#### **DIRECTOR'S COMMENTS**

Andy Block, Director, Department

Six residents in the Department's Quilting Program from Beaumont visited the Governor and First Lady at the Executive Mansion on December 18, 2015. The residents presented them with a very special quilt that took almost a year to complete that depicts symbols of the Commonwealth. Governor McAuliffe was so taken with the quilt that he ordered it hung in the lobby of the Patrick Henry Building and invited the quilting teacher to be his guest at the State of the Commonwealth speech.

Last week the Department met with the consulting team from the Annie E Casey Foundation to review all the work that has been done in the past year and to discuss the work in the upcoming year.

The implementation of the length of stay (LOS) guidelines has been smooth. Through the LOS guidelines, the lowest-risk, least offending youths have shorter lengths of stay and are now being prescreened prior to disposition. This allows the Department to assess these young people in local detention centers instead of bringing them to either Beaumont or Bon Air JCC. The Department is sending them directly to their Community Placement Program.

The Governor introduced his budget prior to the December holidays. There are two pieces of significant importance to the Department in the budget this year. The first piece is having budget language that will authorize the Department to reinvest savings as it becomes available as the juvenile population continues to decline, which will produce a savings. The Department will be able to use that savings to establish a continuum of services and alternatives across the Commonwealth for its youth.

The second piece is proposed in the Governor's bond package for the funding for two new, smaller JCCs that would support the community treatment model in central Virginia and Hampton Roads. The Department has a large number of young people from the Hampton Roads area. Geography can be a real barrier to keep families together and stay engaged. Research was conducted on the Department's determinately committed youth who are most likely to continue to be confined in the JCCs. Approximately 25% of those youth live within an hour's drive of home in the Department's current footprint. If the Department is given approval to build the new facilities, about 75% would live within an hour's drive of home. The total cost of the facilities in the bond package is approximately \$90.5 million

#### **BOARD COMMENTS**

There were no Board comments.

#### **NEXT MEETING**

The next meeting is scheduled for April 18, 2016, at the Main Street Centre, 600 East Main Street in Richmond. Chairperson Abbott stated that she will not be available to attend and that Board Member Hines, as Vice-Chair, will conduct the April meeting.

#### **EXECUTIVE SESSION**

On MOTION made by Helivi Holland and seconded by Tyren Frazier for the Board of Juvenile Justice to reconvene in Executive Closed Session, pursuant to Section 2.2-3711(A)(1) and (A)(7), for a discussion of certain personnel matters and to consult with legal counsel and obtain briefings by staff members, consultants, or attorneys pertaining to actual or probable litigation and any other specific legal matters requiring the provision of legal advice by counsel. Motion passed

After conclusion of the Executive Closed Session, the members of the Board certified that to the best of their knowledge, (i) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the Executive Meeting and (ii) only such public business matters as were identified in the motion convening the Executive Meeting were heard, discussed, or considered.

**ADJOURNMENT**

Chairperson Abbott adjourned the meeting at 12:41 p.m.

## Reality Education Television (RETV)

Reality Education Television better known as RETV, is a partnership with George Mason's Social Entrepreneurship Society (SES). This student-led organization, works in the community, to help *Reduce Juvenile Delinquency by Providing Juvenile Justice*.

Although RETV is created by Youth Corporation Inc, it is owned and operated by the Social Entrepreneur and members of the Business Community. Discover how your business can turn *Social Capital into Social Change*.

## Scholarship, Mentorship, Apprenticeship

Through RETV, YCI is able to create *Social Entrepreneurs through Community Service*. This is established by using a 3-pronged approach: **Educate, Give Back, Reward**. Through Scholarships, one juvenile offender begins the **education** process of workforce development, while a college student begins their journey of Mentorship. Both groups must **give back** through community service projects in order to participate in any Apprenticeship opportunities offered by YCI. By *Creating Social Entrepreneurs through Community Service*, a community will be able to *Reduce Juvenile Delinquency by Providing Juvenile Justice*. In return, participating businesses will receive recognition for their contribution to the effort. Building a community of responsible civic-minded individuals is the greatest **reward!!!**

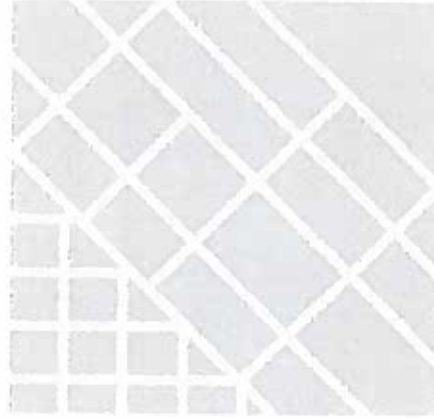
## Youth Corporation Inc. (YCI)

**Non-Traditional Career Center**

YCI, is a Business Employment Center that provides a myriad of resources into the community to *Reduce Juvenile Delinquency by Providing Juvenile Justice*.

Northern Virginia Workforce System

YCI will be located at the intersection of Prince William Pkwy & Old Bridge Rd. and will be listed as a training provider with the Northern Virginia Workforce System. Learn about our 12-Week Job Readiness & Mentorship Program. Experience how workforce development plus community service equals an opportunity for a juvenile offender and a college student to become a Social Entrepreneur.



Elizabeth Charity, President

[elizabeth.charity@yciyos.org](mailto:elizabeth.charity@yciyos.org)

571) 314-7503

[www.yciyos.org](http://www.yciyos.org)

## Reality Education Television (RETV)

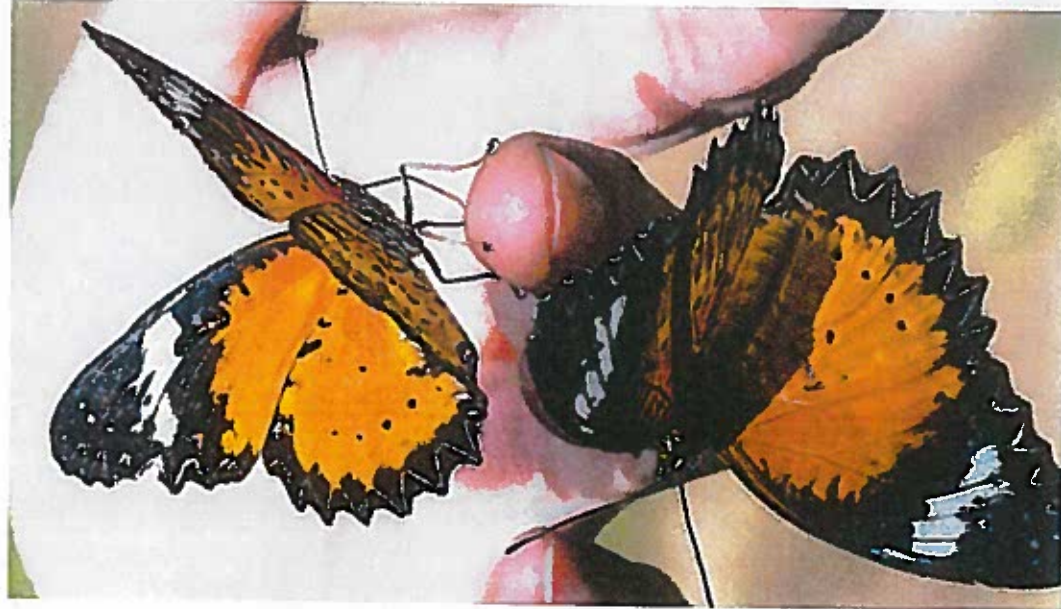
**Creating Social Entrepreneurs**

**Through Community Service**

assistance  
development  
**training**  
**WORKSHOP**  
education  
learning  
training



Youth Outreach Services (YOS) primary mission is to transform the juvenile offender into an entrepreneur through workforce development.



### Business Mentorship Program

Love what you do? This program allows a business to provide workshops which will be available to all students and their family members.

### Job Training Program

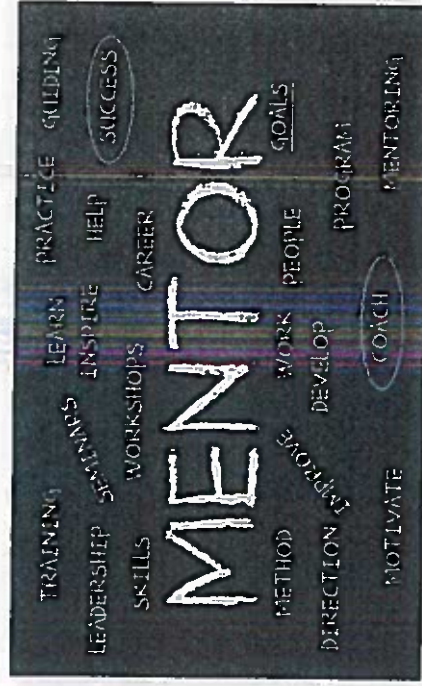
Hands-on Job training within the vocations of an incubator business located at Youth Corporation Inc.'s Non-Traditional Career Center.

### Apprenticeship Program

Advanced workforce development training specifically tailored to your interest. In most cases, this will involve compensation.

### Entrepreneurship Training Program

Want to start a business? This program will provide you with the basic knowledge necessary for starting a business.



## Reducing Juvenile Delinquency by Providing Juvenile Justice

Youth Outreach Services (YOS) 12-Week Job Readiness & Mentorship Program, is the vehicle that will transform juvenile offenders into entrepreneurs through workforce development. Using a 3-pronged approach YOS is able to *Create Social Entrepreneurs through Community Service by turning Social Capital into Social Change.*

## Educate, Give Back, Reward

Using a 3-pronged approach, Youth Corporation Inc. & Youth Outreach Services established a model that one must become *educated*, by *giving back*, in order to receive a *reward*. YOS will develop partnerships with other nonprofits and youth development organizations, in order to *Create Social Entrepreneurs through Community Service*. While the 12-Week Job Readiness & Mentorship Program is the vehicle for change, we need social capital to make Education a Reality!!! Learn more about RETV to see how you can help.

## Reducing Recidivism- Transforming the Juvenile Offenders to Social Entrepreneurs

By Elizabeth Charity



“Richmond bottomed out in 1994: one city councilman went off to rehab for his heroin problem and another was in hot water for not paying utilities and renting out condemned property, enrollment at VCU dropped, the city recorded the nation’s 19th largest population decline since 1980, Richmond made the wrong end of Money Magazine’s *Best Places to Live* list, and by the end of the year had tallied a record 161 homicides. With recent years showing [the lowest body counts since 1961](#), the city’s population [back up over 200,000](#), and VCU having greatly expanded, it is difficult to imagine that mid-1990s Richmond was ever real.”

