

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



Post Office Box 1110
Richmond, VA 23218-1110
804.588.3903

COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

BOARD MEETING

September 5, 2018

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

A G E N D A

9:30 a.m. Board Meeting

1. **CALL TO ORDER and INTRODUCTIONS**
2. **APPROVAL of June 13, 2018, MINUTES (Pages 3-19)**
3. **PUBLIC COMMENT**
4. **DIRECTOR'S CERTIFICATION ACTIONS (Pages 20-95)**
5. **OTHER BUSINESS**
 - A. **Board of Juvenile Justice Elections: Chair, Vice-Chair, and Secretary – Board Members**
 - B. **Approval of the Board of Juvenile Justice By-Laws – James Towey, Legislative and Regulatory Affairs Manager, Dept. of Juvenile Justice (Pages 96-103)**
 - C. **Department of Juvenile Justice Report of Findings: Shenandoah Valley Juvenile Center and Next Steps – Andrew K. Block, Jr., Director, Dept. of Juvenile Justice (Pages 104-115)**
 - D. **Request Approval to Submit Amendment to Regulation Governing Juvenile Secure Detention Centers as a Separate Fast-Track Regulatory Action – Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice (Pages 116-119)**
6. **DIRECTOR REMARKS AND BOARD COMMENTS**
7. **NEXT MEETING DATE: November 7 - 9:30 a.m. - Main Street Centre (600 East Main Street, 12th Floor Conference Room)**
8. **ADJOURNMENT**

GUIDELINES FOR PUBLIC COMMENT:

1. The Board of Juvenile Justice is pleased to receive public comment at each of its regular meetings. In order to allow the Board sufficient time for its other business, the total time allotted to public comment will be limited to thirty (30) minutes at the beginning of the meeting with additional time allotted at the end of the meeting for individuals who have not had a chance to be heard. Speakers will be limited to 5 minutes each with shorter time frames provided at the Chair's discretion to accommodate large numbers of speakers.
2. Those wishing to speak to the Board are strongly encouraged to contact Wendy Hoffman at 804-588-3903 or wendy.hoffman@djj.virginia.gov three or more business days prior to the meeting. Persons not registered prior to the day of the Board meeting will speak after those who have pre-registered. Normally, speakers will be scheduled in the order that their requests are received. Where issues involving a variety of views are presented before the Board, the Board reserves the right to allocate the time available so as to insure that the Board hears from different points of view on any particular issue. Groups wishing to address a single subject are urged to designate a spokesperson. Speakers are urged to confine their comments to topics relevant to the Board's purview.
3. In order to make the limited time available most effective, speakers are urged to provide multiple written copies of their comments or other material amplifying their views. Please provide at least 15 written copies if you are able.

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



Post Office Box 1110
Richmond, VA 23218-1110
804.588.3903

COMMONWEALTH OF VIRGINIA
Board of Juvenile Justice

DRAFT MEETING MINUTES

June 13, 2018

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

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

Board Members Absent: David Hines and Michael Herring

Department of Juvenile Justice (Department) Staff Present: Ken Bailey, Andrew "Andy" K. Block, Jr., Valerie Boykin, Ken Davis, Lisa Floyd, Joyce Holmon, Joanna Laws, Charisse Mullen (Attorney General's Office), Kristen Peterson, Deron Phipps, Maurice Sessoms, Beth Stinnett, Lara Todd, and James Towey

Guests Present: Levi Bass (Prince William County Juvenile Detention Center), Marilyn Brown (Chesterfield County Juvenile Detention Center), Kerry Chilton (disAbility Law Center of Virginia), Jae K. Davenport (Deputy Secretary of Public Safety and Homeland Security), Jason Houtz (Fairfax County Juvenile Detention Center), Ian Sansoni (Prince William County Juvenile Detention Center), and Courtney Tierney (Prince William County Juvenile Detention Center)

CALL TO ORDER

Chairperson Jennifer Woolard called the meeting to order at 9:39 a.m.

INTRODUCTIONS

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

APPROVAL of April 25, 2018, MINUTES

The minutes of the April 25, 2018, Board meeting were provided for approval. On motion duly made by Dana Schrad and seconded by Robyn McDougle, the Board approved the minutes as presented.

PUBLIC COMMENT PERIOD

There was no public comment.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certification Manager, Department

Included in the Board packet were the individual audit reports and a summary of the Director's certification actions completed on April 30, 2018.

The audit for the 9th Court Service Unit found four deficiencies on interpretation of the reentry manual and documentation. The 9th Court Service Unit demonstrated 100% compliance following the monitoring visit, and the unit was certified for three-years. Mr. Bailey is considering a new way of selecting cases for the random review during the audit. One missed requirement can cause an organization to be non-compliant.

The audits for the 17th Court Service Unit found four deficiencies; the 18th Court Service Unit had six deficiencies; the 20th Court Service Unit had five deficiencies; the 24th Court Service Unit had five deficiencies; and the 31st Court Service Unit had three deficiencies. The aforementioned court service units demonstrated 100% compliance with the regulations during their follow-up status reviews, and all were certified for three years.

Mr. Bailey proudly reported on the successful audit for Bon Air Juvenile Correctional Center. Bon Air had 16 deficiencies in their previous audit. They made significant improvements, and in the current audit, Bon Air had only one minor deficiency. The management at Bon Air worked diligently on the audit process and has been more attentive to documentation and providing services.

The audit for the Piedmont Regional Juvenile Detention Center had 100% compliance.

At the April Board meeting, Mr. Bailey reported on the number of deficiencies found during the audit for the Norfolk Juvenile Detention Center. The Certification Team made follow-up status reviews and found Norfolk Juvenile Detention Center to be in compliance with the regulations and certified the facility for one year.

Director Block congratulated Deputy Director of Residential Services Joyce Holmon and her team on an excellent audit for Bon Air. In the past twelve months, Bon Air participated in three major audits. Those audits included the American Correctional Association (ACA) audit, which the Department requested in order to review the facility's medical services; the Certification audit; and the Prison Rape Elimination Act (PREA) audit. The ACA and Certification audits found no issues and the preliminary feedback from the PREA audit is that the Department did well. Ms. Holmon and Residential Program Manager Maurice Sessoms do a tremendous job in programming, but they also run a safe facility and are compliant on audits.

Board Member Dana Schrad acknowledged the amount of work involved in audits and commented that she is tremendously pleased with how well the audits have gone.

Director Block also recognized Deputy Director for Community Programs Valerie Boykin for the work of the court service units and the many changes the community side has undergone, including learning a completely new document process. The court service units are doing good work to ensure 100% compliance on their audits.

Board Member Robyn McDougle moved to accept the certification results. Scott Kizner seconded with agreement by the Board.

VIRGINIA JUVENILE COMMUNITY CRIME CONTROL ACT (VJCCCA) PLAN APPROVALS

Beth Stinnett, Statewide Program Coordinator, Department

In 1995, the Virginia General Assembly passed the Virginia Juvenile Community Crime Control Act (VJCCCA) to establish a community-based system of children services (§16.1-309.2). The Department administers the VJCCCA funds to 133 localities throughout the state. Currently, the state allocation for VJCCCA funds is more than \$10.3 million after years of substantial reductions to the state budget.

The legislature intended the level of financial commitment shown by communities prior to the VJCCCA would not be replaced or supplanted by the VJCCCA. This prior level of commitment is the "maintenance of effort." Some localities would like to reduce their maintenance of effort.

Between the state allocation and the maintenance of effort, this year's VJCCCA budget is a little more than \$18 million.

This is a planning year for the VJCCCA localities to develop their plans for the biennium. Localities review the policy manual to determine what types of services and programs are allowed; review their plan with their juvenile court judges and court service unit directors, if needed; and get assistance with data and research from Community Programs staff to help determine the best programs for their area.

Page 97 of the Board packet contains a summary of the program types. A total of 334 programs serve more than 14,000 young people.

There are a number of recognized trends for the VJCCCA plans:

- More jurisdictions are using funds for detention alternatives.
- Outreach detention/electronic monitoring programs continue to be the largest representative programs and services to help keep young people out of secure detention. The second largest are school-based programs, such as life skills. These programs meet a need in early intervention and educational programming to prevent young people from going back into the juvenile justice system.

- Residential programming is declining, which is consistent with the Department's objectives to move away from overreliance on secure confinement. At one time, twelve localities used part of their VJCCCA funding for group homes; this year, only four localities will use their funds for this type of programming.
- The Department continues to see shelter care facilities with short-term options and fewer long-term group homes represented in the plans.
- Clinical programming for youth on probation and parole has decreased. Youth are funded through the regional service coordination model, which frees up funding so localities can reallocate funds to other programs such as detention alternatives.

The Board has three different options on the VJCCCA plan actions: (1) do not recommend adoption of a locality's plan, (2) recommend approval of the plan for the full two-year biennium, and (3) recommend approval of the plan for one year only. The Department does not support the first option.

Regarding the third option, if a locality had new programming in the plan, the Department recommended the plan for one-year rather than two-years. This would benefit the locality by having the Department provide technical assistance and monitoring during the initial start-up (first year). For instance, if local programs have a successful completion rate below 75%, the Department would work with them to increase their rate. In addition, some local programs might have high recidivism rates. In those cases, the Department would research data and help localities reduce that rate or try different programming.

Board Member Scott Kizner asked who at the local level is overseeing these plans.

Ms. Stinnett responded that it varies; localities do not need to designate an "agency" but do need to designate an individual as the administrator of their plan. For some, it would be their local court service unit, or, depending on size, the locality can hire staff/coordinators. The Department of Human Services or the Department of Social Services also may serve as the administrator of the plan.

Board Member Schrad asked why some localities have a maintenance of effort and others do not and noted that this is surprising based on the economy of some of the localities.

Ms. Stinnett responded that the maintenance of effort began in 1995 when the VJCCCA was passed. The purpose of the maintenance of effort was to demonstrate that the locality was not supplanting the original funding. In addition, localities can elect to contribute local funds not considered maintenance of effort.

Board Member Schrad referenced the handout on page 98 of the Board packet and asked whether the first column of the maintenance of effort represents "real" dollars in terms of the locality's current contribution.

Ms. Stinnett responded that the first column includes "real" dollars that locals are required to contribute first, plus any additional contribution the locality wants to make.

Board Member Schrad asked if it is a requirement or an actual accounting procedure.

Ms. Stinnett responded that it is a requirement. Any locality that has not submitted all of its maintenance of effort is not allowed to spend its state allocation. Localities must spend their maintenance of effort first. For example, if a locality has a budget of \$100,000 with a maintenance of effort of \$50,000, the locality must first spend the \$50,000 maintenance of effort before spending the state allocation. If the locality does not reach \$100,000 by the end of the fiscal year, the locality is required to return unused funds.

On Motion duly made by Jennifer Woolard and seconded by Scott Kizner, the Board of Juvenile Justice unanimously approved the VJCCCA plans for Frederick (combined plan with Frederick, Clarke, and Winchester), Manassas, Martinsville (combined plan with Martinsville, Henry, and Patrick), Hampton, Newport News, Norfolk, City of Roanoke, Rockingham County (combined plan with Rockingham and Harrisonburg), York (combined plan with York, James City, Gloucester, Williamsburg, Mathews, and Poquoson), and Warren for the fiscal year 2019.

On Motion duly made by Jennifer Woolard and seconded by Dana Schrad, the Board of Juvenile Justice unanimously approved the VJCCCA plans for Accomack/Northampton, Alexandria, Amelia, Amherst, Arlington/Falls Church, Bath, Bedford County, Campbell, Caroline, Charlotte/Appomattox/Buckingham/Cumberland/Lunenburg/Prince Edward, Charlottesville/Albemarle, Chesterfield, Colonial Heights, Craig, Culpeper, Danville, Dinwiddie, Emporia/Brunswick/Greensville/Sussex, Fairfax County/Fairfax City, Fauquier, Fluvanna, Franklin County, Fredericksburg, Giles, Goochland, Grayson/Carroll/Galax, Greene, Halifax, Hanover, Henrico, Highland, Hopewell, King George, King William/Charles City/King & Queen/Middlesex/New Kent, Lexington/Buena Vista/Rockbridge/Alleghany/Covington/Botetourt, Loudoun, Louisa, Lynchburg, Madison, Manassas Park, Mecklenburg, Montgomery/Floyd, Nelson, Nottoway, Orange, Page, Petersburg, Pittsylvania, Powhatan, Prince George, Prince William, Pulaski, Radford, Rappahannock, Richmond, Roanoke County/Salem City, Shenandoah, Spotsylvania, Stafford, Surry, Washington/Bristol/Smyth/Russell/Buchanan/Dickenson/Lee/Norton/Scott/Tazewell/Wise, Waynesboro/Augusta/Staunton, Westmoreland/Essex/Lancaster, Northumberland/Richmond County, Wythe/Bland, Isle of Wight/Southampton/Chesapeake/Franklin City/Portsmouth/Suffolk/Virginia Beach for the 2019 and 2020 fiscal years.

On Motion duly made by Jennifer Woolard and seconded by Robyn McDougle, the Board of Juvenile Justice unanimously approved the separation of previously consolidated VJCCCA plans for Manassas and Manassas Park beginning in the 2019 fiscal year.

On Motion duly made by Jennifer Woolard and seconded by Tito Vilchez, the Board of Juvenile Justice unanimously approved the reduction of the maintenance of effort for Fairfax County to match the state allocation beginning in the 2019 fiscal year.

REQUEST AUTHORIZATION TO INCORPORATE ADDITIONAL AMENDMENTS TO PROPOSED REGULATION GOVERNING JUVENILE SECURE DETENTION CENTERS

Kristen Peterson, Regulatory and Policy Coordinator, Department

The Department presented the proposed amendments to the Regulations Governing Juvenile Secure Detention Centers at the April 25 Board meeting. The Board declined to vote on those amendments in order to give the Department an opportunity to review the Board's recommendations from the April meeting. The detention centers workgroup drafted additional language based on the Board's recommendations.

Section 310, Personnel records

The existing regulation requires certain documents be maintained in the employee's personnel record. The workgroup originally reasoned that some of this documentation was not necessary in the personnel file and proposed language at the April meeting to remove the requirement to maintain certain documents. After the April Board meeting, concerns were raised specifically regarding the inclusion of information in the personnel file on background checks and required training. The concern was that this information is necessary to demonstrate compliance with the regulatory requirements. The workgroup is recommending removing the requirement to maintain annual performance evaluations in the employee's personnel record and requiring all other existing documentation be included in the employee's personnel record.

Section 560, Searches of residents; Section 10, Definitions

Detention centers are authorized to perform different types of searches on residents to detect contraband and for other purposes. The existing regulation references strip searches. The workgroup originally recommended replacing all references to "strip searches" with "full searches" and adding a definition for full searches that preserves the commonly understood concept of a strip search. The workgroup originally proposed the following definition for full searches: "the removal of the resident's clothing and a visual inspection of all the resident's body parts for purposes of detecting contraband or inspecting for physical injuries." At the April Board meeting, the Board raised the concern that the regulation, as amended, addressed full searches and the more invasive manual or instrumental vaginal or anal cavity searches; however, the Department neglected to address visual inspections of the anal and vaginal cavity areas. Based on the Board's concerns, the workgroup is recommending additional language in the definition of full search indicating that full searches include visual inspections of anal and vaginal cavity areas.

The workgroup originally had concerns regarding the facility administrator's broad authority to approve the manual or instrumental vaginal and anal body cavity searches. The workgroup amended the language to require these types of searches only be permissible in situations ordered by the court or exigent circumstances required by medical emergencies. The workgroup also initially recommended removing the existing parameters that these searches be conducted and witnessed by a person of the same sex as the resident being searched and be fully documented in the resident's medical file. A Board member at the last meeting recommended reviving these parameters because otherwise it undermines the workgroup's overall objective of giving the facility administrator more

regulation in this area and less discretion. Based on this concern, the workgroup now recommends reviving these parameters in the regulation.

Chairperson Woolard asked Ms. Peterson to translate the editing marks on page 106 of the Board packet.

The underlined language represents the proposed text presented at the April Board meeting. The highlighted text is language added or changed subsequent to the April Board meeting. For example, on page 106, in subsection D, originally, numbers 2, 3, and 4 were stricken, and now the workgroup recommends bringing that language back, as highlighted. In Section 10, language was added and is highlighted in yellow indicating that the term “full search” includes visual searches of vaginal and anal cavity areas.

Section 630, Transportation of residents

At the April 25 meeting, the Department recommended amendments to this section to include provisions from the Guidelines for Transporting Juveniles in Detention. The recommendation included new language related to failed legislation introduced in the 2018 General Assembly mandating that the Board prescribe additional regulations to address the safe and secure transportation of juveniles and to impose requirements for a suicide watch instrument. The workgroup originally recommended additional language requiring that if a third party assumes temporary custody of a resident for purposes of transporting the resident from a detention center, the detention center would need to provide that third party with information on the resident’s immediate medical needs as well as their current mental health condition. A concern raised at the April Board meeting was that this mental health and medical information is sensitive and should be protected. The workgroup recommended adding language to the regulation indicating that this information is protected in accordance with the Department’s current confidentiality statute.

Section 800, Admission and orientation

The detention centers originally proposed a requirement for the facility administrator or staff to conduct a physical initial assessment of the resident during the admission process to determine if the resident is physically impaired by alcohol or drugs or otherwise in need of immediate medical attention. Under the proposed regulation, detention centers would be authorized to prohibit the admission of residents demonstrating these symptoms. The objective behind the proposal was to give detention centers leeway and law enforcement guidance when transporting juveniles to detention center intake. A concern raised after the April Board meeting was what to do with youth if they are turned away at the detention center due to drug or alcohol impairment or the need for medical attention. The workgroup recommended further amending the provisions for residents who appear impaired. It is not enough for youth to appear physically intoxicated; there must be a medical issue or emergency associated with that intoxication in order for the resident to be turned away from the detention center, such as a resident overdosing on alcohol and requiring a stomach pump.

Chairperson Woolard asked for clarification regarding the written medical clearance. Specifically, she asked what a youth would be cleared to do, and what the clearance would need to say in order for the youth to be admitted into the detention center.

Ms. Peterson said the idea is for the medical clearance to indicate that the youth is okay and is able to be admitted to the facility.

Ms. Brown clarified that the provision would apply to youth who obviously need medical attention and need to be seen by an emergency physician. For example, a toxicology check that might involve pumping the youth's stomach or a youth attacked by police dogs and has open wounds.

Section 860, Structured programming

Under the existing regulation, detention centers must provide all residents with structured daily routines that meet objectives of the resident's individual service plan. Detention centers have pre-dispositional and post-dispositional programs. Language was added to the regulation clarifying that the individual service plans only apply for youth in the post-dispositional programs.

Section 1070, Behavior management; Section 10 (Definition)

Detention centers are authorized to employ different types of programs and sanctions to address anger management. One of the available sanctions is a cooling-off period, which is a temporary period of no more than 60 minutes in which a resident is placed in a room or an area in order to de-escalate. Cooling-off periods are distinguishable from room restriction because there is no requirement to complete a disciplinary report. The Board raised concerns at the April meeting because there is no current regulatory requirement to document cooling-off periods. To address these concerns, the workgroup is recommending additional language requiring detention centers to document instances in which residents are placed in a cooling-off period.

At the April Board meeting, the panel explained that cooling-off periods can be compulsory or self-imposed. Residents may decide to place themselves in a cooling-off period if they feel the need to calm themselves. The workgroup is proposing additional language requiring the employee completing the written documentation to address whether the cooling-off period was self-elected or mandated by staff. The workgroup also recommends additional language that requires the detention centers to ensure that information on the application of the cooling-off period is readily accessible to staff so that staff would not need to look through different documents or the daily log to find this information.

Board Member Schrad noted that the memo in the Board packet recommends replacing "sanctions" with "consequences," throughout this section, and asked whether the staff suggested this recommendation?

Ms. Peterson responded that the workgroup decided that if a resident places themselves in a cooling-off period, it should not be considered a sanction.

Section 1100, Room restriction

There was an extensive conversation at the April Board meeting about the room restriction provision. The workgroup established separate definitions for room restriction and disciplinary room restriction. The existing regulation requires the facility administrator be notified in the event a resident serves room restriction for longer than 24 hours. The workgroup recommended requiring the facility administrator to approve any extension of room restriction beyond 24 hours. The language in the proposed amendment erroneously carved out an exception for disciplinary room restriction, indicating that the facility administrator would not have to approve an extension of room restriction beyond 24 hours for residents placed in disciplinary room restriction. The workgroup never intended a different approval process for disciplinary room restriction. The workgroup recommended striking this language.

Ms. Peterson concluded the discussion of the proposed changes in addition to the initial amendments presented at the April 25, 2018, Board meeting before respectfully requesting the Board approve these proposed amendments and incorporate them with the other amendments discussed at the April 25 Board meeting so that the entire regulatory package can move forward to the Proposed Stage of the Regulatory Process.

In response to a question about Section 900, which was included in the Board's June 13 memo, Ms. Peterson clarified that this language was presented at the April Board meeting as an insert because the changes were made after publication of the April Board packet but before the April meeting. The insert proposed substitute language for 6VAC35-101-900, Staffing patterns. Ms. Peterson reiterated the explanation that was provided at the April meeting regarding Section 900.

Section 900, Staffing pattern.

The existing regulation requires at least one direct care staff member on duty and responsible for supervising every 10 residents during resident waking hours and 16 residents during resident sleeping hours. The PREA standard requires one direct care staff member on duty and responsible for supervising every eight residents (1:8) during resident waking hours, rather than ten (1:10). The workgroup recommended amending the regulation to comply with PREA standards. Initially, the workgroup discussed requiring detention centers to satisfy these staffing patterns in every area in the facility, unit by unit; however, the PREA standards do not contain this explicit mandate. The workgroup recommended not having language in the state certification regulations that is more restrictive than PREA's standards.

Board Member Schrad asked if the detention centers received any negative or positive feedback on these changes.

Ms. Peterson responded that she presented to the Virginia Juvenile Detention Association (VJDA) meeting last Wednesday on the proposed amendments. No comments were provided; however, the audience asked questions and noted necessary considerations as the detention centers implement the provisions.

Jason Houtz, Fairfax County Juvenile Detention Center Administrator, encouraged the VJDA members to review the proposed amendments and ask questions. Aside from needing clarification, there have been no negative responses.

Board Member Schrad wanted the Board to be cognizant of the detention centers' need to amend or change their budget to meet staffing standards. Ms. Peterson noted that the detention centers are already required to meet these staffing requirements in order to comply with the PREA standards.

Chairperson Woolard thanked Ms. Peterson, Ms. Brown, and Mr. Houtz along with the workgroup for their efforts and their engagement and openness during this time of review. Their responsiveness and making the regulations understandable was appreciated.

On Motion duly made by Scott Kizner and seconded by Robyn McDougle, the Board unanimously approved the proposed amendments to 6VAC35-101, Regulation Governing Juvenile Secure Detention Centers, as presented at the April 25, 2018, Board meeting and amended at the June 13, 2018, Board meeting and granted the Department of Juvenile Justice permission to proceed with the filing of the regulatory package to the Proposed Stage in the standard regulatory process.

PRINCE WILLIAM COUNTY JUVENILE DETENTION CENTER NEEDS ASSESSMENT

Angela Valentine, Chief Deputy Director, Department

The Prince William County Juvenile Detention Center submitted a needs assessment for either the replacement or renovation of their local detention facility. This is required by statute, regulation, and Department guidelines. A locality deciding to construct or renovate a juvenile facility, whether a detention facility or a group home, must follow a certain process if they want state reimbursement for any construction or renovation. The statute allows for 50% reimbursement; however, currently, there is a moratorium on funding reimbursement for any kind of construction by a locality. The statute and regulation require the locality to proceed through the process so that if funding becomes available in the future, the locality can demonstrate that it has followed the process and received the necessary approvals. This is a two-stage process; in the initial stage, the locality completes a needs assessment that must address various areas of juvenile crime, population, and data. Prince William and the Department have worked closely in order to access the data to determine whether the new construction or renovation is needed.

The Department supports the Prince William County Juvenile Detention Center Needs Assessment.

If the Board approves the needs assessment, Prince William County can move to the Planning Phase, which is very involved and detailed. The Prince William County officials will work closely with the Department's Capital Outlay unit to ensure they follow construction guidelines. Prince William County will also work with the Certification Unit regarding the certification process and the Department's Data Unit. The final product will be presented to the Board for approval.

It is important to ensure that everything is done correctly and the facility meets the needs of Prince William County and its youth. Although there is a moratorium on funding, there is an exception. Prince William County legislators can ask the General Assembly for an exception to the moratorium. The Department and the Board are unable to ask; only the Prince William County legislators can ask the General Assembly to appropriate funds for the reimbursement.

Board Member Schrad asked if this requires a separate budget amendment or are pooled funds available.

Ms. Valentine responded that it must be a completely separate budget amendment.

Board Member Schrad asked if it was a language amendment or an appropriation of funds.

Ms. Valentine responded that this is an appropriation of funds from the General Assembly for construction only. There is no other funding source for local reimbursement.

Representatives from the Prince William administrative staff, including Levi Bass, Division Chief of Residential Services; Courtney Tierney, Director of Social Services; and Ian Sansoni, Deputy Director of Social Services were present. They offered to provide the Board with the full report on a flash drive for review.

Courtney Tierney, Director of Social Services, Prince William County

Prince William County has a division in its Department of Social Services for juvenile services, which handles the juvenile detention center, pre-trial supervision, and shelter for youth. This process was new to Prince William County and Ms. Tierney thanked Angela Valentine for all her help.

The Prince William County budget for FY2019 will include a capital improvement plan. The Prince William County Board of Supervisors made a commitment to fund a new juvenile detention center, whether a new building in another location or renovation. The juvenile detention facility in Prince William County was built in 1978 and provides challenges to the implementation of transformation occurring across the Commonwealth. The desired outcome is to use a trauma-informed design approach and good management practices to provide appropriate bed capacity to meet the current and future population trend.

Prince William County considered the possibility of expanding their Community Placement Program (CPP) agreement to accept female youth. The Prince William County Executive's annual awards recognized the Prince William County Juvenile Detention Center's CPP.

Ms. Tierney noted they are proud and excited about the partnership with the Department.

Ian Sansoni, Deputy Director of Social Services, Prince William County

The 95-page study is available and addresses background information, current facility issues, and recommendations. The Prince William County facility was built in the 1970s, primarily around a model of bars, walls, and security. Since that time, the evolution of trauma-informed care has changed the way juvenile correctional facilities are designed. The issue Prince William County is dealing with is not so much bed capacity, but functional obsolescence. The design has evolved, and the County has started to become wiser on serving youth through evidence based/evidence-informed programming.

The areas of deficiency that the needs assessment highlights are in three major areas: health and safety, programming, and security. There is a laundry list of needs that fall under those three programming areas. The County will work closely with the Department on how to build an appropriate sized facility and bring the facility up to common standards.

Board Member Schrad asked about their timeline.

Mr. Sansoni responded that Prince William County's local planning process for budget amendments is a five-year plan. Therefore, ground breaking would take place in FY2023 or calendar year 2022, assuming the required approvals were obtained. It all comes down to funding.

Board Member Schrad asked if this might be premature since the County is only in the needs assessment phase. She asked whether the County perceives this as a rehab or replacement?

Mr. Sansoni said that the County is currently exploring two options, both with challenges. Renovating the existing site means the facility would continue operating during the process, which is difficult. The County has a vision to rebuild and be co-located with the shelter. This new facility would resemble a campus, and the detention center and shelter would be able to share services. It comes down to location and land.

On Motion duly made by Tyren Frazier and seconded by Dana Schrad pursuant to 6VAC35-30, the Regulation Governing State Reimbursement of Local Juvenile Residential Facility Costs and in adherence with the Department of Juvenile Justice Step-by-Step Procedures for Approval and Reimbursement for Local Facility Construction, Enlargement, and Renovation, the Board unanimously approved the Prince William County Needs Assessment to replace their secure detention center and authorized Prince William County to proceed to a Planning Study.

LEGISLATIVE UPDATE

James Towey, Legislative & Regulatory Affairs Manager, Department

Legislative Proposal Process

The Department begins the process of soliciting legislative proposals during the summer from employees and outside organizations, including the Board. The Department believes it is important to receive feedback from staff, especially those in the field who see obstacles or needs working in different parts of the state. Legislative ideas were solicited with a June 15 deadline.

The Department will develop a concept, research it, and decide if the legislative proposal is more appropriate than a regulatory, procedural, or other administrative fix. The fact that the Department wants to address an issue, does not necessarily mean that the answer must be provided through statute. The Department must consider if a bill will pass the General Assembly with the varied personalities involved in the passage and whether it is worth sending the bill to the General Assembly if it will be quickly defeated.

Legislative recommendations made by the Department are communicated to the Secretary of Public Safety and Homeland Security for inclusion in the Governor's package. In 2017, the Department submitted six proposals to the Secretary, and three were approved for the Governor's platform and eventually were passed into law.

The Department also tracks bills directly or indirectly related to the juvenile justice system or the operation of the Department. In 2017, the Department tracked over 200 house bills and over 100 senate bills.

Truancy

The Department tried to address truancy two years ago in the General Assembly, but the proposal failed in the House Courts of Justice Committee. The Department had another opportunity this year to focus on truancy, and a measure passed into law.

Truancy diversions were limited to one diversion over the course of public education, from kindergarten to 12th grade. The General Assembly recognized that one diversion was not enough due to the different phases of education and the different circumstances and factors in each of those phases. For example, if a youth is truant in 3rd grade, which is likely due to parenting issues, not the youth, under the current law, the youth is precluded from another diversion in middle or high school. The Department convinced the House Courts of Justice Committee to allow for three diversions, three years apart over the course of the youth's public education. In 2017, there were 920 truancy complaints that could not be diverted because of a prior diversion.

The bill on truancy and another school-based absentee bill that passed, will help reduce the number of youth in court based on issues related to absenteeism.

Youth leaving DJJ commitment sometimes face family situations that make it difficult or harmful for them to return home. In those situations, independent living arrangements are helpful for the youth. Independent living arrangements are privately operated, and most are licensed by the Department of Social Services (DSS). DSS uses independent living arrangements to foster youth turning 18. Often, these youth are in group homes or apartment-type settings learning to live on their own. They learn activities such as how to find employment, understanding financial literacy, and how to cook, that will help the youth with a successful transition back to the community. The legislation ensures the Department's ability to place youth in independent living arrangements

licensed by DSS. In 2017, the Department had 28 youth in independent living arrangements with a length of placement from 13 to 210 days.

Internal Investigations

Current statute allows the Department to employ internal investigators. The Department director is able to designate certain employees to have powers of a sheriff and investigate criminal activity within the agency. These designated employees investigate not only residents but also visitors to the facility, staff, and PREA and state hotline complaints. The Department's internal investigations unit conducted 385 investigations in 2017.

This created a problem when the Office of the Attorney General reviewed a matter involving another agency with similar positions as internal investigators. The Office of the Attorney General opined that the few agencies that employ internal investigators were not included in the definition of law enforcement in § 9.1-101; therefore, the internal investigators could not be certified as law enforcement officers by the Department of Criminal Justice Services (DCJS). The legislation was amended to include the Department's internal investigators in the definition.

Board Member Schrad said the Chiefs of Police did support this legislation. Section 9.1-101 triggers requirements for those named in this section who are subject to certification, decertification, training, and drug testing. Board Member Schrad asked if the Department is prepared for its internal investigators to perform additional training, or have they moved in that direction already.

Mr. Towey noted that the Department has 11 designated internal investigators who are certified by DCJS and follow the requirements.

Board Member Schrad noted the Chiefs of Police are pursuing changes to the decertification statute for law enforcement officers. This is not to say the Department investigators are at risk, but Board Member Schrad wanted the Department to be aware and will keep in touch through the process. Mostly the Chiefs of Police are looking at issues around veracity and the law enforcement officer's ability to testify in court.

Truancy – School Intervention Procedures

Currently, a school must go through a process outlined in § 22.1-258 regarding absenteeism issues. If a student has a certain number of absences, the school attendance office is required to file a complaint for Children In Need of Services (CHINS) against the student or a criminal proceeding against the parent. This allows the school no discretion.

The amended legislation has given schools more discretion in deciding on conferences. Conference teams can continue to meet on the student's absenteeism issues and continue to monitor the student's progress before the attendance officer decides on the complaint. Theoretically, this bill will likely result in fewer students facing absenteeism issues and being directed to the court system.

Student Discipline in Public Schools

There is a provision in the current law that permits suspension for sufficient cause or if adjudicated delinquent of certain offenses. The legislation prohibits schools from suspending for more than three days or expelling students in pre-school to 3rd grade. Exceptions do exist, including students engaged in a firearm offense, offenses involving a destructive device, and bringing drugs into school.

Long-Term Suspensions

Current law defines long-term suspensions as being between 10 and 365 days; a measure passed this year will limit suspension periods to 11 to 45 days. There are still exceptions for serious offenses (firearm, drugs, destructive devices). The legislators included aggravated circumstances and the consideration of the student's disciplinary history in the definition.

Director Block explained that this legislation is helpful because many youth get into trouble during these suspension or expulsion periods. If they are not in school, they are often in less safe places and places where they could get into trouble. There are hundreds of youth every year suspended or disciplined between pre-school and third grade. This legislation will have a positive impact on many youth.

Grand Larceny Threshold

In 1980, the General Assembly increased the grand larceny threshold from \$100 to \$200. This threshold has remained for 38 years, despite inflation. Inflation has turned crimes intended to be misdemeanors into felonies. Two hundred dollars in 1980 is the same as \$644 today. The legislators are not saying, for example, that the theft of an X box is a felony; the determination is by non-legislative forces and the economy that is increasing misdemeanors to felonies. If you stole an item in 1982, such as an Atari worth \$120, that would have been a misdemeanor, but if you stole a comparable game system today, it would be a felony.