([chpn.net/news/2010/08/15/Richmond-1994\\_147837](http://chpn.net/news/2010/08/15/Richmond-1994_147837))

In 1994, Richmond rated third in the Nations for homicide and being a single mother with two black sons, I didn’t want my sons to be one of the statistic, therefore, I developed and implemented a nonprofit 501c3 organization, Youth Outreach Services. In 1994, the organization was approved for a grant to start a Job Training Program by the former Governor George Allen and he used it as the Virginia Initial Welfare to work program in 1995.

Now, twenty (20) years later, I am graduating from George Mason University with a BIS (Bachelor of Individualized Study) degree with a concentration in Social Entrepreneurship that is transforming the juvenile offenders into social entrepreneurs. To research the effectiveness of programs geared towards rehabilitation and providing employment to juvenile offenders necessary to reduce recidivism in which the students will draw on the disciplines of psychology, criminology, business, communication, sociology, and the contributions of various academic disciplines. Business and Communication will help provide the knowledge and skills necessary to successfully fundraise through social media, television sponsorship, and entrepreneurship training, in addition to also providing ex-offenders with models and opportunities to own their own business. Sociology is needed to help the juvenile offender to build self-esteem, to find self-identity, to learn how to socialize with their peers and to grow into a well-adjusted young adult. Using Youth Outreach Service’s (YOS), 12 week job readiness mentor program, which includes entrepreneurship, rehabilitation, employment, interactions with students as mentors, and business sponsorship, aims to break the cycle of recidivism with the goal of successfully transitioning ex-juvenile offenders into social entrepreneurs. “Social entrepreneurship signals the imperative to drive social change and it is that potential payoff, with its lasting, transformational benefits to society, which sets the field and its practitioners apart” (Martin & Osberg, 2007). YOS seeks to improve the lives of people who are hurting and to bring forth



transformation and positive social change, and this study aims to investigate the impact of social entrepreneurship on the problem of recidivism among juvenile offenders.

My main objective is using a 3-pronged approach; business, education and community service. The University establishes a mindset that the student must educate themselves and give back to receive a reward. Therefore, I organized a George Mason University Social Entrepreneurship Society on campus. The rewards to the students are an internship through the businesses who participate in GMU Social Entrepreneurship Society, where they can receive on hands experiences in their major and receive academic credit. They give back by mentoring a juvenile offender and help them to transition back into society. To develop and implement this equation, I used my nonprofit organization Youth Outreach Services as an Experimental Lab this summer to implement YOS 12 week job readiness mentor program. We had college students who need community services hours to come and work with Youth Outreach Services and we had them to work in managerial positions to mentor the other students who participated in the program. They can turn their community services hours into workforce development by applying for employment and using their community services hours as references.

**The results of getting a degree in Social Entrepreneurship – Reducing recidivism are as following:**

- Ex-juvenile Offenders receives mentoring and financial support to help reduce Recidivism from the businesses that participate in the mentoring program and receive positive publicity through Reality Education Television. RETV is taking the education out of the classroom and bringing it into the community. Reality Education Television is a partnership with George Mason's Social Entrepreneurship Society (SES). This student-led organization, works in the community, to help Reduce Juvenile Delinquency by Providing Juvenile Justice.
- Although RETV is created by Youth Corporation Inc. (Business factor) it is owned and operated by the Social Entrepreneur and the Business Community. Discover how your business can turn Social Capital into Social Change.
- Employment & Rehabilitation can Reduce Recidivism and save the Communities precious resources.
- Develop and implement a non-traditional Career Center for Business & Job Development.
- Submit Research Analysis results to Policy makers in Congress and General Assembly to provide more funding for education instead of incarceration.



In January, 2015, I had the opportunity to submit my research analysis results to the Speaker of the House, Delegate Bill Howell.

And in April, 2015, I had the opportunity to submit my research analysis results To Congressman Robert J. Wittman.





## REDUCING RECIDIVISM PRESENTATION TO DJJ

TRANSFORMATION

## INTRODUCING THE TEAM



Alisha James,  
Program, Coordinator



Donna R. Spence,  
MA, Prof. Counseling  
Mental Health Counselor



Diane Kern, PhD,  
Lic. Psychologist  
Life Coach



Daniel Lavelle, Project  
Manager, Business  
Development, George  
Mason University, Major in  
Psychology

## VIRGINIA STATISTICS

- Virginia has the highest rate of referring school children to the police.\*
- Virginia blurs the line between criminal offenses and school disciplinary matters. Student discipline should be kept in the realm of school principals, not law enforcement.\*
- *“Time to Stop Criminalizing Mere Misconduct* by Chris Braunlich and Angela Cioffi in Thomas Jefferson Institute for Public Policy Dec. 25, 2015.”

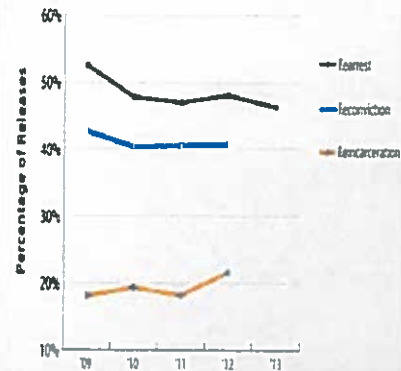


## MORE STATISTIC

- The U.S. criminal justice system normalizes crime and poverty for a large subset of the population in a cycle known as the school-to-prison pipeline.
- Obama emphasized supporting the reentry population, which would result in “less crime, less recidivism, safer communities, more stable families, and economic growth.” ([Fox Nixon, Rutgers University–Newark](#)).
- A struggling reentry population, racism, and the school-to-prison pipeline are repercussions of the negligence of a system.

## VIRGINIA DEPARTMENT OF JUVENILE JUSTICE STATISTICS

Recidivism Within 12 Months of Release From a Juvenile Correctional Center





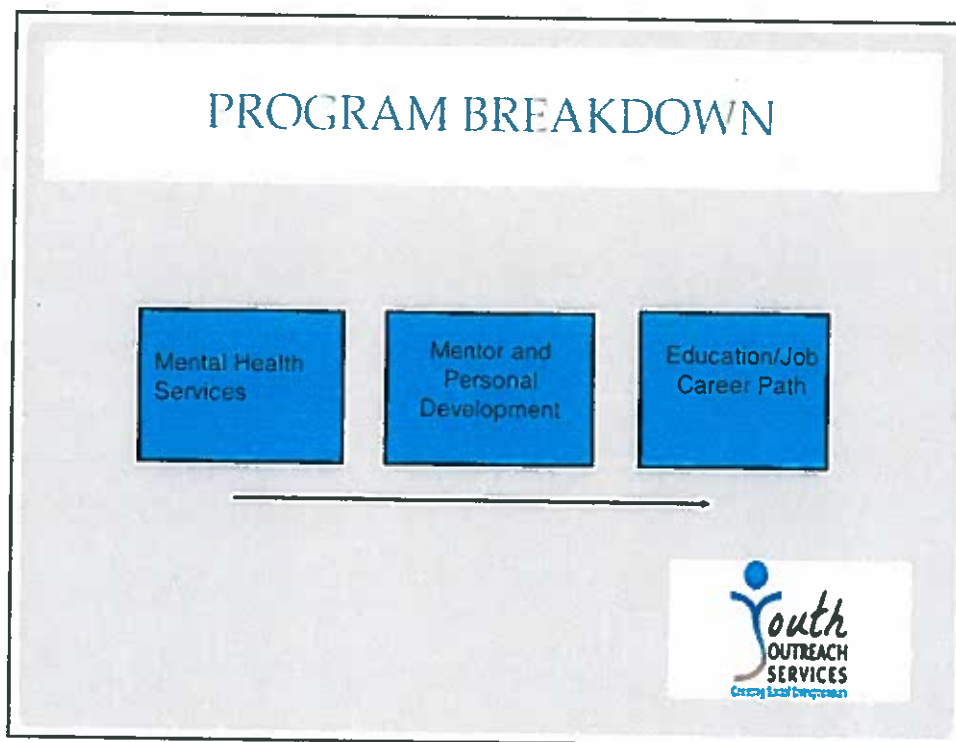
- Tracks re-arrest, reconviction and re-incarceration for 12 months after release from a juvenile correctional center.
- In 2012, reconviction occurred for 40.8 percent of the juveniles who were rearrested in 2011; their re-incarceration rate rose to 21.6 percent over the previous year.
- In 2013, re-arrest occurred within one year for 46.3 percent of juveniles released from a correctional center, down from the previous year.

### HOW WILL YOUTH CORPORATION, INC/YOUTH OUTREACH SERVICES ADDRESS THE STATISTICS

- Create high standards of social and environmental performance, accountability, and transparency.
- Formulate a dynamic organizational structure that that uses expertise from different professional fields
- Create a unique working environment for at-risk youth as an outlet from delinquency
- Provide college and business mentors that will educate the at-risk youth about the future implication of becoming an entrepreneur



 <b>SERVICES PROVIDED</b> 	
Internships and Apprenticeship	Individual and Family Counseling
Job Readiness Training	<ul style="list-style-type: none"> <li>• Mentor/Personal Development</li> </ul>
Entrepreneur Training	<ul style="list-style-type: none"> <li>• Mental Health Services</li> </ul>
Financial Management	<ul style="list-style-type: none"> <li>• Life Skills/Critical Thinking</li> </ul>
Small business development	<ul style="list-style-type: none"> <li>• Healthy Social Skills</li> </ul>
Education Advancement	<ul style="list-style-type: none"> <li>• Mentoring</li> </ul>





## STATISTIC FROM GRANT RECEIVED IN 1995 FROM FORMER GOVERNOR GEORGE ALLEN



### Youth groups to receive \$69,000 for job training

Program will be conducted at old Thalhimer's downtown

**BY TOM CAMPBELL**  
Times-Tribune Staff Writer

Gov. George Allen yesterday granted \$69,000 to Youth Outreach Services Inc. (YOS) to fund a job training program that will operate on the old Thalhimer's department store building downtown.

Allen, whose welfare reform proposals are before the General Assembly, said YOS will be the lead program provider to give young people ways of staying off the welfare rolls by training them in skills to help them find a job.

According to Allen's office, YOS will be a family unit and alternative to welfare.

**Targets better-than-average students**

The program mainly targets better than average students, many of whom have had an experience with the welfare system. Allen said at the grant announcement: "A statement from the state's education system is 'high risk youth who are at a disadvantage'."

The program is also for adult welfare recipients and children in foster care, a part of the state's program. Harris & Hartley has been working on the program as a program manager about five years and has a record of about 200 young people.

"In the past five years, I'd like to see the program be the best of Virginia and take the program to the next level."

With the grant, Harris & Hartley plans to start a "best of program" in the 10th floor of the Thalhimer's building. An "in-house planning" school will track through, as well as a career center, she said. Another school will provide training and counseling and teach personal skills, such as money management. An art school will include dance and TV broadcasting. The business school will cover business accounting, business law, business and computers.

"We want to get at least 50 businesses to come and give hands-on training for the youth and welfare recipients," she said.