Legislation passed this year raises the grand larceny threshold to \$500. Virginia's new threshold still ranks among the lowest in the nation. Seventeen states have grand larceny thresholds of \$1,000, two states are between \$500 and \$1,000, and some states are up to \$2,500.

Studies

The Department is reviewing legislative studies requested by the General Assembly. One of those studies involves a bill put forward by Delegate Hayes to protect residents in DJJ-regulated facilities or programs by ensuring a resident's suicidal ideation or mental health needs are conveyed to the transport unit when the juvenile is being transported to court or to a juvenile detention center. The Board is familiar with this situation, as they have voted and approved a provision in the Regulation Governing Juvenile Secure Detention Centers incorporating this requirement.

In addition, the Virginia State Crime Commission began studying two bills, one addressing juvenile prostitution and another addressing expungement for prostitution and prostitution related offenses. When the Crime Commission decided to study this issue, it expanded it to sexual exploitation/sex

trafficking. The Department is assisting the Crime Commission with research and data, from now to October.

Mr. Towey said the Department's Policy and Planning unit tracked and reported on more than 100 juvenile-related bills that passed the General Assembly this session and asked the Board to let Department staff know if they would like a copy of the report.

Board Member Schrad noted that she is part of the advisory group on a Commission on Youth study regarding what constitutes a finding of child abuse or neglect. One of the study pieces involves complaints of abuse and neglect in public school noted in § 63.2-1511. The study is looking at the whole concept of what constitutes a finding of child abuse and neglect and how it impacts a number of things, such as truancy, etc.

DIRECTOR'S COMMENTS

Andrew K. Block, Jr. Director, Department

The General Assembly finally passed a budget, and it contains items impacting the Department. The final resolution of the budget includes funding to build a 60-bed facility in Isle of Wight County. The details surrounding a second facility are less clear at this point.

The Department of General Services (DGS), which administers the real estate work in the state, identified a list of recommended sites to build a facility in central Virginia; however, there are strings attached. DGS did say that the Department cannot build on the Bon Air campus and Bon Air cannot be one of the recommended sites for the second facility. The Department had not sought either of those options. The legislators believe that the Bon Air property will generate revenue for the Commonwealth. The budget language mandates that any proceeds from the sale of Bon Air be applied to costs of construction for a second facility.

The budget language does not require the Department to build the second facility at the Beaumont campus. Instead, the language says that DGS, in cooperation with the Department, the Department of Corrections, and the Department of Conservation and Recreation, must report to the General Assembly as to the best use of the Beaumont property. A state park is located next to Beaumont Juvenile Correctional Center. The state park was land formerly part of Beaumont.

The location of a second facility remains an open question.

Even though the Department is not allowed to build at Bon Air, Director Block speculated that the JCC will remain in operation at Bon Air for the next four to five years at a minimum. There will be challenges to continue operating at Bon Air, but the team and program are in good shape.

The other piece of good news is that language proposed in the final budget that tied the Department's ability to continue reinvesting funds from the closure of Beaumont to the construction of one new,

big facility at Beaumont has been removed. There is no impact on the current budget or strings attached to continuing the Department's reinvestment strategy.

The Director invited the Board to attend the graduation ceremony at Bon Air on Monday, June 18, at 10 a.m. The Department is excited to announce that more than 60 young people have earned standard diplomas, GEDs, or Penn Foster certificates. Delegate Lamont Bagby will serve as the guest speaker, and three residents will tell their stories.

There is a new athletic program at Bon Air specifically for playing soccer.

BOARD COMMENTS

Chairperson Woolard mentioned the Court Service Unit Summit in Charlottesville, how much she learned, and how impressed she was with the event.

Board Member Vilchez thanked Ms. Holmon and her staff at Bon Air for putting together a soccer team. On June 2, Board Member Vilchez brought Arlington youth to Bon Air for a friendly soccer game. Youth involved in the soccer match were vulnerable, at high risk for joining gangs, and came from gang-infested countries like El Salvador and Guatemala. Mr. Sessoms put together an amazing Bon Air soccer team with uniforms, soccer shoes, and a mascot. They came on the field like state champions, running through a banner. The Arlington youth were intimidated, but the two captains ensured that everything remained congenial and fun. Both sides enjoyed the game and especially the food and beverages; the menu was inspired by the Central American region. It was an amazing event. Bon Air was hospitable, and the youth all felt safe. Hopefully, the pictures of the event can be shared with the Board.

NEXT MEETING

The next Board meeting is scheduled for September 5 at Main Street Centre, 600 East Main Street, Richmond.

ADJOURNMENT

Chairperson Woolard adjourned the meeting at 11:40 a.m.

SUMMARY: DEPARTMENT CERTIFICATION ACTIONS
June 13, 2018

DEPARTMENT CERTIFICATION ACTION: Certified the 2-A District Court Service Unit until July 15, 2021, with a letter of congratulations for 100% compliance.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 5th District Court Service Unit until June 12, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 11th District Court Service Unit until September 12, 2020.

Pursuant to 6VAC35-20-100C.3, if the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years.

DEPARTMENT CERTIFICATION ACTION: Certified the 19th District Court Service Unit until March 17, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 25th District Court Service Unit until March 17, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified Chaplin Youth Center until June 9, 2021.

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

SUMMARY

DEPARTMENT CERTIFICATION ACTION: Certified Foundations Group Home until March 14, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified Loudoun County Juvenile Detention Center and Post-Dispositional Program until May 13, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified Lynnhaven Boys Home until February 10, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified Virginia Beach Crisis Intervention Home until May 12, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified Virginia Beach Juvenile Detention Center and Post-dispositional Detention Program until April 19, 2021.

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

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

PROGRAM AUDITED:

2-A District Court Service Unit (Accomac)
23371 Front Street
Accomac, Virginia 23301
(757) 787-5860
Erica Lawson, CSU Director
erica.lawson@djj.virginia.gov

AUDIT DATES:

February 5-7, 2018

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

July 16, 2015 – July 15, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – March 4, 2015:

100% Compliance Rating

CURRENT AUDIT FINDINGS – February 7, 2018:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION – June 13, 2018: Certified the 2-A District Court Service Unit until July 15, 2021, with a letter of congratulations for 100% compliance. *Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.*

TEAM MEMBERS:

Clarice T. Booker, Team Leader
Kara Comer, 10th Court Service Unit (Appomattox)
Deborah Hayes, Central Office
Mark Lewis, Central Office
Shelia Palmer, Central Office

POPULATION SERVED:

The 2-A District Court Service Unit serves the counties of Accomack and Northampton.

PROGRAMS AND SERVICES PROVIDED:

The 2-A District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Direct care and parole supervision

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

- Electronic monitoring/Outreach Detention

2-A District Court Service Unit (Accomac)

- Substance abuse assessments
- Intensive supervision
- Community service work
- Mental health services through Eastern Shore Community Services Board
- Individual and family counseling
- Intensive in-home services
- Mentoring
- Sex offender treatment
- Volunteer Program

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

PROGRAM AUDITED:

5th District Court Service Unit (Suffolk)
150 North Main Street
Suffolk, VA 23434
(757) 514-4311
Kimberly R. Jennings, Director
Kimberly.Jennings@djj.virginia.gov

AUDIT DATES:

January 23-24, 2018

CERTIFICATION ANALYST:

Shelia L. Palmer, Team Leader

CURRENT TERM OF CERTIFICATION:

June 13, 2015 – June 12, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – February 10, 2015:

91.3% Compliance Rating
6VAC35-150-336 (A). Social histories.
6VAC35-150-350 (A). Supervision plans for juveniles.
6VAC35-150-350 (B). Supervision plans for juveniles.
6VAC35-150-410 (A). Commitment information.

CURRENT AUDIT FINDINGS- January 23-24, 2018

88.63% Compliance Rating
*Two repeated deficiencies from previous audit
6VAC35-150-90 (A). Training.
6VAC35-150-110 (D). Volunteers and interns.
*6VAC35-150-336 (A). Social histories.
*6VAC35-150-350 (B). Supervision plans for juveniles.
6VAC35-150-420. Contacts during juvenile's commitment.

DEPARTMENT CERTIFICATION ACTION – June 13, 2018: Certified the 5th District Court Service Unit until June 12, 2021.

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

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice Booker, Certification Unit
Mark Lewis, Certification Unit
Deborah Hayes, Certification Unit
Gina Burton, 1st District Court Service Unit (Chesapeake)
Priscilla Boggs, 3rd District Court Service Unit (Portsmouth)
Timothy Beard, 6th District Court Service Unit (Hopewell)

POPULATION SERVED:

The 5th District Court Service Unit serve the cities of Suffolk and Franklin and the counties of Isle of Wright and Southampton.

PROGRAMS AND SERVICES PROVIDED:

The 5th District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Direct Care and parole supervision
- Pre- and Post-dispositional comprehensive social history reports

Primary Community Referrals:

The 5th District CSU brokers services through AMIkids using DJJ funding or by using VJCCCA, CSA or Medicaid funding. Mental Health Funding is also used to partially support an in-house Quality Mental Health Professional from Western Tidewater Community Service Board (WTCSB).

The CSU has full and part-time staff from the Tidewater Youth Services Commission (TYSC) that coordinate the Juvenile Conference Committee (JCC) for diversion cases from intake. The JCC afford youth the opportunity to avoid the court process by coming before a committee of volunteers and the JCC Coordinator for a hearing to determine the level of intervention that the youth needs to deter further delinquency. As a result the youth could be required to complete community service work, participate in the Virginia Rules Group, write a letter of apology, or participate in anger management or substance abuse services(through WTCSB). Per policy, their participation in the program and services cannot exceed 120 days. Truancy cases are only open for 90 days and are referred to appear before the Truancy Committee which consist of various community agencies.

The CSU has a Quality Mental Health Professional (QMHP) from the Western Tidewater Community Service Board (WTCSB) housed in the Suffolk Office who services the entire district. The QMHP provides assessments and case management to youth and families before the court and refer them for additional services to the appropriate department within the WTCSB. WTCSB provide the following services: Psychological Evaluations, Youth with Sexualized Behavior Evaluations, Substance Abuse services (evaluations, one on one and groups), Trauma Assessments, Individual and Family Therapy, Youth with Sexualized Behavior (Group), Family Therapy, Gang Intervention Services, Aggression Replacement Therapy, Thinking for a Change and Intensive Care Coordination Services.

The CSU receives a number of services through the TYSC using VJCCCA funding. However, they also receive services by making referrals through AMIkids using DJJ funding. TYSC provides the following services: Substance Abuse Assessments, Substance Abuse Groups, Aggression Replacement Therapy, Electronic Monitoring, In-home Counseling, Group Home Placements and Cognitive Restructuring Group (Thinking for a Change). TYSC provides group home placements at Westhaven Boys Home, Lynnhaven Boys Home and the Virginia Beach Crisis Center. They also have an Independent Living Program, Apartment Living, for parole cases only.

Other service providers used by the 5th District CSU, to provide psychological or psychosexual evaluations, individual or family counseling and in-home services, are as follows: Guiding Young Girls, Alpha Counselors, Another Level Youth and Family Services, Intercept Inc., Providence Psychological Services, Psychological Services of Chesapeake, Peninsula Therapy Center, and National Counseling Group.

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

FACILITY/PROGRAM: 5th District Court Service Unit (Suffolk)
SUBMITTED BY: Kimberly Jennings, Director
CERTIFICATION AUDIT DATES: January 23-24, 2018
CERTIFICATION ANALYST: Shelia L. Palmer

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

6VAC35-150-90 (A). Training.

All employees, volunteers, and interns shall receive documented orientation appropriate to their duties and to address any needs identified by the individual and the supervisor.

Audit Finding:

Two of four employees did not have documented orientation appropriate to their duties and to address any needs identified by the employee and the supervisor.

Program Response

Cause:

Since the last certification audit, the CSU has had a PO transfer laterally from another CSU and a staff placed here from Beaumont due to the facility closing. In both cases, it was inexperience and a lack of knowledge that a formal document regarding orientation needed to be completed for current Department of Juvenile Justice employees. Both staff did receive formal orientation for the new expectations, roles and responsibilities but documentation was not completed that supported that being done.

It should be noted that the placement from Beaumont was assigned to the unit as an Office Service Specialist. Her assigned supervisor went on unexpected short-term disability the day after she started. Therefore, leaving this Director to handle her orientation.

Effect on Program:

There was no effect on the program. Both staff have been successful in their positions.

Planned Corrective Action:

Each Supervisor will review the regulation and related policy. When a person comes to the CSU either as a new hire to the department, a placement or lateral transfer, formal documentation capturing all components of their orientation will be completed within 7 working days of their arrival. The Executive Secretary will follow-up with the assigned supervisor to ensure the form is completed and filed in that staff's personnel file.

The Director will check for the completed orientation form in their personnel file within 10 business days.

Completion Date:

The expectation will begin immediately.

Person Responsible:

Director, Supervisors including the Executive Secretary.

Current Status as of May 21, 2018: Not Determined

The 5th District Court Service Unit have not had any new employees, volunteers, or interns since their audit, January 24, 2018.

6VAC35-150-110 (D). Volunteers and interns.

Volunteers and interns shall be registered with the Department.

Audit Finding:

One of one intern was not registered with the Department of Juvenile Justice.

Program Response

Cause:

Our failure to register the volunteer with the Department of Juvenile Justice was merely a lack of knowledge that it was required. We only have had one volunteer at the court service unit and we were unaware of the expectation.

Effect on Program:

It had no effect on the program.

Planned Corrective Action:

The Executive Secretary will register new volunteers or interns within 5 business days of starting at the court service unit.

The Director will follow-up and make sure that all volunteers and interns are registered as stated above.

Completion Date:

This will start immediately upon receiving a new volunteer or intern.

Person Responsible:

The Executive Secretary will be responsible for registering all volunteers and interns.

Current Status as of May 21, 2018: Not Determined

The 5th District Court Service Unit have not had any new volunteers or interns since their audit, January 24, 2018.

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

A social history shall be prepared in accordance with approved procedures (i) when ordered by the court, (ii) for each juvenile placed on probation supervision with the unit,

(iii) for each juvenile committed to the Department, (iv) for each juvenile placed in a post-dispositional detention program for more than 30 days pursuant to § 16.1-284.1 of the Code of Virginia, or (v) upon written request from another unit when accompanied by a court order. Social history reports shall include the following information:

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

Audit Finding:

Social history reports were not prepared in accordance with approved procedures and the following information was missing:

- Five of ten social histories were missing other known states.
- Four of ten social histories were missing the date of the home visit.
- Five of ten social histories were missing either the physical description of the residence or the length of time at the residence.
- Four of ten social histories were missing the summarized and enhanced (edit) YASI-generated information.
- Five of nine applicable social histories were missing “the family ‘s and probation officer’s view of the impact of the neighborhood on the juvenile’s behavior”
- Four of ten social histories did not “provide the juvenile’s self-reported career goals”

Program Response

Cause:

In general, completion of Social History Reports per regulations has been problematic. It has been a combination of confusion regarding department expectations, prior to the webinar training, and some of the PO’s and Supervisors failing to catch missing required information during their completion and review of the report. This can also be attributed to the PO and Supervisor’s underutilization of the Social History checklist.

Effect on Program:

Social History Reports are not as comprehensive as they should be and the PO, Judges, attorneys, and other key players are not receiving information that may assist them with making decisions or recommendations that are in the best interest of the youth.

Planned Corrective Action:

This Director and the Supervisors will enforce strict adherence to the regulation and related policy. Probation Officers and Supervisors will be expected to use the checklist to ensure all information is included in the report. There will be no deletions, exclusions or changes to the Social History Report without Director’s approval. YASI generated information will be included in all reports without exception. This expectation will be reiterated to staff in meetings and on-going training.

Completion Date:

This has already been implemented and will continue.

Person Responsible:

Director, Supervisors and Probation Officers

Current Status as of May 21, 2018: Compliant

- One of seven histories was missing other known states.
- Seven of seven social histories documented the date of the home visit.
- Seven of seven social histories documented either the physical description of the residence or the length of time at the residence.
- Seven of seven social histories documented the summarized and enhanced (edit) YASI-generated information.
- Two of seven social histories were missing "the family 's and probation officer's view of the impact of the neighborhood on the juvenile's behavior"
- Seven of seven social histories documented "the juvenile's self-reported career goals"

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

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

Audit Finding(s):

Supervisory Reviews

Three of eight applicable cases reviewed were missing supervisor's summary comment that the review has been completed and approved or modified as indicated.

Program Response

Cause:

Obviously, a thorough review was not being done on all supervision cases. Also, BADGE was underutilized which would have revealed issues with completion of YASI's. In addition, supervisors were not aware that explicit use of the words "reviewed" and "approved" or "modified" were expected.

Effect on Program:

In the three cases referenced above, the risk assessments/reassessments were not completed every 180 days and in one case a reassessment was not completed in over a year. Staff is aware that case planning is driven by the YASI assessment and reassessment. If they are not completed per policy and regulation it could result in improper or inadequate case management.

Planned Corrective Action:

Prior to certification and based on concerns that the supervisory reviews were not capturing all parole related regulations and policies, parole cases now have a supervisory review form that ensures a detailed review of the cases have occurred. A similar template has been developed for probation cases to ensure the same.

Completion Date:

The parole supervisory review template was implemented last year and the probation template will be implemented by 3/1/18.

Person Responsible:

The Director and Supervisors

Current Status as of May 21, 2018: Compliant

Five of five applicable cases reviewed documented the supervisor's summary comment that the review has been completed and approved or modified as indicated.

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

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

Audit Finding:

- There was no documentation of the monthly contact as a verbal family progress note in the Caseload Management module of BADGE in two out of three applicable case records reviewed.
 - Three out of three case files reviewed did not have documentation of the cases staffing for level three and level four cases at least every thirty (30) days with the probation officer and supervisor.
-

Program Response

Cause:

The cause of the family progress note not being properly completed can be attributed to the lack of knowledge of the expectation and unfamiliarity with the re-entry manual.

In regard to the missing case staffings that was merely failure to use tools such as personal calendar, Microsoft outlook, etc. to ensure timeframes were being met. Per policy the burden is on the supervisor to ensure a case staffing is completed every 30 days on high risk parole cases.

Effect on Program:

The purpose of the case staffing per the re-entry manual is to bring the supervisor and PO together to discuss the status and progress of the juvenile as it relates to parole supervision and interventions, identified criminogenic needs, assessment driven case planning, and identified treatment requirements and service needs. When the case staffing is not conducted the PO may not receive the proper guidance and direction from the Supervisor on how best to manage the case.

Planned Corrective Action:

PO's and Supervisors use both their hard and outlook calendars to record case staffing due dates. Supervisors will set standing meetings with PO for each case staffing. Supervisors will conduct an initial supervisory review on the day the youth returns to the community from commitment and include all due dates. All subsequent case staffing dates will be set and included in reviews and case staffing narratives. Again, the dates set will be immediately recorded in the Supervisor's calendars. The Director will review all high level parole cases and check for completion of each case staffing and adherence to the above-outlined action steps.

Completion Date:

This will be implemented immediately upon submission of this plan.

Person Responsible:

Director, Supervisor and PO

Current Status as of May 21, 2018: Compliant

Two out of three applicable case files reviewed had documentation of the case staffings for level three and level four cases at least every thirty (30) days with the probation officer and supervisor.

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

PROGRAM AUDITED:

11th District Court Service Unit (Petersburg)
200 North Sycamore Street, Suite 100
Petersburg, Virginia 23803
(804) 431-3250
Michael Traylor, Director
michael.traylor@djj.virginia.gov

AUDIT DATES:

July 12 -13, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

September 13, 2016 – September 12, 2017

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – April 27, 2016

87.3% Compliance Rating
Number of Deficiencies: Eight
6VAC35-150-140 (A). Records Management
6VAC35-150-290. Intake communication with detention
6VAC35-150-336 (A). Social histories
6VAC35-150-340. Beginning supervision
6VAC35-150-350 (A). Supervision plans for juveniles
6VAC35-150-350 (b) Supervisory Reviews
6VAC35-150-420. Contacts during juvenile's commitment
6VAC35-150-335 (A). Diversion

CURRENT AUDIT FINDINGS- July 12, 2017

88.7% Compliance Rating
Number of Deficiencies: Five
6VAC35-150-80 (A) Background checks
6VAC35-150-336 (A) Social histories
6VAC35-150-350 (A) Supervision plans for juveniles
6VAC35-150-350 (B) Supervision plans for juveniles
6VAC35-150-420 Contacts during juvenile's commitment

DEPARTMENT CERTIFICATION ACTION – June 13, 2018: Certified the 11th District Court Service Unit until September 12, 2020.

Pursuant to 6VAC35-20-100C.3, if the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader, Central Office
Clarice Booker, Central Office
Mark Lewis, Central Office
Deborah Hayes, Central Office
Rachelle Moore, 22nd District Court Service Unit (Rocky Mount)

POPULATION SERVED:

The 11th District Court Service Unit serves the City of Petersburg and the counties of Amelia, Dinwiddie, Nottoway, and Powhatan.

PROGRAMS AND SERVICES PROVIDED:

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

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

- Family Assessment Planning Team (FAPT)
- Mentoring
- In-home counseling
- Substance abuse
- Individual and family counseling services
- 294 funded services
- Surveillance services
- VJCCCA services
- Diversion
- First time offender programming
- Community service
- Law related education

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

FACILITY/PROGRAM: 11th District Court Service Unit (Petersburg)
SUBMITTED BY: Michael Traylor, Director
CERTIFICATION AUDIT DATES: July 12, 2017
CERTIFICATION ANALYST: Shelia L. Palmer

Under Planned Corrective Action indicate: 1) Cause of the identified area of non-compliance. 2) Effect on the program. 3) Action taken/will be taken to correct the standard cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-150-80 (A). Background checks.

A. Except as provided in subsection C of this section, all persons who (i) accept a position

of employment, (ii) volunteer on a regular basis or are interns and will be alone with a juvenile in the performance of their duties, or (iii) provide contractual services directly to a juvenile on a regular basis and will be alone with a juvenile in the performance of their duties in a CSU, or as required by 6VAC35-150-430 C, shall undergo the following background checks to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of juveniles:

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

Audit Finding:

Four out of four intern files reviewed did not have documentation of a reference check.

Program Response

Cause:

The reference checks were completed but proper documentation was not maintained in the file.

Effect on Program:

None

Planned Corrective Action:

Responsible staff will be retrained on this standard. A reference check document has been created and will be used for all intern/volunteer reference checks.

Completion Date:

July 31, 2017

Person Responsible:

Probation Supervisor of Intern/Volunteer Program and CSU Director.

Status as of October 27, 2017: Compliant

One out of one intern file reviewed documented the reference check.

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

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

Audit Finding:

Family Environment

Six out of ten social history reports reviewed did not have documentation of a physical description of the residence and or the length of time at the residence.

Community and Peer Relationships

Seven out of ten social history reports reviewed did not have documentation of the family's

and or the PO's view of the impact of the neighbor on behavior.

Employment and Use of Free time

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

Program Response

Cause:

Oversight on the part of the social history writer and reviewer.

Effect on Program:

Minimal. Although missing information, the reports were thorough.

Planned Corrective Action:

Reviewer will ensure social history meets criteria of the social history checklist. Staff training to be conducted on social history checklist and these findings.

Completion Date:

Training scheduled for August 25, 2017.

Person Responsible:

Probation Supervisors of staff who prepare social histories.

Status as of October 27, 2017: Compliant

Family Environment

Four out of four social history reports reviewed documented a physical description of the residence and or the length of time at the residence.

Community and Peer Relationships

Four out of four social history reports reviewed documented the family's and or the PO's view of the impact of the neighbor on behavior.

Employment and Use of Free time

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

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

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

Audit Finding:

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

Program Response

Cause:

Documentation oversight on the part of the supervising probation officer and probation supervisor reviewer.

Effect on Program:

Minimal. CSU services were provided to juveniles and families under supervision.

Planned Corrective Action:

Case file template has been developed to ensure staff compliance with proper documentation in the case file. Staff will be trained on proper documentation needed for the case file.

Completion Date:

Template completed July 31, 2017. Training will occur on August 25, 2017.

Person Responsible:

Probation Supervisors and CSU Director.

Status as of October 27, 2017: Compliant

Three out of three applicable case plans reviewed documented in the case narrative that the case plan was discussed by the probation officer, juvenile and family, and or signed by all parties.

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

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

Audit Finding:

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

Program Response

Cause:

Documentation oversight on the part of the supervising probation officer and probation supervisor reviewer.

Effect on Program:

Minimal. CSU services were provided to juveniles and families under supervision.

Planned Corrective Action:

Case file template has been developed to ensure staff compliance with proper documentation in the case file. Staff will be trained on proper documentation needed for the case file.

Completion Date:

Template completed July 31, 2017. Training scheduled for August 25, 2017.

Person Responsible:

Probation Officer, Probation Supervisors, and CSU Director

Status as of October 27, 2017: Compliant

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

420. Contacts during juvenile's commitment

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

Audit Finding:

With Juvenile

Five out of five case files reviewed were missing one or more elements that should be reviewed during the monthly contact

With Family

Three out of three applicable case files reviewed were missing one or more elements that should be reviewed during the monthly contact.

With Juvenile Correctional Counselor

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

Transition Phase

Two out of two applicable case files reviewed did not have documentation of the review and revised CRCP sixty (60) to ninety (90) days before the anticipated release date.

Community Supervision Phase

One out of two applicable case files reviewed did not have documentation that upon release to parole supervision by DJJ, supervision was provided in accordance with the parole supervision matrix and the CRCP.

One out of two applicable case files reviewed did not have documentation that thirty (30) days after release, the PO convened a meeting with the juvenile, family and service provider.

One out of two applicable case files reviewed did not have documentation of the review and adjustment for the required 90-day reviews.

One out of two applicable case files reviewed did not have documentation of the review every ninety (90) days with the juvenile and or the parent.

Program Response

Cause:

Documentation oversight on the part of the supervising parole officer and parole supervisor reviewer.

Effect on Program:

Minimal. CSU services were provided to juveniles and families under parole supervision.

Planned Corrective Action:

Case file template has been developed to ensure staff compliance with proper documentation in the case file. Staff will be trained on proper documentation needed for the case file.

Completion Date:

Template completed, implemented and staff trained on July 14, 2017.

Person Responsible:

Parole Officer, Parole Supervisor, and CSU Director.

**Current Status as of October 27, 2017: Non-Compliant
With Juvenile**

Two out of three applicable case files reviewed were missing one or more elements that should be reviewed during the monthly contact

With Family

One out of three applicable case files reviewed were missing one or more elements that should be reviewed during the monthly contact.

With Juvenile Correctional Counselor

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

Transition Phase

Two out of two applicable case files reviewed documented the review and revised CRCP sixty (60) to ninety (90) days before the anticipated release date.

Community Supervision Phase

Two out of two applicable case files reviewed documented upon release to parole supervision by DJJ, supervision was provided in accordance with the parole supervision matrix and the CRCP.

One out of one applicable case files reviewed did not have documentation that thirty (30) days after release, the PO convened a meeting with the juvenile, family and service provider.

One out of one applicable case files reviewed documented the review and adjustment for the

required 90-day reviews.

Two out of two applicable case files reviewed documented the review every ninety (90) days with the juvenile and or the parent.

**Current Findings by Regional Program Manager on May 8, 2018: Compliant
With Juvenile**

One out of nine case files reviewed were missing one or more elements that should be reviewed during the monthly contact.

With Family

Two out of nine applicable case files reviewed were missing one or more elements that should be reviewed during the monthly contact.

With Juvenile Correctional Counselor

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

Three out of three applicable case files reviewed had documentation that thirty (30) days after release, the PO convened a meeting with the juvenile, family and service provider.

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

PROGRAM AUDITED:

19th District Court Service Unit
4110 Chain Bridge Road, Suite 210
Fairfax, VA 22030
(703) 246-3343
Robert A. Bermingham, Jr., Director
Robert.Bermingham@fairfaxcounty.gov

AUDIT DATES:

October 10 – 11, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

March 18, 2015 – March 17, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS - October 21, 2014:

6VAC35-150-336 (A) Social Histories
6VAC35-150-350 (A) Supervision plans for juveniles
6VAC35-150-355 Supervision of juvenile on electronic monitoring

CURRENT AUDIT FINDINGS – October 11, 2017:

94.55% Compliance Rating
One repeat deficiency from previous audit.
Number of Deficiencies: Three
6VAC35-150-336 (A) Social Histories
6VAC35-150-390 (A) Transfer of case supervision
6VAC35-150-420 Contacts during juvenile's commitment

DEPARTMENT CERTIFICATION ACTION – June 13, 2018: Certified the 19th District Court Service Unit until March 17, 2021.

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

TEAM MEMBERS:

Clarice Booker, Team Leader
Deborah Hayes, Central Office
Kim Keller, 31st Court Service Unit (Prince William County)
Mark Lewis, Central Office
Shelia Palmer, Central Office

POPULATION SERVED:

The 19th District Court Service Unit serves the County of Fairfax.

PROGRAMS AND SERVICES PROVIDED:

The 19th District Court Service Unit provides mandated services including:

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

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

- Community services
- Substance abuse services
- Mental health services
- Sex offender assessments and treatment
- Diversion programs
- Gang Intervention, Prevention and Education Program Services
- Girls Circle support group
- Community Restorative Justice
- Trauma Informed Program

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

FACILITY/PROGRAM: 19th District Court Service Unit (Fairfax)
SUBMITTED BY: Robert A. Bermingham, Jr., Director
CERTIFICATION AUDIT DATES: October 10-11, 2017
CERTIFICATION ANALYST: Clarice T. Booker

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

6VAC35-150-336 (A) Social histories

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

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

Audit Finding:

Social history reports were not prepared in accordance with approved procedures in the following areas:

The standard social history format was not used in 10 out of 10 social history reports reviewed.

- **An extra column was added under the Present Offense tables**
- **The check box was repositioned under headings for education, alcohol and other drugs, and mental health**
- **Information on contacts with other known states was not addressed in six out of 10 social history reports reviewed.**
- **The impact of alcohol or drug use was not addressed in four out of 10 social history reports reviewed.**
- **The impact of abuse was not addressed in two out of five social history reports reviewed.**
- **One or more required elements were not addressed for juveniles currently employed in two out of two applicable social history reports reviewed.**
- **Pre-dispositional social history reports were not completed within required timeframes in three out of four applicable reports reviewed.**
- **Reports were not filed with the clerk's office 72 hours in advance of the dispositional court date in two out of four applicable reports reviewed.**

Program Response

Cause:

In regard to the standard social history format not being used (extra column added and check boxes repositioned); the additional column to the present offense table was added so Judges and supervisors could readily view within the grid the status of the disposition. The checkboxes were repositioned to the heading line as POs were missing the checkboxes at the end of the section and it was easier for the Judges to know that additional reports were attached when it was aligned with the header.

Our CSU developed a comprehensive checklist for POs and supervisors to utilize when completing or reviewing a Social History. In the areas cited where information was missing, our checklist includes these items but is written in one line across and not separated out (i.e.: history of alcohol and drug use and impact of use) so it may have been missed by POs and Supervisors when writing or reviewing the reports.

Regarding the three out of four pre-dispositional reports not submitted within the 45-day rule; these cases were docketed outside of 45 days and the reports were submitted within 72 hours of the court date as required by statute. In these cases, the PO failed to complete the required waiver.

Our Court has moved to a new system of scanning documents into court files, which allows for attorneys, GALs, Judges and Court Staff easier access to court records. When our Administrative staff scan the report into the electronic system the date and time stamp that is marked within the system indicates when the Judge's clerk accepts the electronic file, not when the report was scanned in. Therefore, if our administrative staff scan the report in within the designated 72-hour timeframe, but the Judge's clerk does not open it until the following day there is an appearance of the report not being submitted within the appropriate timeframe through the electronic system.

Effect on Program:

In regard to adding a column in the social history and repositioning the checkboxes, there is no effect on programming, if anything it is a positive enhancement to the report at the request of the Judiciary and supervisors.

Regarding the missing elements to the Social Histories, there is potential of needs not being adequately addressed assuming the information was not revealed from another source.

If a report was not submitted on time, there could potentially be inadequate time for an attorney or other interested parties to review the report prior to disposition.

Planned Corrective Action:

The following actions have been taken:

- We have repositioned the checkboxes to the end of the sections and advised POs of this change.
- We removed the additional column added to the Present Offense table. (Please see attached Social History template)
- We modified our Social History checklist where we were out of compliance so these elements are not missed when a PO is writing a report or the supervisor is reviewing the report. This checklist is accessible to all staff through our intranet. (Please see attached)
- We reminded supervisors and POs to complete a waiver form if it is necessary to submit the report outside of the 45 days (e.g., awaiting results of a sex offender evaluation to be included in the report).
- We maintain a written log at Central Intake to capture when reports have been scanned into our electronic system. We have added a notation on the log documenting the date and time the report was scanned to the clerk's office.

Completion Date:

December 22, 2017

Person Responsible:

Johanna Balascio, Probation Support Services Manager
Matt Thompson, Deputy Director, Probation Services

Current Status on March 30, 2018: Compliant

Eight applicable social history reports were reviewed and were compliant for all except one element which was not determinable.

6VAC35-150-390 (A) Transfer of case supervision

When the legal residence of an individual under the supervision of a CSU is not within the jurisdiction of the original CSU, the supervision of the case may be transferred to another unit in Virginia in accordance with § 16.1-295 of the Code of Virginia and approved procedures.

Audit Finding:

- There was no documentation that the originating CSU provided to the receiving unit copies of petitions in four out of four case records reviewed in accordance with approved procedures.
- There was no documentation that the originating CSU provided to the receiving unit

copies of the court order in two out of four case records reviewed in accordance with approved procedures.