Allen, whose family company, Hunter Donor LLC, owns the old Thalhimer's building on East Broad Street, said he plans to house several businesses on other floors.

Friends of the YOS program are still being worked out. Allen said it will be helpful get the program going. Harris & Hartley said Chief Mary M. Tappan and John "Mac" Grier, general manager of WWBT Channel 12.

**Federal funds allocated to Virginia**

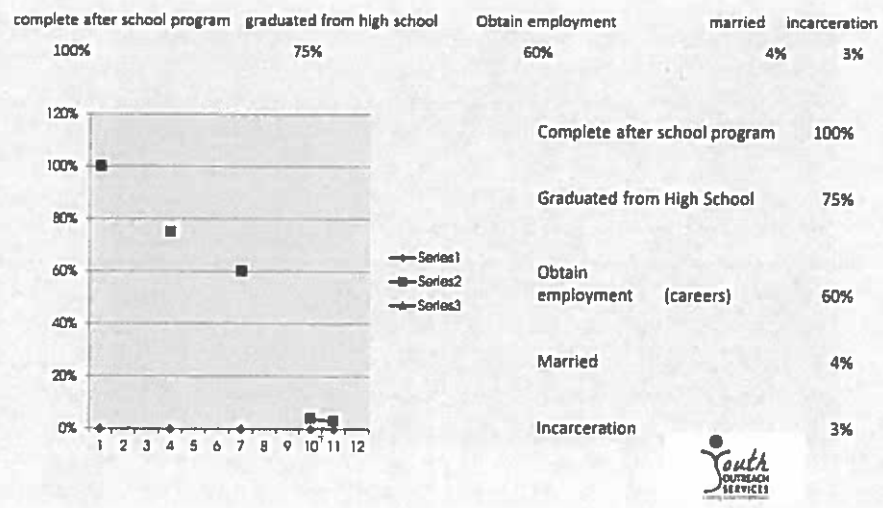
The federal government has allocated \$2.5 billion to Virginia under the 1995 Trade and Development Act. Approximately \$2.5 million is granted by the governor, and the rest of the grant is being provided by the federal government.

Allen, who announced the grant the same day a Virginia "No New Tax" referendum failed at the state level, said he hopes the legislation will help the state's economy. He said the program will be a "best of program" in the 10th floor of the Thalhimer's building. An "in-house planning" school will track through, as well as a career center, she said. Another school will provide training and counseling and teach personal skills, such as money management. An art school will include dance and TV broadcasting. The business school will cover business accounting, business law, business and computers.

"We want to get at least 50 businesses to come and give hands-on training for the youth and welfare recipients," she said.

**JOB-ON TRAINING** Gov. George Allen painted a wall with the help of many others, including, from top left, Gov. George Allen, Gov. Douglas Tompkins, Gov. Douglas Tompkins and Friends of the Thalhimer's building.

## STATISTICS FROM GRANT RECEIVED IN 1995 FROM FORMER GOVERNOR GEORGE ALLEN





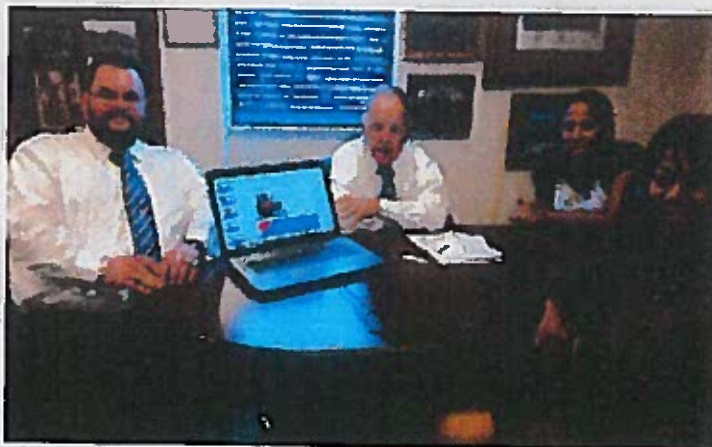
## SUCCESS STORIES



- Travis Harris, participated in the 12 week job readiness mentor program. He attended UVA, Virginia Union and now is attending College of William & Mary Graduate School and plans to get a Ph.D. in African America Studies.
- He was also a Mentor at YOS job readiness program and became the first YOS executive director.
- He is now working with the Police Department at W&M to have Black Bodies Matters Peace Rallies.



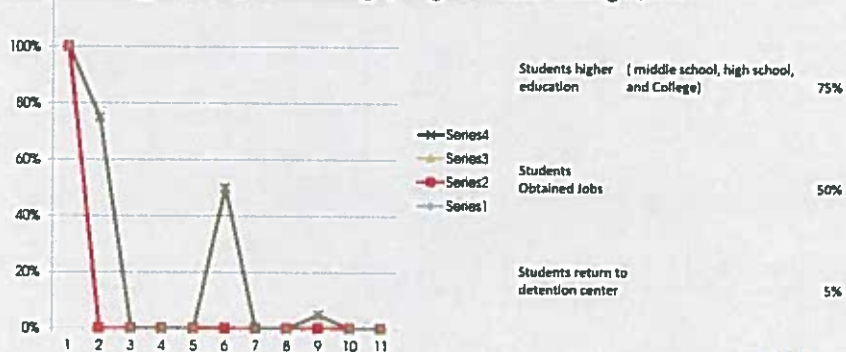
## CONTINUE YOS SUCCESS STORIES IN PRINCE WILLIAM COUNTY





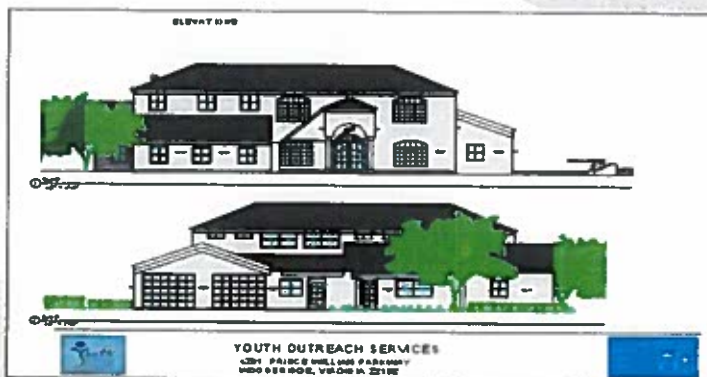
## YOUTH OUTREACH SERVICES HISTORY OF SUCCESS 2006- 2012 ( AGES 11-24 YRS)

12 week job readiness mentor program implemented in Washington, DC , Woodbridge, Virginia and Triangle, VA



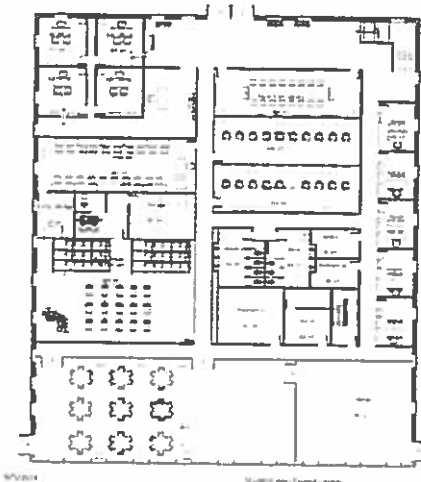
## NON TRADITIONAL CAREER CENTER

- YCI and YOS will build a facility on the property purchased in Woodbridge, Virginia as a Career Center for job placement .
- Center will provide Business incubator support for local businesses which will turn into employment opportunities.



## Non traditional career center continued...

FIRST FLOOR PLANS: FURNISHED

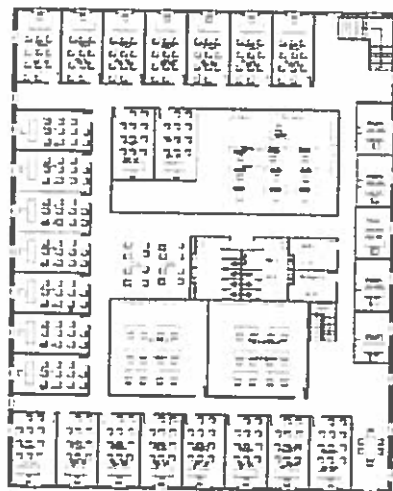


- Staff and Administration Offices
- Computer lab
- 4 individual apprenticeship classrooms
- Male/Female bathrooms
- Cafeteria/Kitchen
- Nurses Office
- Music Auditorium
- Art Gallery



## Non traditional career center continued...

SECOND FLOOR PLANS: FURNISHED



- Classrooms where at risk youth learn, in detail, about their selected vocation
- At risk youth are put into a learning environment that they feel is relevant to their lives.
- At risk youth become motivated to learn
- At risk youth's potential is tapped into
- Learning momentum occurs and at risk youth find hope in education
- Education to prison pipeline is liquidated
- Desire to become a productive member of society and entrepreneur is created and enhanced

## BENEFITS TO THE STATE

- Partnership will make employment more innovative, engaging, and resourceful
- Data collection will allow the state to discern trends and patterns that will bring down the recidivism rate and save the state money.
- Create small businesses for economic development
- Reduce Recidivism /Education Pipeline to Jail
- Allows Virginia to provides a model for other states to follow.
- Power tool to measure, compare, and improve social rehabilitation programs.
- Bipartisan efforts to bring forth Social Justice



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## PARTNERS

- George Mason University
- Northern Virginia Community College
- Virginia Commonwealth University
- Local Politicians
- Local Businesses



## SPECIAL THANKS



ELIZABETH CHARITY, CEO AND  
FOUNDER



- [www.yciyos.org](http://www.yciyos.org)
- <https://www.youtube.com/user/RealityEducationTV>



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E-Mail: [ace@gmu.edu](mailto:ace@gmu.edu)  
[www.gmuace.org](http://www.gmuace.org)



September 27, 2015

To Whom This May Concern:

As faculty advisor to George Mason University's Social Entrepreneurship Society, I am pleased to assist in the research of the Youth Outreach Services (YOS) 12-week job readiness and mentorship program. We will work to assist in the study of the YOS program. This program design has great potential to assist young adults (18-28 years old) with opportunities to be mentored on social, interpersonal and employment skills. It is a very critical addition to the service delivery system for those returning from a period of incarceration or under supervision by the probation and/or parole agency.

As an expert in correctional program, we will work closely with the program to integrate evidence-based practices and treatments. We will work with students to implement a process study and to understand how the program participants respond to the program. We will provide \$100,000 in in-kind support for guidance in evidence-based programming, quality assurance for program components, and evaluation support. This is based on the contributions of Dr. Faye S Taxman and her team of researchers.

YOS is a program that fosters growth through non-traditional career center. The college students, constructions companies, and architectural firms will design and build the non-traditional career center.

The design of the program is to have the college students' mentor those released from incarceration. The student mentor will help provide a support group while the person can have a job at the YOS facility.