- **There was no documentation that the originating CSU provided to the receiving unit copies of the juvenile offense history in four out of four case records reviewed in accordance with approved procedures.**
-

Program Response

Cause:

We do not have a standardized form letter for courtesy transfer requests so each supervisor has their own form created resulting in inconsistencies. The required materials were sent to the receiving jurisdiction but it was not documented in the request letter as such.

Effect on Program:

We do not view any effect on programming; this is merely not documenting that the information was sent. If the proper information was not sent to the receiving jurisdiction, this could cause delay the timely transfer of a client's case to another CSU possibly disrupting services. However, in the cases cited, the cases were accepted by the receiving CSU within 30 days of transfer.

Planned Corrective Action:

We have created a courtesy request for supervision template that includes a checklist with all of the required elements. This will ensure that it is well documented that the materials were sent. (Please see attached)

Completion Date:

December 22, 2017

Person Responsible:

Johanna Balascio, Probation Support Services Manager
Matt Thompson, Deputy Director, Probation Services

Current Status on March 30, 2018: Non-compliant

Four applicable transfer cases reviewed. Three out of four applicable cases reviewed was missing documentation that the originating unit (Fairfax) provided the receiving units with copies of the juvenile offense history as required in accordance with approved procedures.

Current Status on May 30, 2018 RPM Follow-up: Compliant

Four applicable transfer cases reviewed. All four cases reviewed did include documentation that the originating unit (Fairfax) provided the receiving units with copies of the juvenile offense history as required in accordance with approved procedures.

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

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

Audit Finding:

- There was no documentation that all required elements were reviewed with the juvenile during monthly contacts in four out of four applicable case records reviewed.
- Contacts were not documented as family progress notes in two out of four applicable case files reviewed.
- There was no documentation that all of the required elements were reviewed with the family during monthly contacts in two out of two applicable case records reviewed.
- Not all contacts were coded as family progress reports in two out of two applicable case records reviewed.
- The date for the following month was not determined in monthly contacts in three out of four case records reviewed.

Program Response

Cause:

Due to the significant changes to parole standards and attrition of experienced parole staff through retirement caused these elements to be missed.

Effect on Program:

Since most of the issues are related to failing to document properly, we are not able to determine whether or not these areas were discussed during their meetings with the clients and families. Additionally, although there was incorrect coding used in BADGE it does not negate the fact that the family progress report (meeting) was completed as it was contained within the content of the case note.

Planned Corrective Action:

We have developed a template for our Parole Officers that can be copied and pasted in the BADGE notes for all juvenile and family contacts to ensure that all elements are covered in their meetings. Included in the template is the correct coding for Family Progress Reports. (Please see attached)

Completion Date:

December 22, 2017

Person Responsible:

Johanna Balascio, Probation Support Services Manager
Matt Thompson, Deputy Director, Probation Services

Current Status on March 30, 2018: Non-compliant

Five applicable parole case records reviewed. There was no documentation that all required elements were reviewed with the juvenile during monthly contacts in five out of five applicable parole records reviewed. All other elements cited in the audit were found compliant.

Current Status on May 30, 2018 RPM Follow-up: Compliant

Five applicable parole case records reviewed. Two of the five cases reviewed there was no documentation that all required elements were reviewed with the juvenile during monthly contacts.

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

PROGRAM AUDITED:

25th District Court Service Unit (Staunton)
District Courts Building
6 East Johnson Street, 3rd Floor
Staunton, VA 24401
(540) 245-5315
Saundra Crawford, Director
Saundra.Crawford@djj.virginia.gov

AUDIT DATES:

October 2-3, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

March 18, 2015 – March 17, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – October 27, 2014:

97.95% Compliance Rating
6VAC35-150-420. Contacts during juvenile's commitment.
*Deficiencies from previous audit: One

CURRENT AUDIT FINDINGS – October 3, 2017:

86.36%
6VAC35-150-290. Intake communication with detention
6VAC35-150-336 (A). Social histories.
6VAC35-150-350 (A). Supervision plans for juveniles.
6VAC35-150-350 (B). Supervision plans for juveniles. (9324)
6VAC35-150-410 (A). Commitment information.
***6VAC35-150-420. Contacts during juvenile's commitment.**

DEPARTMENT CERTIFICATION ACTION – June 13, 2018: Certified the 25th District Court Service Unit until March 17, 2021.

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

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice T. Booker, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
Mark LeGrys, 26th Court Service Unit (Winchester)

POPULATION SERVED:

The 25th District Court Service Unit serves the Counties of Alleghany, Augusta, Bath, Botetourt,

Craig, Highland, and Rockbridge and the Cities of Buena Vista, Covington, Lexington, Staunton, and Waynesboro.

PROGRAMS AND SERVICES PROVIDED:

The 25th District Court Service Unit provides mandated services including:

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

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

- Comprehensive Service Act
- Transitional Services (294 Funding)
- Virginia Juvenile Community Crime Control Act

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

FACILITY/PROGRAM: 25th District Court Service Unit (Staunton)
SUBMITTED BY: Sandra D. Crawford, Director
CERTIFICATION AUDIT DATES: October 2-3, 2017
CERTIFICATION ANALYST: Shelia Palmer

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

6VAC35-150-290. Intake communication with detention

When CSU staff facilitates the placement of a juvenile in detention, they shall give detention staff, by telephone, in writing, or by electronic means, no later than the time the juvenile arrives at the detention facility, the reason for detention and the offenses for which the juvenile is being detained including any ancillary offenses. CSU staff shall also give detention staff the following information when available and applicable: medical information; parents' or guardians' names, addresses and phone numbers; prior record as regards sexual offenses, violence against persons, or arson; suicide attempts or self-injurious behaviors; gang membership and affiliation; and any other information as required by approved procedure.

The Juvenile Alert Screen on the electronic data collection system shall be completed, printed and retained in the juvenile's case file.

Audit Finding:

Three of three applicable case files reviewed the Juvenile Alert Screen on the electronic data collection system was not completed, printed and retained in the juvenile's case file.

Program Response

Cause:

Multiple PO vacancies contributed to this component of the standard being missed. Staff new to the Unit properly communicated with detention when facilitating a placement but did not know the Juvenile Alert Screen needed to be completed, printed and retained in the juvenile's case file.

Effect on Program:

None

Planned Corrective Action:

The CSU is part of the Video Intake process. Video Intake collects and enters required data for detention placements. To ensure the **Juvenile Alert Screen** is being completed, printed and retained in the juvenile's case file, the Probation Officer will

(1) notify the Supervisor in person, by phone or electronic means upon the issuance of a detention order, (2) print the Juvenile Alert Screen within 24 hours of issuing a detention order, and (3) complete and print the Juvenile Alert Screen in cases not processed through Video Intake within 24 hours of issuing a detention order.

The Supervisor will verify information for the Juvenile Alert Screen is entered in BADGE and copied for the juvenile's case file within 72 hours of the issuance of a detention order. The Supervisor will utilize a standard intake checklist to assist with maintaining compliance.

Completion Date:

January 1, 2018

Person Responsible:

Intake Officers, Supervisors and Unit Director.

Current Status as of March 29, 2018: Compliant

Three of three case files reviewed the Juvenile Alert Screen on the electronic data collection system was completed, printed and retained in the juvenile's case file.

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

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

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

Audit Finding:

Per approved procedures, the following information was missing:

- **Seven of ten social history reports did not use the standard Social History Template when completing a social history. The Other Pending Court Matters and Prior Legal History tables and the History of Detention and Court Placements tables were missing or not completed.**
- **Six of ten social history reports were missing Other Pending Court Matters and Prior Legal History table or did not complete the table.**
- **Seven of ten social history reports were missing History of Detention and Court Placements tables or did not complete the table.**
- **Seven of ten social history reports were missing either “the family’s and or the PO’s view of the impact of the neighbor on behavior”.**
- **Three of seven applicable social history reports did not summarize any screens, assessments, evaluations, and treatment services.**
- **Three of six applicable social history reports did not state if “the most recent and relevant mental health reports” were attached.**
- **Seven of ten social history reports did not “provide the juvenile’s self-reported career goals”**

Five of seven applicable probation post-dispositional social history reports were not completed within sixty (60) calendar days of disposition.

Program Response

Cause:

Missing Social History Tables The various changes in procedures, templates (locked and unlocked) and revised social history guidelines and checklists over the past two years contributed to social histories being cited as non-compliant in multiple areas. Some staff believed it was acceptable to remove tables if there was no information to report in that area or left the table blank. Staff was unaware that it was not permissible to leave tables blank regardless of whether information had been added in the Comment section.

Missing Information In regard to reports that were missing “*the family’s and or the PO’s view of the impact of the neighborhood on behavior*”, some staff included the information in the Family section of the report rather than in the designated Community and Peers section.

In regard to the Mental and Physical Health section of the social history, in some cases staff just failed to include a “*summary of screens, assessments, evaluations, and treatment services*” or provide a statement addressing the lack thereof. Staff did not indicate recent progress reports were attached (check box) when no reports were available at the time the social history was completed.

In regard to reports that were missing “*the juvenile’s self-reported career goals*” some staff included the information in the Education section of the report rather than in the designated Employment and Use of Free Time section.

Post Dispositional Reports Since the last audit in October 2014, the Unit experienced multiple PO vacancies which resulted in increased caseloads and additional job duties being incurred by the remaining staff. This personnel shortage contributed to post-dispositional social history reports not being completed within the required timeframe.

Effect on Program:

The Unit was unable to successfully meet this standard due to multiple probation vacancies and the extended absence of a probation officer out on medical leave. Five probation officers have been hired in the past year and a half, with the last being in June 2017.

Planned Corrective Action:

Missing Social History Tables

Probation Officers have been instructed to strictly follow and not alter the standard Social History template issued for use on March 15, 2017. Probation Officers have been instructed not to remove tables that contain no information and to enter "None" in the appropriate sections rather than leave sections blank. Probation Officers will add and document all information for the social history in accordance with the procedure.

Supervisors will provide quality assurance by reviewing and signing off on all social history reports to ensure compliance.

The Unit Director and Supervisors will provide probation staff additional training/review of the social history information requirements and how the information is to be presented in the report by December 15, 2017.

Past due Post Dispositional Reports

Supervisors currently have a spreadsheet for all social history assignments with the applicable due date and review to track outstanding reports. Effective December 15, 2017, and thereafter, the spreadsheet will be reviewed monthly to assist with maintaining compliance.

The Unit Director and Supervisors will provide probation staff additional training/review of the social history procedure and timeframes by December 15, 2017.

The Unit Director will review two social history reports from each of the supervisors on a quarterly basis to monitor compliance with the standard.

Completion Date:

January 1, 2018

Person Responsible:

Unit Director, Supervisors, Probation Officers.

Current Status as of March 29, 2018: Compliant

- Six of six social history reports used the standard Social History Template when completing a social history. The Other Pending Court Matters and Prior Legal History tables and the History of Detention and Court Placements tables were completed.
- Six of six social history reports completed Other Pending Court Matters and Prior Legal History table.
- Seven of ten social history reports completed History of Detention and Court Placements tables.
- Five of six social history reports documented "the family's and or the PO's view of the impact of the neighbor on behavior".
- One of one applicable social history report summarized any screens, assessments, evaluations, and treatment services.
- Three of three applicable social history reports documented if "the most recent and

- relevant mental health reports" were attached.
 - Six of six social history reports provide the juvenile's self-reported career goals
 - Two of two applicable probation post-dispositional social history reports were completed within sixty (60) calendar days of disposition.
-

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

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

Audit Finding:

Three of six applicable case files reviewed did not have documentation of the supervision plan developed and discussed with the juvenile and parents or guardians within 45 days following disposition.

Three of six applicable case files reviewed did not have documentation the development of goals was a joint effort involving the PO as facilitator and the juvenile and parent as contributors.

Three of six supervision plans did not have separate "assessments of the juvenile and family's motivation for change".

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

Program Response

Cause:

In regard to "*did not have documentation of the supervision plan developed and discussed with the juvenile and parents or guardians within 45 days following disposition.*" Staff just did not meet this requirement in a timely fashion.

In regard to "*did not have documentation the development of goals was a joint effort involving the PO as facilitator and the juvenile and parent as contributors.*" Staff discussed and developed goals with the juveniles and families, but was unaware that the terms "jointly developed" needed to be specifically stated in the case narrative.

In regard to "*did not have separate "assessments of the juvenile and family's motivation for change".*" This requirement was missed primarily due to staff oversight.

In regard to, "*did not have documentation in the case narrative that the case plan was jointly developed by the probation officer, juvenile and family discussed and signed by all parties.*" Staff discussed and developed the case plan with the juveniles and families, but was unaware that the terms "jointly developed" needed to be specifically stated in the case narrative. In some cases, the case plan was approved electronically by the Supervisor but the hard copy in the file was not signed.

Effect on Program: None

Planned Corrective Action:

A standard template will be developed to include all components of the case plan and posted on the Unit X drive by the Director on or before January 1, 2018.

The Unit Director and Supervisors will provide staff additional training/review of the supervision plan requirements by December 15, 2017.

Probation Officers will complete case plan components before or by the 45 day due date.

Probation staff have been instructed to include the terms "jointly developed" in the case narratives and to complete separate assessments of the juvenile and family's motivation for change for all supervision plans.

Effective January 1, 2018 and thereafter, Supervisors will (1) send staff email reminders 30 days after the case assignment to submit case plans for review, and (2) review case plan narratives within 40 days of the case assignment.

Supervisors will provide quality assurance by reviewing case narratives and supervision plans every 90 days to ensure compliance with this standard.

The Unit Director will review five case plans each quarter to monitor compliance with the standard.

Completion Date:

January 1, 2018

Person Responsible:

Unit Director, Supervisors and assigned probation staff.

Current Status as of March 29, 2018: Compliant

- Four of four applicable case files reviewed documented the supervision plan developed and discussed with the juvenile and parents or guardians within 45 days following disposition.
- Four of four applicable case files reviewed documented the development of goals was a joint effort involving the PO as facilitator and the juvenile and parent as contributors.
- Three of four applicable supervision plans had documentation of "assessments of the juvenile and family's motivation for change".
- Three of four applicable case files reviewed had documentation in the case narrative that the case plan was jointly developed by the probation officer, juvenile and family discussed and signed by all parties.

6VAC35-150-350 (B). Supervision plans for juveniles. (9324)

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

classification in guiding decisions as to whether to adjust the juvenile's level of supervision;

Audit Finding:

Three of four applicable cases files reviewed did not have documentation of a review every 180 days during the period of probation supervision to include a reassessment using the YASI.

Program Response

Cause:

In regard to "did not have documentation of a review every 180 days during the period of probation supervision to include a reassessment using the YASI." In some instances, staff failed to complete a reassessment within the required timeframe or did not know to document the 180 day YASI reassessment review in the case narrative.

Effect on Program:

None

Planned Corrective Action:

Unit Director will review the YASI Statistical Report by the 5th of each month beginning January 1, 2018, to identify cases due for reassessment and forward to Supervisors.

Supervisors will notify Probation Officers by the 10th of each month cases requiring a YASI reassessment for the month.

Beginning January 1, 2018, Supervisors will provide Probation Officers the initial YASI reassessment due date at the time of the case assignment.

Supervisors will provide quality assurance by documenting review of the 180-day YASI reassessment in the supervisory case file reviews.

Probations Officers will complete YASI reassessments as required per the standard.

Completion Date:

January 1, 2018

Person Responsible:

Unit Director, Supervisors and assigned probation staff.

Current Status as of March 29, 2018: Compliant

Two of two applicable cases files reviewed documented a review every 180 days during the period of probation supervision to include a reassessment using the YASI.

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

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

Audit Finding:

One of two commitment letters were missing the following elements:

- Section of the Code of Virginia for committed charges and the corresponding Virginia Crime Code (VCC).
- Pending court dates

Two of two commitment letters were missing the following elements:

- Current Medications

Two of two applicable case files reviewed did not have documentation the Court Service Unit immediately notified the CAP unit staff in the master file room, both counselor supervisors, and the CAP Manager of the packet's positing on the shared drive via email.

Program Response

Cause:

Commitment packets were completed and submitted in a timely manner. In some cases, staff failed to include all elements required by the Code of Virginia and approved procedures in the commitment letters.

All supervisory staff was not aware a copy of the email notification to CAP should be maintained in the file for verification purposes, in addition to a BADGE entry stating the notification was completed.

Effect on Program:

None

Planned Corrective Action:

A sample commitment letter has been developed to include all required elements and posted on the Unit "X" drive for staff access. All staff completing commitment packets have been directed to use the sample guidance document.

Supervisors will provide quality assurance by reviewing and signing off on all commitment letters to ensure compliance.

Supervisors will copy a list of all commitment documents and email notifications sent to CAP and place in the case file.

Completion Date:

December 1, 2017

Person Responsible:

Assigned parole staff, Supervisors and Unit Director.

Current Status as of March 29, 2018: Not Determinable

The 25th District Court Service Unit did not had any commitments during the status review period January 1, 2018 to March 29, 2018.