George Mason University students will use YOS nontraditional career center as a research project. Part of Youth Outreach Services' nontraditional career center's plan is to have the college students report information to the local court systems of their findings. This will also serve to strengthen our community and build leaders—among students, those returning from incarceration, community organizations, and others vested in addressing the factors that affect recidivism.

I look forward to working with YOS and feel this is a program design worthy of support. Feel free to contact me by email at [ftaxman@gmu.edu](mailto:ftaxman@gmu.edu) or telephone at 571-205-8282.

Sincerely,

Faye S. Taxman, Ph.D.  
University Professor

G. W. C. WHITING  
(1893-1974)

WILLARD HACKERMAN  
(1916-2014)

TIMOTHY J. RIGAN  
PRESIDENT AND CEO

FOUNDED 1909

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SUSTAINABILITY

January 6, 2016

Ms. Elizabeth Charity  
Youth Corporation, Inc.  
Youth Outreach Services

Re: Prince William County Student Enrichment Center, 4291 Prince William Parkway

Dear Ms. Charity,

We have reviewed your Phase 1 conceptual design drawings for the proposed Student Enrichment Center in Prince William County. Based on these conceptual documents and your updated program increasing the gross square footage to 6,600 SF on two levels, we have estimated the approximate cost, schedule, and jobs created for the initial phase of the project as follows:

**New 6,600 SF building (2-levels) with infrastructure**

Conceptual Construction Cost:	Demolition and rough grading	\$20,000
	Site Utilities and Infrastructure	\$75,000
	Parking Lot (20 spaces) and Drive	\$60,000
	Landscaping	\$15,000
	New 6,600sf 2 Level Building	<u>\$1,089,000</u>

Total Conceptual Construction Estimate     \$1,259,000

Estimated Construction Duration: 8 months

Construction Jobs Created: Average of 10 workers on site for 8 months = 13,800 man hours or 5 man years.

I hope this information is helpful to you. Please do not hesitate to contact me if you have any questions or require any additional information. To support the project Whiting-Turner will donate, if the project proceeds, a cash donation of \$15,000 and an in-kind donation of \$25,000 (general conditions, materials, fee).

Very Truly Yours,  
THE WHITING-TURNER CONTRACTING COMPANY

  
K.C. Haile  
SENIOR VICE PRESIDENT







August 14, 2015

Elizabeth Charity  
Youth Outreach Services  
2793 Hill Road  
Vienna, Virginia 22181

Dear Liz,

Thank you for taking the time to meet with me and share details about your amazing vision for Youth Outreach Services. I enjoyed meeting with you and Daniel Lavelle and am impressed with all you have accomplished including building a strong team of dedicated supporters.

It is our understanding that you are working on securing the property we discussed for a new facility and may need assistance in the planning and design services required. Please accept this letter as our offer to help with the preliminary programming and planning analysis as well as conceptual architectural design services once you have ownership of the property. We will need a civil engineers site survey and plat plan for us to commence consulting services.

All professional planning and conceptual architectural services will be donated to the nonprofit entity "Youth Outreach Services" on a time and material basis for up to the first \$10,000.00 in professional fees. This is will be intended to provide conceptual architectural plans and outline specifications for you to engage the necessary MEP and structural engineers as well as a contractor to build the building.

Over the years, MTF A Architecture has worked with many interns in our office to provide professional exposure to the field of architecture. If you ever have students that are in their 3rd year or higher of an accredited professional architectural degree program, please let me know. We would be glad to interview them for consideration as a paid intern in our office.

Thank you again for all you are doing for youth and all the best in your pursuits.

Michael

A handwritten signature in black ink, appearing to read "Michael Foster". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Michael Foster, FAIA  
Principal

cc: Daniel Lavelle



Office  
Main: 540-341-8812  
Fax: 540-341-4863

Service  
VA: 540-341-8812  
Fax: 301-341-8818

## McCREA HEATING AND AIR CONDITIONING SERVICES OF VA, LLC

5083 Lee Highway Warrenton VA 20187

McCrea Heating and Air conditioning Services, 5083 Lee Hwy, Warrenton, Virginia 20187, will provide their services to Youth Outreach Services for the renovation of the facility at 4291 Prince William Parkway, Woodbridge, Virginia into a commercial non-traditional career center.

Youth Outreach Services provides a valuable framework of stability to trouble youth in Northern Virginia as well as in other regional localities. This organization engages youth who might otherwise contribute to the high rates of recidivism among juvenile offenders. Our organization and methodology affords at-risk youth the prospect of rehabilitation through hands on exercises in Heating and Air conditioning workshops during the renovation stage.

McCrea Heating and Air Conditioning Services will help with this innovative, community based program aims to help at risk teens, ex-juvenile offenders and young adults break the cycle of recidivism by imparting the skills and knowledge necessary to learn heating and air conditioning.

Plumber Company will provide workshops for students coming out of the Juvenile Detention Centers and Youth Shelter and other at-risk and under-serve youth who desire to learn the heating and air conditioning as a trade.

McCrea Heating and Air Condition will participate in Youth Outreach Services 90 day's pilot program which will be submitted to the General Assembly in January 2015 for a grant and eventually be used as the blue-print for the State-wide Program for Reducing Juvenile Recidivism.

Our budget cost for the equipment, labor and training of the students are \$8,000.00 we would like to do a year contract with Youth Outreach Services.

David L. Wilson  
Account Manager  
McCrea Heating and Air Conditioning Services of Virginia

A Summary of the Special Education File Review  
 Completed by VDOE (Office of Special Education and Student Services)  
 January 26-27, 2015  
**BonAir and Beaumont Juvenile Correctional Centers**

*This is an internal document designed to provide information regarding areas cited as "needs improvement" by the VDOE, the desired outcomes, and expected timelines for addressing each area of improvement .*

<b>Meeting Notices</b>		
Needs Improvement	Action/Outcome	Timeline
<p><b><u>Purpose of the meeting.</u></b>            Include "all" purposes contemplated <b>OR</b> send a <b>second notice</b> with any added purpose – prior to the meeting being held.</p>	<p>A review of all existing meeting notices by the Compliant Specialist who will work with special education case managers to make any needed corrections.</p> <p>Going forward, Sped. Case Managers (sped. teachers) will use the IEP checklist to assure all components related to meeting notices are complete and accurate.</p>	<p>Complete 9/30/2015</p>
<b>Student Participation in Meeting</b>		
Needs Improvement	Action/Outcome	Timeline
<p><b><u>Student unable to attend meetings due to being in "lock" or other isolated areas.</u></b></p>	<p>Compliance Specialist will arrange with Administrators, Residential staff, and/or Security in advance to have the IEP meeting in a place where the student may attend and/or be escorted to attend.</p>	<p>Complete 8/31/2015</p>
<b>Eligibility</b>		
Needs Improvement	Action/Outcome	Timeline
<p><b><u>The need for new evaluation data is not documented in the Prior Written Notice (PWN)</u></b></p>	<p>The Compliance Specialist will check all existing eligibility documents against existing corresponding PWN's and make corrections.</p> <p>Going forward, the Eligibility Chair will assure the need for new evaluation data is clearly documented in all PWN's and will forward signed consent forms to the appropriate evaluator.</p>	<p>Complete 9/30/2015</p>
<p><b><u>Assure all evaluations are completed</u></b> as requested</p>	<p>The Compliance Specialist will develop a spreadsheet to track all eligibility due dates. They will review all existing student eligibility records and will take measures to correct any evaluations that have not occurred.</p> <p>Going forward, the Compliance Specialist will forward all signed consent forms to the appropriate evaluator.</p>	<p>Complete 9/30/2015</p>

Individual Education Plan (IEP)		
Needs Improvement	Action/Outcome	Timeline
<p><b><u>SEAS should not hinder the development of a quality IEP.</u></b> When necessary, write in information and initial to ensure compliance. <b><u>Do not leave blanks.</u></b></p>	<p>The Sped. Director will develop a compliance checklist to guide case managers when preparing the IEP document and will review the SEAS program and contact the SEAS representative regarding the program to make corrections if needed.</p>	<p>Complete 8/31/2015</p>
	<p>The Compliance Specialist will review all existing IEP's for compliance (using the checklist) and work with case managers to make corrections on current IEP documents by amending the current document, as needed.</p>	<p>Complete 10/31/2015</p>
<p>Evidence of "<b><u>cut and paste</u></b>" on several IEP's.</p>	<p>The Compliance Specialist will review all existing IEP's to make sure each document reflects the unique needs of the student and will work with the case managers to make needed corrections.</p> <p>The Compliance Specialist will review every IEP drafted by the case managers, prior to the IEP meeting, to assure it meets the student's individual needs and there is no evidence of "cut and paste."</p>	<p>Complete 10/30/2015</p>
<p><b><u>Services (Speech) occurred prior to consent being given to implement the IEP.</u></b></p>	<p>The Compliance Specialist will review all existing IEP's and assure consent has been obtained prior to implementation of services.</p> <p>Moving forward, the special education case manager will inform related service staff when consent has been obtained in order to initiate the service.</p>	<p>Complete 10/31/2015</p>
<p><b><u>IEP's at Oak Ridge reflect placement is <u>not based upon student need but rather the disability category.</u></u></b></p>	<p>The special education case manager will lead IEP teams in understanding that placement options are individualized and will provide for access to the general education curriculum..."at the maximum extent appropriate...among non-disabled peers".</p>	<p>Complete 8/31/2015</p>
	<p>The Compliance Specialist will review all existing IEP's and check for compliance. Make corrections as needed.</p>	<p>Complete 10/31/2015</p>

<b>Present Level of Performance (PLOP)</b>		
<b>Needs Improvement</b>	<b>Action/Outcome</b>	<b>Timeline</b>
<b><u>Impact statements are generic</u></b> and not specific to the unique needs of the student.	The Compliance Specialist and Case managers will review impact statements in all existing IEP's and correct as appropriate. Impact statements will be individualized and reflect the "impact" on the student if special education services were not in place.	Complete 10/31/2015
Many IEP's <b><u>reflect PLOPS that do not relate to the rest of the IEP.</u></b>	The case managers will review eligibility deliberations and assure goals in the IEP are related to the disability and areas of weakness. The case managers and Compliant Specialist will use the IEP checklist to assure the PLOP is related to the rest of the IEP.  Correct items that are deficient by holding amendment IEP meetings.	Complete 10/31/2015  Complete 10/31/2015
<b><u>Addendums are not detailed as to data or documentation</u></b> used to propose the change-related to the student's IEP.	The Compliance Specialist, with case managers, will check current and existing addendums for direct connections between the recommendation and supporting data and documentation on the addendums. Correct items that are deficient.	Complete 9/30/2015
<b>Goals</b>		
<b>Needs Improvement</b>	<b>Action/Outcome</b>	<b>Timeline</b>
<b><u>Goals do not address student weaknesses.</u></b> Student weaknesses mentioned but no goal to address.	The Compliance Specialist, with case managers, will refer to the eligibility deliberations to assist in IEP development and connect weaknesses identified during record reviews and eligibility meetings directly to the goals. Correct items that are deficient.	Complete 10/31/2015
<b><u>Behavior needs not being addressed</u></b> but is mentioned as a need in the Present Level of Performance.	The Compliance Specialist will review IEP's (new and existing), and determine if behaviors should be addressed as goals in the IEP or as part of a behavior plan. Take appropriate corrective action.	Complete 10/31/2015
<b>Services</b>		
<b>Needs Improvement</b>	<b>Action/Outcome</b>	<b>Timeline</b>
<b><u>Location of services (gen. ed. or sped.) and dates of service</u></b> are not clear.	The Compliance Specialist will review all existing IEP's and all IEP's moving forward, and make sure the designated "location" is identified. Take corrective action.	Complete 9/30/2015
Logs used to document <b><u>consult services are not specific regarding time spent</u></b> (start and end time)	The Compliance Specialist will review logs prior to the end of each quarter or more frequently to make sure there is a start and end time and that information is clearly stated.	Complete 9/30/2015