RPM May 29, 2018 Status Review Finding: Compliant

1. One of one commitment letters did document the following elements in the commitment letter:
 - Section of the Code of Virginia for committed charges and the corresponding Virginia Crime Code (VCC).
 - Pending court dates
 2. One of one commitment letters did document the following element in the commitment letter:
 - Current Medications
 3. One of one applicable case files reviewed documented immediate notification to the CAP unit staff in the master file room, both counselor supervisors, and the CAP Manager of the packet's positing on the shared drive via email.
-

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

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

Audit Finding:

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

Two of two case records reviewed did not have documentation that one or more of the following elements were reviewed during the juvenile monthly contact:

- Family planning and progress on Family Domain section of CRCP;
- Comprehensive Re-entry Case Plan (CRCP) goals and progress;
- Educational goals and progress;
- Behavior and adjustment;
- Intervention strategies;
- Re-entry/parole placement and service needs (e.g., benefits);
- Review and update family transportation plan; and
- Establish regular schedule for PO, counselor, and juvenile monthly contact dates.

One of two applicable case files reviewed did not have documentation of the monthly contacts, either in-person, via telephone, or via video conferencing, to discuss progress, behavioral issues, and family updates with the juvenile correctional counselor.

One of two applicable case files reviewed did not have documentation thirty (30) days after release, the PO convened a meeting with the juvenile, family and service providers.

Program Response

Cause:

In regard to "did not have documentation of the probation officer's monthly contact with the

juvenile, either in person, via telephone, or via video conferencing to discuss progress, behavioral issues, and family updates.” During the month, probation staff made repeated attempts by phone and email to arrange a contact with the juvenile and the counselor but received no response from the counselor.

In regard to *“did not have documentation that one or more of the following elements were reviewed during the juvenile monthly contact:*

- *Family planning and progress on Family Domain section of CRCP;*
- *Comprehensive Re-entry Case Plan (CRCP) goals and progress;*
- *Educational goals and progress;*
- *Behavior and adjustment;*
- *Intervention strategies;*
- *Re-entry/parole placement and service needs (e.g., benefits);*
- *Review and update family transportation plan; and*
- *Establish regular schedule for PO, counselor, and juvenile monthly contact dates.*

Staff documented monthly contacts with the juvenile but failed to address all elements required in the standard for juvenile monthly contacts in the case narratives.

In regard to *“did not have documentation of the monthly contacts, either in-person, via telephone, or via video conferencing, to discuss progress, behavioral issues, and family updates with the juvenile correctional counselor.”* During the month, probation staff made repeated attempts by phone and email to arrange a contact with the juvenile and the counselor but received no response from the counselor.

In regard to, *“did not have documentation thirty (30) days after release, the PO convened a meeting with the juvenile, family and service providers.”* Funding issues between the parent and service provider contributed to the thirty day meeting requirement not being met by staff.

Effect on Program:

The implementation of new Re-entry procedures coincided with the hiring of several new probation officers in the Unit. Some staff assigned to supervise parole cases had limited experience and training which contributed to the Unit being cited as non-compliant in this area.

Planned Corrective Action:

Missing Contacts/Documentation

A standard template will be developed to include all required elements to be reviewed during the juvenile monthly contact and posted on the Unit X drive by the Director on or before January 1, 2018.

Probation Officers will document each attempt to contact the JCC Counselor in the case narrative. At the third attempt, the Probation Officer will notify the Unit Supervisor and document efforts in the case narrative. Supervisors will contact the JCC Supervisor by phone and/or email to address the issue and document efforts in the case narrative.

Supervisors will review the standard, including all elements required to be addressed during a juvenile monthly contact, with probation staff by January 1, 2018.

Supervisors will provide quality assurance by reviewing case narratives every 90 days to ensure compliance with this standard. The Unit Director will review a minimum of two parole cases

each quarter to monitor staff compliance with the standard.

30 Day Release Meeting

The Unit currently utilizes the DJJ Continuum of Services process to access services for youth and manages payment of the services.

Probation Officers make timely referrals to the Service Coordinator with Evidenced Based Associates and coordinate meetings with the youth, family and treatment provider.

Probation Officers will document the 30-day release meeting in the case narrative.

Supervisors will provide quality assurance by reviewing case narratives every 90 days to ensure compliance with the standard.

Completion Date:

January 1, 2018

Person Responsible:

Unit Director, Supervisors and assigned parole staff.

Current Status as of March 29, 2018: Non-Compliant

- Three of three applicable case files reviewed documented the probation officer's monthly contact with the juvenile, either in person, via telephone, or via video conferencing to discuss progress, behavioral issues, and family updates.
- Two of three case records reviewed did not have documentation that one or more of the following elements were reviewed during the juvenile monthly contact:
 - Family planning and progress on Family Domain section of CRCP;
 - Comprehensive Re-entry Case Plan (CRCP) goals and progress;
 - Educational goals and progress;
 - Behavior and adjustment;
 - Intervention strategies;
 - Re-entry/parole placement and service needs (e.g., benefits);
 - Review and update family transportation plan; and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
- Three of three applicable case files reviewed documented the monthly contacts in-person, via telephone, or via video conferencing, to discuss progress, behavioral issues, and family updates with the juvenile correctional counselor.
- The 25th District Court Service Unit did not have any residents released from the juvenile correctional center during the Status Review period January 1, 2018 to March 29, 2018.

RPM May 29, 2018 Status Review Finding: Compliant

Three applicable case files were reviewed.

1. Two of three case files reviewed documented the probation officer's monthly contact with the juvenile, either in person, via telephone, or via video conferencing to discuss progress, behavioral issues, and family updates. One case file was compliant with April contact, but did not have May contact. There was an attempt on May 25, 2018
2. Three of three case records reviewed documented that the following elements were reviewed during the juvenile monthly contact:
 - Family planning and progress on Family Domain section of CRCP;
 - Comprehensive Re-entry Case Plan (CRCP) goals and progress;

25th District Court Service Unit (Staunton)

- Educational goals and progress;
 - Behavior and adjustment;
 - Intervention strategies;
 - Re-entry/parole placement and service needs (e.g., benefits);
 - Review and update family transportation plan; and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
3. 30 days after release convene service providers, juvenile, and parent meeting. The 25th District Court Service Unit did not have any residents released from the juvenile correctional center during the Status Review period March 29, 2018 to May 29, 2018.
-

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

PROGRAM AUDITED:

Chaplin Youth Center
125 Hot Top Road
Fredericksburg, VA 22401
Phone 540 371- 0590
Thomas Keating, Residential Services Director
tom.keating@chaplinyouthcenter.org

AUDIT DATES:

January 16 and 22, 2018

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

June 10, 2015- June 9, 2018

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS - February 2-3, 2015:

95% Compliance Rating
6VAC35-41-210 (B). Required retraining.
6VAC35-41-210 (C). Required retraining.
6VAC35-41-310.B Personnel records
6VAC35-41-1210 (A). Tuberculosis screening (Critical)
6VAC35-41-1280. (E) Medication (Critical)
6VAC35-41-1280. (H) Medication (Critical)

CURRENT AUDIT FINDINGS – January 16 and 22, 2018

97.92 %Compliance Rating
6VAC35-41-90 (D) Serious incident reports
6VAC35-41-350 (C) Buildings and inspections
6VAC35-41-490 (I) Emergency and evacuation procedures (Critical)
6VAC35-41-1250 (D) Residents' health records
6VAC35-41-1280 (E) Medication. (Critical)
6VAC35-41-1280 (I) Medication

DEPARTMENT CERTIFICATION ACTION – June 13, 2018: Certified Chaplin Youth Center until June 9, 2021.

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

TEAM MEMBERS:

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

Ricky Walker, ANCHOR Group Home
William Jackson, Molinari Juvenile Shelter

POPULATION SERVED:

Chaplin Youth Center is a community-based group home for at-risk adolescent males and females between the ages of 12 and 17. It has a capacity of 12 residents. The youth may be referred to two main programs as outlined below:

Shelter Care Services

Chaplin Youth Center provides short-term emergency shelter care services for youth pending disposition. Youth may be placed via a Shelter Care Order either by the court or Intake Officer. Youth can remain in Shelter Care for a maximum of 90 days. Youth attend school in their home district, follow a set daily routine/schedule, complete house chores, and earn points based on behavior, effort, and participation. Parents of referred youth must participate in service provision and may be required to attend group services at the Center.

Post-Dispositional Program Services

Chaplin Youth Center's main program is a six (6) to twelve (12) month program for youth who require a less restrictive placement than secure detention, but are unable to remain in their homes due to their behaviors or criminal involvement. Youth move through a levels system designed to develop healthy, responsible behaviors and positive decision-making skills. Youth attend school in their home district, follow a set daily routine/schedule, complete house chores, and earn points based on behavior, effort, and participation.

Youth at the upper levels may earn weekend home visits that assist with family reintegration. Once a youth reaches Level 4, they begin the transition period to returning home. Parents and families are required to participate in service provision and may be required to attend group services at the Center.

PROGRAMS AND SERVICES PROVIDED:

Facility:

Staff members provide 24-hour supervision to all residents. In addition, staff are trained to provide 1:1 informal counseling on specific topics as outlined in the resident's individualized service plan. Certain members or staff may also provide impromptu group facilitation (including but not limited to: substance abuse, independent living skills, coping and decision-making skills, thinking errors, etc.), and any resident who may require outside services is provided with specific referrals and assistance obtaining those services.

Community:

- Rappahannock Area YMCA
 - Central Rappahannock Regional Library
 - Stafford County Parks and Recreation and other community facilities for recreation, educational support and entertainment
 - Public and private counseling agencies for therapeutic purposes or mental health needs
 - Liaison between the resident and his/her home school division for educational placements.
-

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

FACILITY/PROGRAM: Chaplin Youth Center
SUBMITTED BY: Thomas Keating, Residential Services Director
CERTIFICATION AUDIT DATES: January 16 and 22, 2018
CERTIFICATION ANALYST: Shelia L. Palmer

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

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

The facility shall (i) prepare and maintain a written report of the events listed in subsections A and B of this section and (ii) submit a copy of the written report to the director or designee. The report shall contain the following information:

1. The date and time the incident occurred;
2. A brief description of the incident;
3. The action taken as a result of the incident;
4. The name of the person who completed the report;
5. The name or identifying information of the person who made the report to the placing agency and to either the parent or legal guardian, as appropriate and applicable; and
6. The name of or identifying information provided by the person to whom the report was made, including any law enforcement or child protective service personnel.

Audit Finding:

Three out of five serious incident reports reviewed did not document the name and or the identifying information of the probation officer or law enforcement.

Program Response

Cause:

The form that was being utilized by the program did not have spaces for the names of the CSU representative nor the police officer contacted when serious incidents occur.

Effect on Program:

There is the potential that if further information needed to be conveyed or ascertained that we would not have knowledge of who to contact.

Planned Corrective Action:

A new form has been created and all staff have been advised and trained on the fact that this information must be ascertained in the event of a serious incident.

Completion Date:

March 1, 2018

Person Responsible:

Benjamin Nagle

Current Status as of May 25, 2018: Compliant

Two out of two serious incident reports reviewed documented the name and or the identifying information of the probation officer or law enforcement.

6VAC35-41-350 (C). Buildings and inspections.

The facility shall maintain a current copy of its annual inspection and approval, in accordance with state and local inspection laws, regulations, and ordinances, of the following:

1. General sanitation;
2. Sewage disposal system;
3. Water supply;
4. Food service operations; and
5. Swimming pools, if applicable.

Audit Finding:

The facility did not have documentation of the general sanitation annual inspection for the fiscal year 2015 and 2016.

Program Response

Cause:

Residential Director was unaware of the requirement prior to April of 2017. Upon learning of the requirement the form was filled out for 2017 and has already been completed for 2018.

Effect on Program:

None

Planned Corrective Action:

RSD has spoken with John Adams from DJJ who has indicated that he will do sanitation inspections as is required when he does semi-annual visits.

Completion Date:

February 1, 2018-ongoing

Person Responsible:

Tom Keating

Current Status as of May 25, 2018: Compliant

The facility had documentation of the general sanitation annual inspection for the fiscal year 2017 and 2018.

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

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

Audit Finding:

There were no evacuation drills conducted at the facility on the 8am – 2 pm shift during the months of April 2016, May 2016, June 2016, January 2017, February 2017, March 2017, April 2017, and May 2017. There was no evacuation drill on the 2 pm – 11 pm shift during the months of April 2017 and no evacuation drill on the 11 pm – 8 am shift during the months of March 2017, April 2017 and May 2017.

Program Response

Cause:

Staff were not diligent in assuring that fire drills were completed on staggered shifts as is required by regulatory guidelines.

Effect on Program:

Staff who worked certain shifts were not given the opportunity to become as familiar with the procedures. Residents also were not exposed to potential evacuations at different times.

Planned Corrective Action:

The amount of emergency evacuations scheduled has doubled and is checked bi-weekly by the director and/or case manager.

Completion Date:

February 1, 2018

Person Responsible:

Tom Keating

Current Status as of May 25, 2018: Compliant

The evacuation drill logbook reviewed documented that an evacuation drill had been conducted at least once during the month of February, March, April and May 2018.

6VAC35-41-1250 (D). Residents' health records.

Each resident's health record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) documentation of follow-up dental care recommended by the dentist or as indicated by the needs of the resident. This requirement does not apply to shelter care facilities and respite care facilities.

Audit Finding:

One of one applicable medical file reviewed did not have documentation of an annual examination by a licensed dentist.

Program Response

Cause:

The social worker that took the young man for his dental appointment failed to provide CYC with a copy of the record despite several requests.

Effect on Program:

None

Planned Corrective Action:

In the event that a youth is here for longer than a year CYC staff will accompany the youth to the appointment and secure the documentation immediately.

Completion Date:

Ongoing

Person Responsible:

Tom Keating

Current Status as of May 25, 2018: Compliant

One of one applicable medical file reviewed had documentation of an annual examination by a licensed dentist.

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

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:

One of one Medication Administration Record (MAR) reviewed had documentation that the resident had been administered over-the-counter medications, Midol Complete, Diphenhydramine and Pepto-Bismol, which were not on the approved over-the-counter medication sheet.

Program Response

Cause:

Staff was given a verbal confirmation that the medications were acceptable for the youth to take, however, the documentation was never obtained.

Effect on Program:

Youth was given medications that appeared to have not been approved by her physician.

Planned Corrective Action:

There are to be not OTC forms accepted that are not completed in their entirety.

Completion Date:

February 1, 2018

Person Responsible:

Tom Keating

Current Status as of May 25, 2018: Compliant

Three of three Medication Administration Records (MAR) reviewed had documentation that the resident had been administered over-the-counter medications which were approved on the over-the-counter medication sheet.

6VAC35-41-1280 (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 a healthcare professional approved the procedure during the audit period.

Program Response

Cause:

Chaplin has historically not had an assigned doctor or health professional.

Effect on Program:

Facility was not in compliance with regulatory requirements.

Planned Corrective Action:

CYC's Written Procedures for Medication Administration has been approved by an MD and a copy of the acknowledgment form is attached.

Completion Date:

March 13, 2018

Person Responsible:

Dr. Chris Harrington

Current Status as of May 25, 2018: Compliant

There was documentation that a healthcare professional approved the procedure for the year 2018.

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

PROGRAM AUDITED:

Foundations Group Home
12720 Lee Highway
Fairfax, VA 22030
(703) 830-2930
Denise D. Studeny, Director
Denise.Studeney@fairfaxcounty.gov

AUDIT DATES:

February 27-28, 2018

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

March 15, 2017 – March 14, 2018

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS October 18, 2016:

6VAC35-41-340(B) Face Sheet
6VAC35-41-860(A) Individual service plan
6VAC35-41-1280 (F) Medication
6VAC35-41-1280(H) Medication CRITICAL
6VAC35-41-1320(D) Physical Restraint

CURRENT AUDIT FINDINGS – February 28, 2018:

99.7% Compliance Rating

6VAC35-41-350 (C) Buildings and inspections

DEPARTMENT CERTIFICATION ACTION –June 13, 2018: Certified Foundations Group Home until March 14, 2021.

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

TEAM MEMBERS:

Clarice T. Booker, Team Leader
John Adams, Central Office
Deborah Hayes, Central Office
William Jackson, Molinari Juvenile Shelter
Rachel Kindell, Aurora House
Mark Lewis, Central Office
Shelia Palmer, Central Office

POPULATION SERVED:

Foundations is a highly structured, community-based and trauma informed residential treatment

program for court-involved girls who exhibit chronic behavioral issues and have been unable to be assisted on an outpatient basis. It serves adolescent females between the ages of 13 and 17. It has a capacity of 12 residents. The facility is operated by Fairfax County and serves residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

Foundations offers a highly structured environment with both a behavioral and clinical component. The goal is for residents to adopt more positive interactions among themselves, with their families, and within the community. The major objectives of the program are to address the behaviors that brought the resident to the court and help them understand the underlining issues to the behavior. Treatment is premised on the belief that girls need to gain a sense of independence, self-control, and self-confidence in order to build a healthy, productive future. The program is designed to change a resident's behavior, foster healthy emotional functioning, strengthen family functioning, and successfully facilitate a return to the home and community.