<p><b><u>ISAEP and GED® students are not receiving services outlined in the IEP.</u></b></p>	<p>The Case managers will provide accommodations/modifications to ISAEP and GED® teachers and will assure IEP goals are being implemented and data collected. Sped. case managers will assist the ISAEP and GED® instructors with information needed to submit for accommodations through the GED® testing center. Take corrective action.</p> <p>Compliance Specialist will review all existing IEP's for students enrolled in either an ISAEP or GED® program and assure students are being provided FAPE, as outlined in the IEP. Take corrective action.</p>	<p>Complete 9/30/2015</p> <p>Complete by 10/31/2015</p>
<p><b><u>Post grads. not receiving standard or advanced diplomas are not receiving services in IEP (refusal or being on work details). Not getting access to FAPE.</u></b></p>	<p>The Compliance Specialist will review IEP's to assure FAPE is being met and take corrective action.</p> <p>Going forward, post grad. staff will be invited to IEP's meetings and will be provided information pertaining to the IEP accommodations/modifications.</p>	<p>Complete 9/30/2015</p>
<b>Assistive Technology (AT)</b>		
<p><b>Needs Improvement</b></p>	<p><b>Action/Outcome</b></p>	<p><b>Timeline</b></p>
<p><b><u>Under considerations page, no AT needed. However, using calculators and spelling aids</u></b></p>	<p>The Compliance Specialist, with case managers, will review existing IEP's and take corrective action to include AT under the "considerations" page of the IEP, as appropriate.</p>	<p>Complete 9/30/23015</p>
<b>Extended School Year (ESY)</b>		
<p><b>Needs Improvement</b></p>	<p><b>Action/Outcome</b></p>	<p><b>Timeline</b></p>
<p><b><u>No indication as to "why" ESY services were not given.</u></b></p>	<p>The Sped. Director will provide information related to ESY and the components that the IEP team needs to consider (guidance document provided by VDOE on ESY). The Compliance Specialist, with case managers, will review all existing IEP's and take corrective action.</p>	<p>Complete 10/31/2015</p>
<b>Transition</b>		
<p><b>Needs Improvement</b></p>	<p><b>Action/Outcome</b></p>	<p><b>Timeline</b></p>
<p><b><u>Need an assessment to address transition and use as a starting point.</u></b></p>	<p>The Sped. Director will investigate assessments materials that DJJ has purchased and obtain additional materials and resources as needed.</p>	<p>Complete 12/15/2015</p>
<p><b><u>Goals are not being developed to meet interests identified in inventories.</u></b></p>	<p>The Compliance Specialist, with case managers, will review all existing IEP's transition goals and assure the goals meet interests identified within the inventories. Correct through the amendment process.</p>	<p>Complete 10/15/2015</p>

<b><u>Goals not always measurable or relevant to area of transition.</u></b>	The Compliance Specialist, with case managers, will review transition goals and correct existing goals.	Complete 10/31/2015
<b><u>PWN does not reflect why transition plans do not include all activities or why they were inappropriate at time of decision making.</u></b>	The Compliance Specialist, with case managers, will review PWN related to transition and revise as needed.	Complete 10/31/2015
<b>Progress Reporting</b>		
<b>Needs Improvement</b>	<b>Action/Outcome</b>	<b>Timeline</b>
<b><u>When there is insufficient progress, progress report does not address "why" and the IEP team did not convene to address.</u></b>	The Compliance Specialist, with case managers, will review all existing progress notes and take corrective action. Schedule amendments to address lack of progress.	Complete 10/31/2015
<b><u>IEP must reflect when progress will be reported.</u></b>	The Compliance Specialist will use the IEP checklist to assure that IEP document includes when to report progress out to the parent/guardian. Make necessary corrections.	Complete 10/31/2015
<b><u>Progress reports not completed for each service provider (speech).</u></b>	The Sped. Director is currently looking for a speech provider.  The Compliance Specialist will keep track of minutes/hours for Speech services and turn into Sped. Director monthly.  Staff will implement goals related to pragmatic skills and collect data so it is available for the speech therapist, upon hire.	Complete upon filling vacancy.  Quarterly  As outlined by the goal/progress reported quarterly
<b><u>Goals in IEP do not match goals on the progress reports.</u></b>	The Compliance Specialist, with case managers, will review progress notes and IEP documents to assure the goals in the IEP match the goals on the progress notes. Take corrective action as needed.	Complete 10/31/2015
<b>Behavior Management</b>		
<b>Needs Improvement</b>	<b>Action/Outcome</b>	<b>Timeline</b>
<b><u>Behavior interventions not based on the unique needs of students (reliant upon DJJ REACH Program). Limited use of behavior supports, modifications, accommodations in the IEP. No evidence of FBA/BIP being considered by the IEP teams.</u></b>	The Compliance Specialist assist case managers with the development of behavior plans that meet the unique needs of the student who require this type of intervention. Sped. Director will provide guidance on the FBA/BIP process.  A chart will be turned into the Special Ed. Director documenting students who have FBA/BIPs currently and being developed, as well as the referral source.	Complete 10/31/2015  Monthly

Statewide Assessments		
Needs Improvement	Action/Outcome	Timeline
<u>No indication that other options were considered for VAAP student.</u>	The Compliance Specialist will check existing IEP's and PWN's and make necessary corrections.	Complete 10/31/2015
<u>One student working on standard diploma but nothing was reflected under Statewide Assessments.</u>	The Compliance Specialist will check existing IEP's and make necessary corrections.	Complete 10/31/2015
Accommodations/Modifications		
Needs Improvement	Action/Outcome	Timeline
<u>Accommodations and Modifications are not specific (i.e. spelling aide but not what type, extended time but not how much time...etc.)</u>	The Compliance Specialist, with case managers, will review all existing IEP's and make necessary corrections.	Complete 10/31/2015
Parent/Adult Student Consent		
Needs Improvement	Action/Outcome	Timeline
<u>Forms are not dated.</u>	The Compliance Specialist will obtain dates for those documents that are not currently dated.	Complete 10/31/2015
<u>On several IEP's, consent not obtained and considerable time elapsed from the date the IEP was proposed.</u>	The Compliance Specialist will notify the student's probation officer if unable to reach the parent or obtain consent. Take corrective action.  The Sped. Director will be notified when all attempts to obtain consent have been unsuccessful.	Complete 9/30/2015
Prior Written Notice (PWN)		
Needs Improvement	Action/Outcome	Timeline
<u>Not all elements are reflected on PWN's.</u>	The Compliance Specialist, with case managers, will include all elements on the PWN that are required. Revise PWN's that do not meet requirement.	Complete 10/31/2015
<u>Use of the terms "none" or "N/A" – This is not acceptable.</u>	The Compliance Specialist will check PWN's to make sure "none" and "N/A" is not being used. The Compliance Specialist will work with Sped. Case Managers to assure that the language is correct in the PWN. Revise existing PWN's. Training on PWN.	Complete 10/31/2015
<u>Need PWN's for all IEP meetings and addendums.</u>	The Compliance Specialist will check to make sure PWN's are written for all IEP documents. Provide PWN if missing for existing documents and send a copy of the PWN to the parent.	Complete 10/31/2015

**DEPARTMENT CERTIFICATION ACTIONS**  
**January 27, 2016**

Granted a conditional certification to Tidewater Youth Services Apartment Living Program valid until July 20, 2016.

Certified the Barry Robinson Center Family Oriented Group Home Program for three years with a letter of congratulations for 100% compliance.

Certified SPARC House for three years.

Certified Henrico Juvenile Detention Home to August 26, 2018. This is based on compliance during monitoring visits on October 20, 2015 and January 4, 2016.



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

**PROGRAM AUDITED:**

Apartment Living Program  
714 20<sup>th</sup> Street  
Virginia Beach, Virginia 23451  
(757) 965-4551  
Joe Lloyd, Director  
JLloyd@tyscommission.org

**AUDIT DATES:**

December 15 and 29, 2015

**CERTIFICATION ANALYST:**

Mark Ivey Lewis

**CURRENT TERM OF CERTIFICATION:**

NA – New Program

**REGULATIONS AUDITED:**

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

**PREVIOUS AUDIT FINDINGS:**

NA – New Program

**CURRENT AUDIT FINDINGS – December 29, 2015:**

100% Compliance Rating

**DEPARTMENT CERTIFICATION ACTION January 27, 2016:** Granted a conditional certification to Tidewater Youth Services Apartment Living Program valid until July 20, 2016.

***6VAC35-20-100. Certification action.***

*B. A conditional certification for up to six months will be issued to a new program or a newly opened facility that:*

- 1. Demonstrates 100% compliance with (i) all critical regulatory requirements and (ii) any physical plant regulatory requirements;*
- 2. Demonstrates at least 90% compliance with all noncritical regulatory requirements and has an acceptable corrective action plan; and*
- 3. Has no unresolved health, welfare, or safety violations.*

**TEAM MEMBERS:**

Mark Ivey Lewis, Team Leader  
Clarice Booker, Central Office  
Shelia Palmer, Central Office  
Sean Milner, Central Office  
John Adams, Central Office

**POPULATION SERVED:**

The Apartment Living Program is an 8-bed facility for males being released from Department of Juvenile Justice Direct Care placement or who are on parole supervision between the ages of

## Apartment Living Program

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17.5-20. The program provides a supervised apartment setting 24 hours a day, individualized case planning, vocational training, a complete array of independent living training/experiences, support with educational opportunities, employment opportunities and family engagement.

The Apartment Living Program consists of 5-two bedroom apartments located at 714 20<sup>th</sup> Street, Apt# 101(Staff Office), 712 20<sup>th</sup> Street, Apt #101, 102, 201, 202, VA Beach VA, 23451. Each apartment has two bed rooms, a living area, a dining area, and a kitchen and bathroom. Each apartment is fully furnished. Security cameras are located in hallways of the building as well as in the front and back of the building. The apartments are located in close proximity to public transportation, schools, libraries, police department, hospitals, etc.