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

- Individual, group, and family counseling
- Anger management
- Social skills
- Decision making and coping skills
- Parent support groups
- Multi-family groups
- Aftercare or transition services

Foundations interacts with the community in obtaining such services as:

- Education through Fairfax County Public Schools
- Alcohol and drug treatment services, including family consultation and individual and group therapy through the Community Services Board
- Recreation through county facilities

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

FACILITY/PROGRAM:	Foundations
SUBMITTED BY:	Denise D. Studeny
CERTIFICATION AUDIT DATES:	February 27 - 28, 2018
CERTIFICATION ANALYST:	Clarice T. Booker

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

6VAC35-41-350 (C). Buildings and inspections

The facility shall maintain a current copy of its annual inspection and approval, in accordance with state and local inspection laws, regulations, and ordinances, of the following:

1. General sanitation;
2. Sewage disposal system;
3. Water supply;
4. Food service operations; and
5. Swimming pools, if applicable.

Audit Finding:

There was no documentation of a sanitation inspection of the facility between 2/10/16 and 2/28/18.

Program Response

Cause:

The Sanitation Inspection for 2017 was not completed. This was the oversight of the Director who did not know that these needed to be requested from the Health Department or the DJJ Certification Specialist who oversees Food Services.

Effect on Program:

There was not documentation that the program was in compliance with the Sanitation requirements.

Planned Corrective Action:

A Sanitation Inspection was completed on March 3, 2018. See attached for documentation. In addition, the Director will work with the Administrative Assistant and the Food Services Specialist to ensure this occurs on a yearly basis. There will be a reminders placed in the calendar and in the kitchen area.

Completion Date:

March 3, 2018

Person Responsible:

The Facility Director

Current Status on March 9, 2018: Compliant

The facility was inspected by the Health Department on March 3, 2018 and a copy of the annual Sanitation Inspection is on file.

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

PROGRAM AUDITED:

Loudoun County Juvenile Detention Center
42020 Loudoun Center Place
Leesburg, VA 20175
(703) 771-5200
Michelle Smith, Superintendent
Michelle.Smith@loudoun.gov

AUDIT DATES:

January 8-9, 2018

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

May 14, 2015 – May 13, 2018

REGULATIONS AUDITED:

6VAC35-101 Regulations Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS – March 11, 2015:

6VAC35-101-510 (I) Emergency and evacuation procedures (CRITICAL)
6VAC35-101-1060 (H) Medication (CRITICAL)

CURRENT AUDIT FINDINGS – January 9, 2018:

98.9% Compliance Rating

No repeat deficiencies from previous audit.

6VAC35-101-155 (A) Employee tuberculosis screening and follow-up (CRITICAL)
6VAC35-101-990 (A) Tuberculosis screening (CRITICAL)

DEPARTMENT CERTIFICATION ACTION: Certified Loudoun County Juvenile Detention Center and Post-Dispositional Program until May 13, 2021.

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

TEAM MEMBERS:

Clarice Booker, Team Leader
John Adams, Central Office
Justin Ford, Prince William Juvenile Detention Center
Deborah Hayes, Central Office
Jason Henry, Rappahannock Juvenile Detention Center
Mark Lewis, Central Office
Leah Nelson, Central Office
Shelia Palmer, Central Office
Daniel Reilly, Fairfax Juvenile Detention Center
Susie Vaughn, Northwestern Regional Juvenile Detention Center

POPULATION SERVED:

The Loudoun County Juvenile Detention Center is a 24 bed secure residential facility for pre- and post-dispositional youth, serving the counties of Loudoun, Rappahannock and Fauquier.

Loudoun County retains 22 beds for its own use, and leases one bed each to Fauquier and Rappahannock Counties. There are eight beds designated for the Post-dispositional Program.

PROGRAMS AND SERVICES PROVIDED:

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

- Individual and group services for NA/AA
 - On-site education through Loudoun County Public Schools
 - Various volunteer activities and groups such as structural design (bridge making) and recreation
 - Religious activities through various volunteers from the faith based community
 - Community service for the Post Dispositional Program in coordination with the Department of Parks and Recreation
 - Meals provided through the Area Agency on Aging (AAA) Central Kitchen
 - Mental health services through Loudoun County Mental Health
-

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

FACILITY/PROGRAM: Loudoun County Juvenile Detention Center

SUBMITTED BY: Michelle Smith, Superintendent

CERTIFICATION AUDIT DATES: January 8-9, 2018

CERTIFICATION ANALYST: Clarice T. Booker

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

6VAC35-101-155 (A) Employee tuberculosis screening and follow-up (CRITICAL)
On or before the employee's start date at the facility and at least annually thereafter each employee shall submit the results of a tuberculosis screening assessment that is no older than 30 days. The documentation shall indicate the screening results as to whether there is an absence of tuberculosis in a communicable form.

Audit Finding:

The results of tuberculosis screening assessments were not submitted within the required timeframes in two out of three applicable new staff files reviewed.

Program Response

Cause:

The JDC was without an administrative assistant from April 2017 – September 2017. The hiring managers failed to ensure that this standard was followed. The hiring managers were covering

the hiring process duties of the Administrative Assistant.

Effect on Program:

No effect to the program.

Planned Corrective Action:

This will now be completed at the hire physical. We are eliminating this additional step.

Completion Date:

New process went into effect Jan 1, 2018. (Note this was a new process prior to the audit but this will certainly support this plan).

Person Responsible:

Primary oversight will be completed by Tyra Coates, Administrative Assistant. Secondary oversight will be completed by hiring managers, Karen Fletcher, Facility Manager and Eric Hockenberry, Program Manager.

Status on March 30, 2018: Compliant

Two new employees started 1/11/18 and TB screenings were submitted within the required timeframes.

Current Status on May 29, 2018: Compliant

One new employee started 5/3/18 and the TB screening was submitted within the required timeframes.

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:

Tuberculosis screenings were not completed within the required timeframes in two out of three applicable resident medical files reviewed.

Program Response

Cause:

Cause cannot be exactly determined. The test/signatures of nurse were given just outside of required time frame. There are no obvious reasons for oversight.

Effect on Program:

No effect on program

Planned Corrective Action:

JDC Administration staff are in the beginning stages of working with a contract nursing organization to hire a part-time registered nurse. The goal for this contract nurse is to work two evenings a week and one weekend day. The contract nurse will also provide coverage when the full-time RN is on extended leave or when position is vacant. In addition, the administrator over medical will schedule periodic reviews of documents to ensure timelines are met.

Completion Date:

Additional medical support staff – Goal will be to have this in place June 1, 2018 if not sooner.
Periodic reviews of documents – already set in motion.

Person Responsible:

Phyllis D. Thaggard, RN will complete primary oversight. Secondary oversight will be completed with facility doctor until hiring of contract nurse. Administrator assigned to medical provides additional oversight and quality assurance of program.

Status on March 30, 2018: Non-compliant

The records of eight applicable new residents were reviewed and one out of the eight did not have the TB screening within the required timeframe. The resident was admitted on 1/16/18 and the TB screening was completed on 1/22/18.

Current Status on May 29, 2018: Compliant

The records of ten applicable new residents were reviewed and were found fully compliant.

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

PROGRAM AUDITED:

Lynnhaven Boys' Home
2293 Lynnhaven Pkwy
Virginia Beach, Virginia 23456
(757) 471-0140
Erika Palmer, Director
epalmer@tyscommission.org

AUDIT DATES:

September 11-12, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

February 11, 2015 – February 10, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS: September 24-25, 2015

6VAC35-41-1200. Health Screening at Admission

CURRENT AUDIT FINDINGS: September 11-12, 2017

98.576% Compliance Rating

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

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

6VAC35-41-1250 (C). Residents' health records.

DEPARTMENT CERTIFICATION ACTION – June 13, 2018: Certified Lynnhaven Boys Home until February 10, 2021.

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
Teneka Wortham, Central Office
Deborah Hayes, Central Office
Jackie Nixon, Chesapeake Juvenile Services
Tom Keating, Chaplin Youth Center
Gracia O'Connor-Mallard, Virginia Beach Juvenile Detention Center

POPULATION SERVED:

Lynnhaven Boys Home (LBH) is a 12 bed residential facility that serves post-dispositional and pre-dispositional males between the ages of 13 and 17 who are referred by the Juvenile Court and/or Social Services. The program is sponsored by the Tidewater Youth Services Commission and serves the cities of Portsmouth, Chesapeake, Virginia Beach, Suffolk, Franklin, and Isle of Wight County.

Lynnhaven Boys Home is a two-story brick building. The lot is fenced in and has plenty of room to play football, volleyball and other yard games. There also is a half basketball court. Downstairs is comprised of three administrative offices, a TV/recreation room, a conference room, laundry room, bathroom with a separate shower room, and a common area large enough to sit all the residents and staff comfortably. The upstairs is comprised of five bedrooms, one full bath and one ¾ bath (toilet, sink and shower), a dining area and a full kitchen.

PROGRAMS AND SERVICES PROVIDED:

Lynnhaven Boys Home (LBH) is a community-based program where the residents live, attend school, and work in the community just as if they were living at home. LBH provides a structured environment in which immediate feedback and counseling is provided to encourage growth in the areas of social skills and positive behavior. LBH utilizes a point sheet that is broken down in time frames that corresponds with the facilities daily schedule. This provides the resident the opportunity to turn his behavior around without affecting the entire day. Residents earning 85 out of 100 daily points earn extra privileges such as playing video games and having extra phone privileges. LBH merit system rewards noted effort on the resident's part to exhibit appropriate and helpful behavior. The primary focus of the program is to provide a climate whereby responsible and mature behavior is taught, learned, and practiced. The result will be that residents live productively within the law. This can best be accomplished by engaging the family and the resident in an ongoing process that will alleviate personal difficulties and prompt healthier future relations.

LBH educational component is provided by the Virginia each Public School. The majority of the youth attend the Renaissance Academy which both middle school and high school education. Transportation is provided by the Virginia Beach Public Schools transportation system. Any resident who is suspended from school is required to do assigned homework and community project. If a resident is unable to attend public school due to expulsion, a computer based GED program is available at the facility.

Due to staffing issues, the facility was temporarily closed soon after the audit and did not reopen until April 8, 2018. Residents were moved to other facilities operated by the Tidewater Youth Service Commission. Staffing issues were resolved. Once the facility reopened, the Certification Audit Report was completed for certification action.

SERVICES PROVIDED:

- Direct:
 - Individual and family counseling
 - Aggression Replacement Training
 - Thinking for a change
 - Case management
 - Medication administration
 - Aftercare
 - Individual Counseling
 - Family Counseling
 - Treatment Planning
 - Tutoring
 - Independent Living Skills
 - Educational Support

- Community

- Literacy and Math
 - Social Skills
 - Independent Living Skills
 - Experiences/Exposure
 - Community: (Services offered by community agencies and resources)
 - Out Patient Service with Christian Psychotherapy
-

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

FACILITY/PROGRAM: Lynnhaven Boys Home

SUBMITTED BY: Ericka Palmer, Director

CERTIFICATION AUDIT DATES: September 11-12, 2017

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:

Three of three new employee files reviewed had documentation that the screening results for being free from tuberculosis in a communicable form was older than 30 days at the time of the employee's start date at the facility.

Program Response

Cause:

Program administration did not clearly understand the term start date versus hire date. It is now clear that the employee must start working within 30 days of the tuberculosis screening.

Effect on Program:

The intent of the regulation is to ensure that all new employees are currently free from tuberculosis in a communicable form. TB screenings completed more than 30 days may pose a risk of a new employee introducing TB into the facility thus exposing residents and staff to the illness.

Planned Corrective Action:

Administration will only send a new hire to obtain a TB screening once all other required pre-employment documentation has been submitted to Human Resources. In the event that there are

any unforeseen delays to the employee's start date beyond 30 days from the initial TB screening, the employee will be sent for a new screening prior to starting work.

Completion Date:

9-12-17

Person Responsible:

Administration, Program Director, Assistant Director

Current Status on May 14, 2018: Not Determined

Lynnhaven Boys Home has had no new employees hired since their last audit in September 2017. The facility was closed soon after the audit and did not reopen until April 8, 2018. There was a hiring freeze, which was recently lifted. The facility has three potential new hires but they cannot begin employment until the background checks are completed. Hopefully the new employee will begin by mid-June.

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

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

Audit Finding:

Two of nine medical records reviewed had documentation that the screening assessment for tuberculosis was older than 30 days at the time of the resident's placement at the facility.

Program Response

Cause:

Tuberculosis screening forms were received from the residents previous placements. Staff neglected to take note of the date the screenings were received. The date of the screenings that were received exceed 30 days at the time of each residents' admission.

Effect on Program:

The program can be effected by this if a new resident has been accepted into the facility without the proper steps being taken to ensure that he/she is in good health. Tuberculosis is also a communicable disease therefore neglecting to take the correct precautions can also place the current residents and staff members at risk. This also effects proper documentation for the resident's medical records.

Planned Corrective Action:

As of 9-12-17 all resident TB screenings have been reviewed by an administrator. Administration will also distribute a memo to all staff outlining the deficiency and the requirements of regulation 6VAC35-41-1210 (A) residents' health records. All staff members will be trained on how to properly review tuberculosis screenings records and screening dates that are received from other facilities. Administration will continue to complete a final review on all TB screenings of residents that are admitted into the facility.

Completion Date:

09-12-17

Person Responsible:

Program Director, Assistant Director, all staff members

Current Status on May 14, 2018: Compliant

Ten medical records reviewed had a screening assessment for tuberculosis which were either no older than 30 days or were completed within seven days of admission.

6VAC35-41-1250 (C). Residents' health records.

C. Each physical examination report shall include:

- 1. Information necessary to determine the health and immunization needs of the resident, including:**
 - a. Immunizations administered at the time of the exam;**
 - b. Vision exam;**
 - c. Hearing exam;**
 - d. General physical condition including documentation of apparent freedom from communicable disease, including tuberculosis;**
 - e. Allergies, chronic conditions, and handicaps, if any;**
 - f. Nutritional requirements including special diets, if any;**
 - g. Restrictions on physical activities, if any; and**
 - h. Recommendations for further treatment, immunizations, and other examinations indicated;**
- 2. Date of the physical examination; and**
- 3. Signature of a licensed physician, the physician's designee, or an official of a local health department.**

Audit Finding:

Two of five medical records reviewed were missing documentation of the resident's apparent freedom from communicable disease, including tuberculosis.

Program Response

Cause:

The program did not recognize that the necessary TB and communicable disease information was not included on the physical examination reports provided by the local detention facilities. Staff assumed that the physical examination reports provided by a DJJ certified facility had all of the required elements included. The missing information was overlooked.

Effect on Program:

Documentation of residents' apparent freedom from communicable disease, including tuberculosis, is imperative to ensure that all residents and staff are not unnecessarily exposed to illness. The population Lynnhaven Boys' Home serves is at a higher risk of exposure to communicable disease.

Planned Corrective Action:

Administration will review all LBH policies and procedures as well as DJJ regulations as they pertain to new admissions and residents' health and safety. Administration will also distribute a memo to all staff outlining the deficiency and the requirements of regulation 6VAC35-41-1250(C)

residents' health records. This information will also be reviewed at the next staff meeting. In addition, resident health records will be thoroughly reviewed by administration upon receipt for any missing information and if necessary follow-up will occur to obtain any missing health information.

Completion Date:

9-12-17

Person Responsible:

Program Director, Assistant Director, all staff members

Current Status on May 14, 2018: Compliant

Three applicable medical records reviewed had documentation on an initial physical examination that the resident was free from communicable disease, including tuberculosis.

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

PROGRAM AUDITED:

Virginia Beach Crisis Intervention Home
811 13th Street
Virginia Beach, Virginia 23451
(757) 422-4521
Thomasine Norfleet, Director
tnorfleet@tyscommision.org

AUDIT DATES:

December 4-5, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

May 13, 2015 – May 12, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS January 12, 2015

6VAC35-41-350.B Building and Inspections CRITICAL
6VAC35-41-1210.A – Tuberculosis Screening CRITICAL
6VAC35-41-1280 H – Medication CRITICAL
6VAC35-41-1280.J – Medication CRITICAL

CURRENT AUDIT FINDINGS – December 5, 2017

97.560% Compliance Rating
6VAC35-41-50 (A). Age of residents
6VAC35-41-110 (A). Grievance procedure.
6VAC35-41-460 (A). Maintenance of the buildings and grounds
6VAC35-41-490 (I). Emergency and evacuation procedures. CRITICAL
6VAC35-41-1250 (A). Residents' health records CRITICAL
6VAC35-41-1280 (F). Medication
*6VAC35-41-1280 (H). Medication CRITICAL
* Repeated deficiencies from previous audit

DEPARTMENT CERTIFICATION ACTION – June 13, 2018: Certified Virginia Beach Crisis Intervention Home until May 12, 2021.