### **PROGRAMS AND SERVICES PROVIDED:**

The Apartment Living Program provides the following services to the residents:

- Direct:
    - Individual Counseling
    - Individualized Service Plans
    - Assessments
    - Independent Living Workshop Groups
    - Educational Placement Support
    - Vocational/Employment Placement Support
    - Money Management
    - 24-hour Supervision/Case Management
    - Aggression Replacement Training (ART)
    - Recreational Opportunities
    - Family Engagement/Involvement Groups (if applicable)
    - Comprehensive Discharge Planning
  
  - Community:
    - Virginia Employment Commission
    - Workforce Development Sites (One-Stop)
    - Narcotic Anonymous/Alcoholic Anonymous Locations
    - Local Libraries
    - City Recreational Centers
    - Academic and vocational education in Virginia Beach School system
    - Medical, dental and psychological services
    - Community Service Board (CSB)
-

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

**FACILITY/PROGRAM:** Apartment Living Program  
**SUBMITTED BY:** Joe Lloyd, Director  
**CERTIFICATION AUDIT DATES:** December 15, 2015  
**CERTIFICATION ANALYST:** Mark Ivey Lewis

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

**6VAC35-41-165 (A). Employee tuberculosis screening and follow-up.**

**A. On or before the employee's start date at the facility each employee shall submit evidence of freedom from tuberculosis in a communicable form that is no older than 30 days. The documentation shall indicate the screening results as to whether there is an absence of tuberculosis in a communicable form.**

**Audit Finding:**

Four of five employee files reviewed were missing documentation that the employee had submitted evidence of their freedom from tuberculosis in a communicable form.

**Current Status on December 29, 2015: Compliant**

Five of five employee files plus one new employee file had documentation that the employee had submitted evidence of their freedom from tuberculosis in a communicable form.

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

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

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

**Audit Finding:**

Five of five employee files reviewed were missing documentation that the employee was provided with a basic orientation on the elements listed in this regulation.

**Current Status on December 29, 2015: Compliant**

Five of five employee files plus one new employee file had documentation that the employee was provided with a basic orientation on the elements listed in this regulation.

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**6VAC35-41-190 (B). Required initial orientation.**

**B. Prior to working with residents while not under the direct supervision of staff who have completed all applicable orientations and training, each direct care staff shall receive a basic orientation on the following:**

- 1. The facility's program philosophy and services;**
- 2. The facility's behavior management program;**
- 3. The facility's behavior intervention procedures and techniques, including the use of least restrictive interventions and physical restraint;**
- 4. The residents' rules of conduct and responsibilities;**
- 5. The residents' disciplinary and grievance procedures;**
- 6. Child abuse and neglect and mandatory reporting;**
- 7. Standard precautions; and**
- 8. Documentation requirements as applicable to the position's duties.**

**Audit Finding:**

Five of five direct care employee files reviewed were missing documentation that the employee was provided with a basic orientation on the elements listed in this regulation.

**Current Status on December 29, 2015: Compliant**

Five of five employee files plus one new employee file had documentation that the employee was provided with an orientation on the elements listed in this regulation.

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**6VAC35-41-200 (B). Required initial training.**

**B. Within 30 days following the employee's start date at the facility or before the employee is responsible for the direct supervision of a resident, all direct care staff and staff who provide direct supervision of the residents while delivering services, with the exception of workers employed by contract to provide behavioral health or health care services, shall complete training in the following areas:**

- 1. Emergency preparedness and response;**
- 2. First aid and cardiopulmonary resuscitation, unless the individual is currently certified, with certification required as applicable to their duties;**
- 3. The facility's behavior management program;**
- 4. The residents' rules of conduct and the rationale for the rules;**
- 5. The facility's behavior intervention procedures, with physical and mechanical restraint training required as applicable to their duties;**
- 6. Child abuse and neglect;**
- 7. Mandatory reporting;**
- 8. Maintaining appropriate professional relationships;**
- 9. Interaction among staff and residents;**
- 10. Suicide prevention;**

11. Residents' rights, including, but not limited to, the prohibited actions provided for in 6VAC35-41-560 (prohibited actions);
12. Standard precautions; and
13. Procedures applicable to the employees' position and consistent with their work profiles.

**Audit Finding:**

Five of five employee files reviewed were missing documentation that the employee had completed training on the elements listed in this regulation.

**Current Status on December 29, 2015: Compliant**

Five of five employee files plus one new employee file had documentation that the employee had completed training on the elements listed in this regulation.

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**6VAC35-41-490 (A). Emergency and evacuation procedures. CRITICAL**

**A. The provider shall develop a written emergency preparedness and response plan for each facility. The plan shall address:**

1. Documentation of contact with the local emergency coordinator to determine (i) local disaster risks, (ii) communitywide plans to address different disasters and emergency situations, and (iii) assistance, if any, that the local emergency management office will provide to the facility in an emergency;
2. Analysis of the provider's capabilities and potential hazards, including natural disasters, severe weather, fire, flooding, work place violence or terrorism, missing persons, severe injuries, or other emergencies that would disrupt the normal course of service delivery;
3. Written emergency management procedures outlining specific responsibilities for provision of administrative direction and management of response activities; coordination of logistics during the emergency; communications; life safety of employees, contractors, interns, volunteers, visitors and residents; property protection; community outreach; and recovery and restoration;
4. Written emergency response procedures for assessing the situation; protecting residents, employees, contractors, interns, volunteers, visitors, equipment and vital records; and restoring services. Emergency procedures shall address:
  - a. Communicating with employees, contractors, and community responders;
  - b. Warning and notification of residents;
  - c. Providing emergency access to secure areas and opening locked doors;
  - d. Conducting evacuations to emergency shelters or alternative sites and accounting for all residents;
  - e. Relocating residents, if necessary;
  - f. Notifying parents and legal guardians, as applicable and appropriate;
  - g. Alerting emergency personnel and sounding alarms;
  - h. Locating and shutting off utilities when necessary; and
  - i. Providing for a planned, personalized means of effective egress for residents who use wheelchairs, crutches, canes, or other mechanical devices for assistance in walking.
5. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters; and
6. Schedule for testing the implementation of the plan and conducting emergency

**preparedness drills.**

**Audit Finding:**

The Emergency Planner with the Virginia Beach Division of Emergency Management is presently reviewing the facility Emergency Operation Plan and is expected to send their response to the facility by the December 18, 2015.

**Current Status on December 29, 2015: Compliant**

The Emergency Planner with the Virginia Beach Division of Emergency Management reviewed the facility Emergency Operation Plan on December 18, 2015. The emergency planner provided the facility with some recommendation on how to improve their plan. The facility made the suggested changes.

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**6VAC35-41-1280 (C). Medication. CRITICAL**

C. All staff responsible for medication administration who do not hold a license issued by the Virginia Department of Health Professions authorizing the administration of medications shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications before they can administer medication. All staff who administer medication shall complete annual refresher medication training

**Audit Finding:**

Documentation that staff has successfully completed a medication training program will be needed for each staff authorized to administer medication.

**Current Status on December 29, 2015: Compliant**

Documentation for staff who are authorized to administer medication has been reviewed and it states they have successfully completed a medication training program.

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The program has submitted requests for variances to the following regulations for the January 11, 2016 Board.

**6VAC35-41-650 (C). Nutrition.**

C. Menus of actual meals served shall be kept on file for at least six months.

**6VAC35-41-650 (E). Nutrition.**

E. There shall not be more than 15 hours between the evening meal and breakfast the following day, except when the facility administrator approves an extension of time between meals on weekends and holidays. When an extension is granted on a weekend or holiday, there shall never be more than 17 hours between the evening meal and breakfast.

**6VAC35-41-920 (D). Staff supervision of residents.**

D. There shall be at least one trained direct care staff on duty and actively supervising residents at all times that one or more residents are present.

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

**PROGRAM AUDITED:**

The Barry Robinson Center  
Family Oriented Group Home Program  
Group Home Program  
443 Kempsville Road  
Norfolk, VA 23502  
(757) 455-6233  
Nancy Holcomb, Compliance Director  
nholcomb@barryrobinson.org

**AUDIT DATES:**

August 17, 2015

**CERTIFICATION ANALYST:**

Mark Ivey Lewis

**CURRENT TERM OF CERTIFICATION:**

January 10, 2013 – January 9, 2016

**REGULATIONS AUDITED:**

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

**PREVIOUS AUDIT FINDINGS August 21, 2012**

100% Compliance Rating

**CURRENT AUDIT FINDINGS – August 17, 2015**

100% Compliance Rating

**DEPARTMENT CERTIFICATION ACTION January 27, 2016:** Certified the Barry Robinson Center Family Oriented Group Home Program for three years with a letter of congratulations for 100% compliance.

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

**TEAM MEMBERS:**

Mark Ivey Lewis, Central Office  
Shelia Palmer, Central Office

**POPULATION SERVED:**

The Center recruits, retains, and trains families within the community in order to provide a residential placement in a family environment to serve as Family Oriented Group Homes (FOGH) for court involved youth ages 11-18 who require short-term, out of home placements pending court disposition. The Center has been providing this service for the City of Norfolk since 1998 and proposes to continue serving those youth under court order as well as those admitted to the program via the Intake Unit of Norfolk Juvenile Courts or thru the Entrustment process (as deemed appropriate by the Norfolk Court Services Unit). These homes will be located in the City of Norfolk or within proximity to allow transportation to and from the Norfolk area. The Center proposes to maintain these homes in compliance with the Department of Juvenile Justice standards.

Family Oriented Group Home parents are the vital link to service provision for the program. All



The Barry Robinson Center  
Family Oriented Group Home Program

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FOGH parents must be at least 25 years of age and may be single, married or divorced but must provide sufficient documentation verifying marital status. Prior to certification all FOGH parents must participate in pre-service training which includes topics related to child welfare, development, abuse and neglect, trauma, suicide prevention and promoting healthy reintegration to the biological family unit. In addition, potential parents must undergo criminal, sex offender, child protective services and DJJ background checks and are required to submit a copy of their DMV record along with three personal or professional letters of reference. The Center does not approve homes if any adult in the household has a founded child abuse or neglect record, has been convicted of a felony or barrier crime within the past five years. In addition to initial background checks through the central registry The Center may request additional checks at any time it deems necessary. In addition to undergoing background checks FOGH parents are asked to sign a Sworn Disclosure statement indicating that they have not been charged or convicted of a barrier crime as well as a Corporal Punishment statement stating that they will refrain from the use of any discipline technique that may be construed as corporal punishment as defined in this statement.

In addition to the requirements listed above all potential parents/families undergo a Home Study process to determine that the living environment is suitable for children to be placed. The Home Study process includes participation in a minimum of three structured interviews to assess ability to care for children; at least one interview must be a joint interview with all members of the household. In addition to the initial Home Study, re-evaluations are conducted as circumstances may indicate. In determining the appropriateness of the living environment the home is assessed for smoking in the home, the presence of pets and any other potential safety hazards to children. The availability of space for each child is assessed to determine adequate sleeping space, storage for the child's personal belongings, adequate plumbing for hygiene and laundry purposes, adequate dining provisions, overall housekeeping standards and accessibility to recreational areas. At the time of the Home Study potential parents are required to submit medical statements supporting their physical ability to appropriately care for youth and all members of the household must provide documentation that they are free of all communicable diseases. FOGH parents must have sufficient financial resources, as evidenced by completion of a financial statement, to consistently maintain the home. FOGH parents must also provide copies of their home and automobile insurance policies/cards.

**PROGRAMS AND SERVICES PROVIDED:**

The Center recruits, retains, and trains families within the community in order to provide a residential placement in a family environment to serve as Family Oriented Group Homes (FOGH) for court involved youth ages 11-18 who require short-term, out of home placements pending court disposition. The Center has been providing this service for the City of Norfolk since 1998 and proposes to continue serving those youth under court order as well as those admitted to the program via the Intake Unit of Norfolk Juvenile Courts or thru the Entrustment process (as deemed appropriate by the Norfolk Court Services Unit). These homes will be located in the City of Norfolk or within proximity to allow transportation to and from the Norfolk area. The Center proposes to maintain these homes in compliance with the Department of Juvenile Justice standards.

The Family Oriented Group Home Program is designed to match qualified parents with an individual child who is unable to reside in their biological home for a designated period of time with the ultimate goal of successfully transitioning them back into their home environment. An array of services including consistent, continual support and case management are available to the parents and child to ensure that the placement will be a positive experience. The Program

is founded on the belief of the innate worth of all children. The Program operates under the principle that all youth are entitled to live in a caring, safe and stable environment. The FOGH program utilizes cognitive behavioral techniques to modify/ extinguish oppositional and destructive behaviors that have led to the youth being placed outside of the home. The ultimate goal of the program is to work with the youth to increase socially appropriate behaviors and positive responses to those in authority in order to successfully transition back to their biological homes.

**SERVICES PROVIDED:**

**Direct:**

- Behavioral Management and Support
- Crisis Intervention
- Family Support
- Case Management
- Family Meetings
- Transportation
- Life Skills and Socialization
- Discharge and Aftercare Planning
- Educational services:
  - Insure the continuity of the youth's education and monitor resident's classroom attendance and behavior
  - Serve as a liaison to the school

**Community:**

- Education
- Clinical therapy
- Medication Management
- Recreation

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

**PROGRAM AUDITED:**

SPARC House  
150 Linden Avenue  
Lynchburg, VA 24503  
(434) 455-4060  
Pam Johnson, Counselor Supervisor  
pam.johnson@lynchburgva.gov

**AUDIT DATES:**

July 27-28, 2015

**CERTIFICATION ANALYST:**

Mark Ivey Lewis

**CURRENT TERM OF CERTIFICATION:**

November 21, 2012 – November 20, 2015

**REGULATIONS AUDITED:**

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

**PREVIOUS AUDIT FINDINGS June 11-12, 2012**

6VAC35-51-720.I – Service Plan/Quarterly Reports  
6VAC35-51-790.B (Mandatory) – Health Care Procedures  
6VAC35-51-800.B – Medical Examinations and Treatment  
6VAC35-51-800.E (Mandatory) – Medical Examination and Treatment  
6VAC35-51-810.E (Mandatory) – Medication  
6VAC35-140-190 (Mandatory) – Health Screening at Admission

**CURRENT AUDIT FINDINGS – July 28, 2015**

97.59% Compliance Rating  
6VAC35-41-90 (B) – Serious incident reports  
6VAC35-41-180 (A) – Employee and volunteer background checks CRITICAL  
6VAC35-41-565 (B) – Vulnerable populations  
6VAC35-41-950 (A) – Work and employment  
\*6VAC35-41-1210 (A) – Tuberculosis Screening CRITICAL  
6VAC35-41-1280 E – Medication CRITICAL  
6VAC35-41-1280 H – Medication CRITICAL  
\* Repeated Deficiencies from previous audit

**DEPARTMENT CERTIFICATION ACTION January 27, 2016:** Certified SPARC House for three years.

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

**TEAM MEMBERS:**

Mark Ivey Lewis, Central Office  
Clarice Booker, Central Office  
Shelia Palmer, Central Office  
Sean Milner, Central Office  
John Adams, Central Office

Deborah Hayes, Central Office  
James Yancey, Roanoke Valley Juvenile Detention Center  
Spring Johnson, Piedmont Juvenile Detention Center  
Cindy Hauschildt', New River Valley Juvenile Detention Center

**POPULATION SERVED:**

The City of Lynchburg has developed services for at-risk youths using a continuum of care/graduated sanctions model from prevention and early intervention to secure detention. SPARC House is a community-based residential facility serving adolescent girls, ages 12 to 18 years, from the 24th Court Services Unit area. SPARC House has both a Pre-Dispositional and Post-Dispositional Program.

SPARC House is located at 150 Linden Avenue on the Human Kind campus. The name of the house (cottage) is "Noble cottage". The facility has two stories plus a basement and an attic. The main floor houses the living room, foyer, offices, kitchen, bathrooms, and medication closet. Eight resident bedrooms and a large bathroom for residents; an additional office for the counselor on duty are located on the second floor of the house. The laundry room, storage cabinets, freezer, an additional refrigerator, water heaters and a file storage area are all located in the basement. The attic is large and mostly empty except for the storage of a few furniture items. There are two porches, both a front porch and a back porch. Ample parking is located in a lighted parking lot at the back of the cottage.

**PROGRAMS AND SERVICES PROVIDED:**

It is the program's philosophy that each girl develops at her own rate. With staff support and guidance, developmental rates can be enhance, accelerated and maximized. SPARC House assist this process to foster self-esteem and personal inner growth, and assist each student in acquiring the knowledge and skills that will prepare them for re-entry into their nuclear families and ultimately, back into their community.

SPARC House program model is called "Victim to Survivor". This is a three phase structured program which is designed to take adolescent girls from victim-based living to survivor-based living. Once a resident recognizes what behaviors got them into SPARC House, they are able to trace the reasons for those behaviors and what need the negative behavior fulfilled. As the resident begins to understand what is driving particular behaviors she is able to substitute new, more appropriate behaviors, and still get their same need met.

SPARC house uses both cognitive restructuring and behavioral management as an instrument for making changes toward the goals of positive self-esteem, responsibility, accountability, and developing problem solving skills.

SPARC House teaches the use of community resources to the residents and their families for health, mental health, housing, transportation, and school in order to get their needs met. The girls will ultimately return to their community so therefore, they are taught to function in their world so they may be successful after leaving SPARC House.

Individual, family and group sessions are offered. Educational groups, accountability groups, and creative activities are conducted weekly. Individualized treatment plans are developed with the client, family, probation officer, and other important service providers. This treatment plan serves as the roadmap for the girls to complete the SPARC House Program. The discharge plan and graduation from the program are coordinated with the girl, her family, Probation Officer and other relevant service providers.

**SERVICES PROVIDED:**

**Direct:**

- Room and Board
- Medication Administration and Management
- Health Screening and Referrals
- Mental Health Screening and Referrals
- Case Management
- Family Meetings
- Transportation
- Recreational Services and Activities
- Social Services
- Accountability Group
- Para-Professional Counseling
- Field Trips

**Educational services to include:**

- School Enrollment
- Monitoring of Attendance and Grades
- Individual, family and group counseling
- Service coordination
- Structure and supervision

**Community:**

- Medical/Dental/Mental Health Care
- Volunteer Services
- Substance Abuse Services
- Probation and Parole Services
- Anger Management
- Psychiatric Services
- Professional Medication Management

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

**FACILITY/PROGRAM:** SPARC House  
**SUBMITTED BY:** Pam Johnson, Casework Supervisor  
**CERTIFICATION AUDIT DATES:** July 27-28, 2015  
**CERTIFICATION ANALYST:** Mark Ivey Lewis

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

**6VAC35-41-90. (B)**

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

**Audit Finding:**

**Two of five serious incident reports (SIR) did not have documentation that the director or designee was notified within 24 hours of the event.**

---

**Program Response**

**Cause:**

Clearly an oversight on staff's part to document the notification of incidents to the director within the 24 hour period.

**Effect on Program:**

Due to the lack of written documentation the program was out of compliance.

**Planned Corrective Action:**

A new in-house SIR form was created that includes notification to all required parties. This form requires a signature and review from the Casework/Supervisor or designee.

**Completion Date:**

8/1/15

**Person Responsible:**

Pam Johnson and all staff members

***Current Status on November 2, 2015: Compliant***

Two of two serious incident reports (SIR) reviewed had documentation that the director/designee had been notified within 24 hours of the event.

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**6VAC35-41-180. (A) CRITICAL**

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

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

**Audit Finding:**

**One of one new employee files reviewed did not have documentation that a reference check had been completed.**

---

**Program Response**

**Cause:**

An oversight of the hiring manager who either missed placed the reference checks or overlooked the process.

**Effect on Program:**

The missing documentation is an important part of the background checks and could have been a possible deterrent in the hiring of this individual as well as bee detrimental to the program.

**Planned Corrective Action:**

This Supervisor along with the Administrative Assistant will work together ensuring that all required documentation for background checks are completed and verified from said authorities before an offer is made to an individual.

**Completion Date:**

8/1/15

**Person Responsible:**

Pam Johnson and Hazel Surratt

***Current Status on November 2, 2015: Compliant***

Two of two new employee files reviewed had documentation that a reference check had been completed.

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**6VAC35-71-565 (B)**

**B. If the assessment determines a resident is a vulnerable population, the facility shall implement any identified additional precautions such as heightened need for supervision, additional safety precautions, or separation from certain other residents. The facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems.**

**Audit Finding:**

**Four of four case files reviewed did not have documentation that an assessment had been completed in determining the resident's vulnerability to the facilities population.**

---

**Program Response**

**Cause:**

The former administration was unaware of the new standard which required a written assessment to determine a vulnerable population.

**Effect on Program:**

The lack of documentation on the assessment to identify the vulnerable population which includes staff taking precautions of additional supervision to ensure safety of all residents and kept the residents separate could cause the resident to be a victim. The staff had been observant to the vulnerable population and provided safety to all parties that would be susceptible to being a potential victim. The staff would assess the residents upon intake for any known situations that would pose a threat or safety to both staff and other residents.

**Planned Corrective Action:**

All staff has been trained to complete the Vulnerable Population Assessment during intake of all residents.

**Completion Date:**

7/1/15

**Person Responsible:**

Pam Johnson

***Current Status on November 2, 2015: Compliant***

Nine of nine case files reviewed had documentation that an assessment had been completed in determining the resident's vulnerability to the facilities population.

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**6VAC35-41-950.A**

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

**Audit Finding:**

**Four of four applicable service plans reviewed did not address assignment of chores.**

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**Program Response**

**Cause:**

There was a misunderstanding of the standard requirements.

**Effect on Program:**

Residents were not assigned chores according to the age, health and ability on their service plans.

**Planned Corrective Action:**

All service plans will address the chore assignments according to age, health and ability.

**Completion Date:**

7/1/15

**Person Responsible:**

Pam Johnson

***Current Status on November 2, 2015: Compliant***

Nine of nine applicable service plans reviewed addressed assignments of chores.

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**6VAC35-41-1210 (A) CRITICAL**

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

**Audit Finding:**

Four of 13 medical files reviewed were either missing a screening assessment for tuberculosis or the screening assessment was not completed within the required time frame as indicated below:

- **Medical File 1 – Resident date of arrival was 12/19/12 but used the TB results dated 8/22/12 which exceeded the 30 day time frame**
  - **Medical File 2 – Resident date of arrival was 7/12/12 but there were no TB results in the resident's medical file**
  - **Medical File 3 – Resident date of arrival was 10/13/13 but did not have TB results until 10/21/13 which exceeded the seven day time frame by one day**
  - **Medical File 4 – Resident date of arrival was 11/19/15 but there were no TB results in the residents medical file**
- 

**Program Response**

**Cause:**

Oversight of staff not getting assessments in the required time frames.

**Effect on Program:**

There was no documentation that the residents were free of a communicable disease.

**Planned Corrective Action:**

Staff is to check the resident's board daily to make sure the TB assessment slot for each

resident is checked off. Staff will take the resident to see the nurse within the seven day time frame. Caseworker or designee will ensure that before a resident is accepted into the program will have an assessment or TB test within 30 days.

**Completion Date:**

8/1/15

**Person Responsible:**

All staff, Pam Johnson

***Current Status on November 2, 2015: Compliant***

Six of six applicable medical files reviewed had screening assessments for tuberculosis which were either no older than 30 days or had been completed within seven days of placement.

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**6VAC35-41-1280 (E) CRITICAL**

**E. A program of medication, including procedures regarding the use of over-the-counter medication pursuant to written or verbal orders signed by personnel authorized by law to give such orders, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.**

**Audit Finding:**

**Two of 11 Medication Administration Records (MAR) reviewed had documentation that two residents had been administered an over-the-counter medication, Loratadine, which was not on the approved over-the-counter medication sheet.**

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**Program Response**

**Cause:**

This medication was put in with the over the counter medication by mistake and staff did not check to see if the medication was on the approved list as prescribed by Dr. Gately.

**Effect on Program:**

This medication could have resulted in adverse effects and the facility was out of compliance.

**Planned Corrective Action:**

All staff has been informed and given a copy of the approved medication list prescribed by Dr. Gately. The staff has been scheduled to attend the medication management refresher class conducted by the DJJ Nurse on 8/20/15. The new hires are scheduled to take the medication management 32- hour class 8/17-8/20/15.

**Completion Date:**

8/20/15

**Person Responsible:**

Pam Johnson & DJJ Staff Nurse

***Current Status on November 2, 2015: Compliant***

Six of six applicable Medication Administration Records (MAR) reviewed had documentation that only approved over-the-counter medication was being administered to the residents.

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

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

**Audit Finding:**

One of 11 Medication Administration Record (MAR) reviewed had documentation that the medication Sulfamethoxazole had been prescribed for ten days but was only administered to the resident for nine days. No report was completed documenting this medication incident had occurred and the action taken by staff.

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**Program Response**

**Cause:**

Oversight of staff

**Effect on Program:**

Program is out of compliance.

**Planned Corrective Action:**

A new MAR will be in use as of 9/1/15. All medication aid staff will adhere to the policy and procedures of giving medication and properly documenting the administering of medications in several places including the MAR and log book as a cross reference. The staff was informed to check each other during their shift and during shift change. The medication supervisor will review all residents medication files bi-weekly. The med aid staff will document any medication incidents on the Medication Incident/ Drug Reactions Form.

**Completion Date:**

9/1/15

**Person Responsible:**

All med trained staff, Cheryl Edwards (medication supervisor)

***Current Status on November 2, 2015: Compliance***

Eight of eight applicable Medication Administration Records (MAR) reviewed had documentations that no medication incidents had occurred between August 15, 2015 and October 31, 2015 and that all medication had been administered as prescribed during that same time frame. The new MAR form has been implemented.

## CERTIFICATION MONITORING REPORT

**PROGRAM AUDITED:**

Henrico Juvenile Detention Home  
4201 East Parham Road  
P.O. Box 27032  
Richmond, VA 23273  
(804) 501-4329  
Michael D. Bingham, Superintendent  
Bin05@co.henrico.va.us

**AUDIT DATES:**

April 20-21, 2015

**CERTIFICATION ANALYST:**

Clarice T. Booker

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**DEPARTMENT CERTIFICATION ACTION – October 26, 2015:** Extended the current certification of Henrico Juvenile Detention to January 26, 2016, pending a status report on corrective action that included noncompliance of critical regulatory requirements. 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.

**DEPARTMENT CERTIFICATION ACTION January 27, 2016:** Certified Henrico Juvenile Detention Home to August 26, 2018. This is based on compliance during monitoring visits on October 20, 2015 and January 4, 2016.

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

Within five days of admission to the facility each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.

**Audit Finding:**

There was no documentation of a tuberculosis screening within the required timeframes in four out of 14 applicable medical records reviewed.

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**Program Response**

**Cause:**

The facility employed the services of a nursing agency which resulted in some inconsistent documentation.

**Effect on Program:**

Non-compliant with Tuberculosis standards.

**Planned Corrective Action:**

The Agency has hired a second full-time RN to improve the overall function of the medical department. The nursing staff was instructed to maintain the time frames concerning assessment for tuberculosis. The Asst. Superintendent of Operation will review tuberculosis assessments weekly to ensure that the assessment is completed in the required time frame.

**Completion Date:**

June 10, 2015

**Person Responsible:**

Jerry Jackson

**Current Status on August 6, 2015: Non-compliant**

There was no documentation of a tuberculosis screening within the required timeframes in two out of four applicable medical records reviewed.

**Current Status on October 20, 2015: Compliant**

In 10 of 10 files reviewed there was documentation that the tuberculosis screening was conducted within the proper time frames.

**Current Status on January 4, 2016: Compliant**

Six files were reviewed and there was documentation that the tuberculosis screening was conducted within the proper time frames in each.

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

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

**Audit Finding:**

Medications were not administered as prescribed in three out of seven applicable medical records reviewed. A resident was given Fluticasone 50 mcg twice a day on 8/26/14 and it was prescribed once daily, and the resident was not given Vitamin D 1000 u on 9/1/14 for whom it was prescribed three times a day. Another resident was not given Abilify 2 mg as prescribed on 8/27/13. A third resident was not given Clanzapine 10 mg on 6/16/13 as prescribed, and there was no documentation of the number of tablets of Sertraline HCL 100 mg given to the resident 6/8/13, 6/9/13 6/15/13 and 6/16/13 who was to take 1 to 2 tablets every morning.

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**Program Response**

**Cause:**

The facility employed the services of a nursing agency which resulted in some inconsistency in medication administered. Supervisors and/lead workers were unable to address after hours medication documentation.

**Effect on Program:**

Non-compliant with medication administered standard.

**Planned Corrective Action:**

All staff responsible for administering medication has received recertification training or enrolled in medication recertification classes. The Agency has hired a second full-time RN to improve the overall function of the medical department. The hiring of a second RN will reduce the need for agency nursing and provide a more consistent service to our residents. The Asst. Superintendent of Operation will review medication administered to ensure that the issue is resolved. Supervisor and/or lead worker will be able to contact RN to clarify medication concerns after hours.

**Completion Date:**

June 20, 2015

**Person Responsible:**

Jerry Jackson

**Current Status on August 6, 2015: Non-compliant**

Medications were not administered as prescribed in one out of two applicable medical records reviewed. A resident was not given Benzotropine 1 mg. as prescribed May 31, 2015 and June 5-7, 2015. The resident was not given Clonidine 0.1 mg. as prescribed on May 31, 2015.

**Current Status on October 20, 2015: Compliant**

Medications were administered as prescribed in four out of four applicable medical records reviewed.

**Current Status on January 4, 2016: Compliant**

Two applicable medical records were reviewed and all medication was administered as prescribed in each.

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

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

**Audit Finding:**

There were no medication incident reports documenting actions taken by staff in incidents where medication was not given as prescribed in three out of three applicable medical records reviewed.

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**Program Response**

**Cause:**

Medication incident report form was not clear, resulting in form not fully completed.

**Effect on Program:**

Non-compliant with medication incident reporting documentation.

**Planned Corrective Action:**

Staff responsible for administering medication was informed of the medication error changes during shift briefing. The new updated form has been implemented to resolve the documentation of medication error concerns. The nursing department will review medication log to ensure that all medications are given as prescribed and/or a medication error form will be completed as required.

**Completion Date:**

June 12, 2015

**Person Responsible:**

Edward Martin

**Current Status on August 6, 2015: Non-compliant**

There was no medication incident report documenting actions taken by staff in incidents where medication was not given as prescribed in one out of one applicable medical records reviewed.

**Current Status on October 20, 2015: Not Determined**

The updated form has been implemented. There have been no medication incidents since the last review in order to assess compliance.

**Current Status on January 4, 2016: Not Determined**

There have been no medication incidents since the last review in order to assess compliance.

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**6VAC35-101-1060 (I) Medication**

Written procedures shall provide for (i) the documentation of medication incidents, (ii) the review of medication incidents and reactions and making any necessary improvements, (iii) the storage of controlled substances, and (iv) the distribution of medication off campus. The procedures must be approved by a health care professional. Documentation of this approval shall be retained.

**Audit Finding:**

There was no documentation that the procedures were approved by a healthcare professional during the audit period.

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**Program Response**

**Cause:**

The documentation that the procedures were approved by a healthcare professional during the audit period were lost in the Administrative and RN personnel change over.

**Effect on Program:**

Non-compliant with 6 VAC 35-101-1060(l) Medication

**Planned Corrective Action:**

The Asst. Superintendent of Operation will maintain an updated signed copy of approved healthcare documentation.

**Completion Date:**

June 1, 2015

**Person Responsible:**

Jerry Jackson

**Current Status on August 6, 2015: Non-compliant**

There was no documentation that the procedures were approved by a healthcare professional during the audit period or since the audit.

**Current Status on October 20, 2015: Compliant**

There is documentation on file that the procedures were approved and on file.

**Current Status on January 4, 2016: Compliant**

There is documentation on file that the procedures were approved.

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