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
John Adams, Central Office
Deborah Hayes, Central Office

Jackie Nixon, Chesapeake Juvenile Services
Leviticus Bass, Prince William County
Carolyn Radcliff, Crossroads
Christine Wilder, Chesapeake Juvenile Services

POPULATION SERVED:

The Crisis Intervention Home (CIH) provides 24-hour intake for up to 12 males and females between the ages of 13-17 from referrals made by the Court Service Unit and Social Service agencies. CIH opened under the aegis of the Tidewater Regional Group Home Commission (TRGHC) in 1975 at its first location at 317 20th Street, Virginia Beach. In the winter of 1986, the facility moved to 811 13th Street, Virginia Beach. Our current building was built in 1985. In 1988, an extension was added to the building to include a Director's office, conference room, and staff bathroom. It is a one-story facility constructed of a brick exterior with wood trim. In 2009, the Commission changed its name to the Tidewater Youth Services Commission.

The following rooms are located in the building: Secretary's office, schoolroom, front/staff office, Assistant Director's office, Counselor workstation area, laundry room, utility closet, storage closet, 6 bedrooms, 4 resident bathrooms, 2 staff bathrooms, kitchen, pantry, resident common/ living area, dining area, Director's office, and a conference room. There are also two detached storage sheds.

The CIH is situated in a residential area, eight blocks from the Oceanfront. It is fenced on three sides, and is approximately sixty feet from the road on 13th street. A parking lot accommodates twelve automobiles, one of which is a handicapped space.

PROGRAMS AND SERVICES PROVIDED:

The Crisis Intervention Home (CIH) offers an intensive, short-term crisis intervention program designed to stabilize youth and their families, and help them clarify and resolve crisis situations. CIH also offers long term programming (3-6 months) for females referred and accepted into the post-dispositional program. The goal is to prevent further involvement with the court system and to offer an alternative to detention for youth in crisis. The staff assists each youth in recognizing his/her own life goals and establish steps to achieve them. An Initial Objectives and Strategies Plan are developed for each youth within 72hrs of their placement. An Individual Service Plan / Behavior Support Plan are created for residents who are in the program for 30 days or longer. This Plan is created with the resident and involves the referring agency and parent/legal guardian to present a level of accountability for the resident. It also allows staff to understand what triggers a resident's negative behavior and what interventions work and do not work with a particular resident. The staff works with referring agencies to help prepare youth without family involvement for future placements. Residents accepted into the post-dispositional program are also required to receive Family Counseling and Aggression Replacement Training during their placement. Home visits are another component of the post-dispositional program that is designed to help the child transition back into their family environment

SERVICES PROVIDED:

- Direct:
 - Individual Counseling
 - Aggression Replacement Training
 - Periodic Life Skills and Adolescent Groups

- Recreational Activities
 - Assessment of client Needs
 - Family Counseling upon a request from the referring agency/worker
-
- Community
 - Academic and vocational education in Virginia Beach School system
 - Medical, dental and psychological services
 - Star of the Sea Catholic Church, The Virginia Beach Rotary, The Bayshore Circle of the Kings Daughters, Cape Henry Rotary, Open Door Community Chapel, and various other organizations and individuals – Provide monetary gifts and service donations to the facility youth for needs such as prescription medication refills, clothing, school supplies, projects for the Crisis Intervention Home, recreational outings, holiday gifts, etc.

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

FACILITY/PROGRAM: Virginia Beach Crisis Intervention Home

SUBMITTED BY: Thomasine Norfleet, Director

CERTIFICATION AUDIT DATES: December 4-5, 2017

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.

6VAC35-41-50 (A). Age of residents.

A. Facilities shall admit residents only in compliance with the age limitations approved by the board in establishing the facility's certification capacity, except as provided in subsection B of this section.

Audit Finding:

Virginia Beach Crisis Intervention Home exceeded their certification capacity of 12 on several occasions during the past 13 months:

MONTH	MONTHLY AVERAGE
11/16	14
12/16	13.6
1/17	12.25
6/17	14.75
7/17	13
10/17	15.6
11/17	16.5

Program Response

Cause:

Youth are court ordered into the program. The courts are notified of the population on a daily basis; however if a judge court orders a youth into the program we cannot deny the placement. In addition to the above mentioned; Westhaven Boys Home had an emergency merger with Crisis Intervention Home in December 2016 due to a shooting incident, and in November 2017, Lynnhaven Boys Home merged with Crisis Intervention Home due to a staff shortage. This gave the courts limited options for placements at that time. Both of these situations were unique and unprecedented.

Effect on Program:

This standard helps insure that there is adequate spacing in the resident bedrooms to ensure their comfort and overcrowding. A higher population could pose more challenges to meet residents' needs.

Planned Corrective Action:

We will continue to advise the courts when we are at full capacity and staff will monitor the spacing of the beds more closely. We will make every effort to allow for the adequate spacing when over-populated.

Completion Date:

January 5, 2018

Person Responsible:

Thomasine Norfleet, Program Director

Current Status on March 26, 2018: Compliant

Virginia Beach Crisis Intervention Home did not exceed their certification capacity of 12 during the month of January and February 2018.

6VAC35-41-110 (A). Grievance procedure.

A. Written procedure shall provide that residents are oriented to and have continuing access to a grievance procedure that provides for:

- 1. Resident participation in the grievance process with assistance from staff upon request;**
- 2. Investigation of the grievance by an objective employee who is not the subject of the grievance;**
- 3. Documented, timely responses to all grievances with the reasons for the decision;**
- 4. At least one level of appeal;**
- 5. Administrative review of grievances;**
- 6. Protection from retaliation or threat of retaliation for filing a grievance; and**
- 7. Hearing of an emergency grievance within eight hours.**

Audit Finding:

Five of five grievance forms reviewed were missing one or more of the following elements:

- **Investigation of the grievance by an objective employee who is not the subject of the grievance**
 - **Documented, timely responses to all grievances with the reasons for the decision**
 - **At least one level of appeal**
 - **Administrative review of grievances**
-

Program Response

Cause:

There were missing elements on the actual grievances form that clearly documented the grievance policy and procedure. Although some of the information was not included on the form an agency administrator not the subject of the grievance did investigate all grievances. However, this was not clearly noted on the form. In reference to documented timely responses to all grievances with a reasonable decision, it was recommended by the Audit Team that there be check boxes to indicate the above information. Again, all grievances were held within the required timeframes; however, the grievance form needed to be revised to clearly record the information. It was recommended that there also be a check box on the form to include the different levels of appeals and that the resident was in agreement with stopping at particular level of appeal. All grievances were signed and reviewed by an administrator, however it would be helpful to have a comment as to the final outcome.

Effect on Program:

It's important to show that all steps of the grievance was adhered to. In addition it's important to document clearly that all grievances are managed appropriately.

Planned Corrective Action:

The grievance form will be revised and submitted to Mark Lewis for his approval.

Completion Date:

January 15, 2018

Person Responsible:

Thomasine Norfleet, Program Director

Current Status on March 26, 2018: Not Determinable

Virginia Beach Crisis Intervention Home did not have any grievances filed by residents during the month of January and February 2018 so compliance for this regulation could not be determined.

6VAC35-41-460 (A). Maintenance of the buildings and grounds.

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

Audit Finding:

The following were in need of cleaning, repairing or replacing:

- **Outside**
 - Cobwebs were on the ceiling and walls in front of the building
 - There was trash on the grounds
 - There was a rotten board on the porch
 - Several nails were popping out on the porch hand rail
 - There was trash around the dumpster
 - Vines were growing on the kitchen deck
- **Room 1**
 - There was graffiti on the walls and desk
 - The bath shower handle was loose
- **Room 3**
 - The bathroom door needed repairing
 - There was graffiti on the walls and furniture
- **Room 4**
 - The furniture needed painting
 - The receptacle was missing a cover
 - The bathroom mirror was missing
 - The caulking around the bathtub had mold and needed cleaning
 - The vents needed cleaning
- **Room 5**
 - The furniture needed painting
 - The blinds needed repairing or replacing
- **Room 6**
 - There was graffiti on the walls
 - The ceiling paint was peeling
 - The furniture needed painting
- **Fax Room**
 - A light needed to be replaced
 - The lights had dust and needed to be cleaned
- The door shade and blinds needed repairing or replacing in the kitchen and common area

Program Response

Cause:

Normal wear and tear throughout the building; residents sometimes write in areas not always visible to the eye. Our maintenance worker for the agency retired in October 2017 and had been out on FMLA for extended periods of time prior to his retirement. It took several months to be able to hire and process a new maintenance worker. Our new maintenance worker did not begin until December 2017.

Effect on Program:

It's important to keep the building clean and tidy and in good repair for the benefit of the residents, staff and any guest. A well maintained building helps promote the safety and well-being of all.

Planned Corrective Action:

Maintenance needs of the building are currently being addressed by our maintenance worker. All

graffiti issues have been addressed and cleaned. The light bulbs have been replaced in the rooms, a customized mirror for Room 4 bathroom will be ordered and replaced, and caulking around the bathtub and cleaning also in that bathroom is being completed by the maintenance person for the Agency. The trash has been removed from around the dumpster and all nails that were exposed have been hammered in place or replaced. The cobwebs in front of the building ceiling and walls were removed prior to the audit being completed. All blinds are being replaced throughout the facility. All vents were cleaned, and painting is ongoing. Regular dusting will be conducted by residents and staff on the primary cleaning day. Staff will implement a graffiti daily checklist.

Completion Date:

January 15, 2018

Person Responsible:

Thomasine Norfleet, Program Director

Current Status on March 26, 2018: Compliant

An inspection of the facility was conducted and all the deficiencies from the previous audit inspection had been corrected.

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

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

Audit Finding:

The evacuation drill logbook as well as the facility logbook had no documentation that evacuation drills were conducted at least once during three consecutive calendar months (May 2017 through August 2017) on the 4-12 shift.

Program Response

Cause:

The facility conducted emergency evacuation drills during the 8-4am and 12-8am shifts however inadvertently neglected to complete the 4-12am shift evacuation drill during the months of May-August 2017.

Effect on Program:

It is important that staff and residents be familiar with emergency evacuation procedures during all times of the day. Some staff may only work evening shifts and may be ill- prepared to handle a true emergency if they do not routinely have exposure to evacuation drills.

Planned Corrective Action:

Crisis Home will complete emergency evacuation drills during the 8-4, 4-12 and 12-8 shifts each month and document them appropriately. The Program Director will review the emergency evacuation drills before the end of the month.

Completion Date:

December 11, 2017

Person Responsible:

Thomasine Norfleet, Program Director

Current Status on March 26, 2018: Compliant

The evacuation drill logbook reviewed documented that an evacuation drill had been conducted at least once during the month of January and February 2018.

6VAC35-41-1250 (A). Residents' health records. CRITICAL

A. Each resident's health record shall include written documentation of (i) the initial physical examination, (ii) an annual physical examination by or under the direction of a licensed physician including any recommendation for follow-up care, and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident

Audit Finding:

Two medical records reviewed did not have documentation that an initial physical examination had been conducted.

Program Response

Cause:

The parents had been advised of the need for the physical examination; however we were unsuccessful with ensuring these physicals took place within the mandatory 90 day timeframe. This is an area where it is occasionally difficult to meet this standard. As we do not have health professionals on staff and we are not authorized to seek out medical treatment for the youths in our care, we rely on the follow-through of parents/ guardians to ensure that residents receive physical examinations within the 90 day timeframe. The Crisis Intervention Home has struggled to accomplish this due to not being the legal guardian and also most physicians require a complete immunization record prior to receiving the physical examination.

Effect on Program:

Initial physical examinations ensure all residents' medical and health needs are addressed. Failure to complete this within the 90-day timeframe could result in a health condition going unaddressed.

Planned Corrective Action:

Staff will continue to work to achieve compliance with this standard. Staff tells parents/ guardians that physicals are required between the 60th and 90th day of placement. Staff will continue to document their efforts and communication with all parties involved to see that the regulation is met. Due to the uncertainty of the length of stay for our residents, parents/ guardians often delay getting the youth we serve to a physician within the allotted timeframe. They usually anticipate an earlier release for the child. At this time, we are working with CVS Mini Clinic and Doctor's In Clinic to evaluate the possibility of having a community partnership to better meet this regulation; however the cost of this is significant and is unfunded.

Completion Date:

January 15, 2018

Person Responsible:

Thomasine Norfleet, Program Director

Current Status on March 26, 2018: Compliant

One medical record reviewed had documentation that an initial physical examination had been conducted within the proper time frame.

6VAC35-41-1280 (F). Medication.

F. All medications shall be administered in accordance with the physician's or other prescriber's instructions and consistent with the requirements of § 54.2-2408 of the Code of Virginia and the Virginia

Audit Finding:

Three of six Medication Administration Records reviewed had documentation that the following medications were not administered as prescribed:

- Resident 1
 - Motrin 600 mg was not administered on 12/21/16
 - Clindamycin 150 mg was not administered on 11/25/16 and 11/19/16
 - Resident 2
 - Triamcinolone Acctonide 0.1% ointment missed one dosage on 11/2/16, 11/3/16, 11/4/16, 11/10/16 and 11/11/16
 - Resident 3
 - Prednisone 10mg was not administered on 5/3/15
 - Triamcinolone (Kenalog) 0.1% cream was not administered on 5/2/15
-

Program Response

Cause:

Staff failed to administer one of the medications at the scheduled time and three of the medications missed the scheduled dosage.

Effect on Program:

Each medication that was not administered was followed through with a Medication Incident report. The Physician or a designee was notified of the missed dosage and a medical protocol was followed, parent and/or guardians and referring agent was notified. Failure to administer medication as prescribed could result potentially result in health complication for a resident and the program is responsible for ensuring the safety and welfare of each child.

Planned Corrective Action:

The importance of medication compliance and administration continues to be a priority and is discussed with staff through memos and during staff meetings on a regular basis. Progressive discipline, such as an informal warning followed by a corrective notice, has been established as a general supervisory procedure to help eliminate any medication errors or medical non-compliance.

Completion Date:

December 5, 2017

Person Responsible:

Thomasine Norfleet, Program Director

Current Status on March 26, 2018: Compliant

Two of two applicable Medication Administration Records reviewed had documentation that medication were administered as prescribed.

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 three applicable medical case files reviewed did not have documentation for a medication incident that occurred on 5/2/15 when a medication called Triamcinolone (Kenalog) 0.1% cream was not administered as prescribed.

Program Response

Cause:

Resident was prescribed Kenalog 0.1% cream as medication and staff failed to administer it at the scheduled time and document the missed dosage on a Medication Incident Form. This incident occurred two and half years ago and although it is a part of this audit period this is an area where there has been significant improvement.

Effect on Program:

Failure to administer medication as prescribed could result potentially in a health complication for a resident and the program is responsible for ensuring the safety and welfare of each child.

Planned Corrective Action:

Ensure that all staff at Crisis understands the importance of administering all prescribed medication to the residents as it is written on their medication script. Staff will ensure that when medication is not administered at the scheduled time, they will follow the medication protocol of documenting the missed dosage in the log book, and on the residents' MAR. Staff will complete a Medication Incident Form and follow the procedures listed on the form. In addition, an administrator will review all medication incidents at least quarterly to determine if additional protocols could be put in place to prevent or avoid medication incidents.

Completion Date:

December 5, 2017

Person Responsible:

Thomasine Norfleet, Program Director

Current Status on March 26, 2018: Non-Compliant

One of eight Medication Administration Records reviewed had documentation that a resident was administered 1600 mg of Motrin within four hours instead of eight hours as required by the medication script.

Current Status on May 30, 2018: Compliant

All Administration Medication Records (MAR's) reviewed in ten randomly selected resident medical files had documentation that medication was administered as prescribed and there were no medication errors. Per the director, there have been no medication errors since the last status visit on March 26, 2018.

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

PROGRAM AUDITED:

Virginia Beach Juvenile Detention Center
2522 George Mason Drive
Virginia Beach, Virginia 23323
(757) 563-1222
Pete Withers, Superintendent
PWithers@vb.gov

AUDIT DATES:

November 6-7, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

April 20, 2015-April 19, 2018

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS November 18, 2014:

6VAC35-101-340.A. Face Sheet
6VAC35-101-1030.C. Residents' Health Care Records

CURRENT AUDIT FINDINGS – November 7, 2017:

98.73% Compliance Rating
No repeated deficiencies from previous audit.
6VAC35-101-80 (D). Serious incident reports
6VAC35-101-990 (A). Tuberculosis screening. CRITICAL
6VAC35-101-1060 (G). Medication
6VAC35-101-1060 (H). Medication. CRITICAL

DEPARTMENT CERTIFICATION ACTION – June 13, 2018: Certified Virginia Beach Juvenile Detention Center and Post-dispositional Detention Program until April 19, 2021.

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

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Shelia Palmer, Central Office
Clarice Booker, Central Office
Deborah Hayes, Central Office
Jackie Smith, Norfolk JDC
Lorenzo Case, Newport News JDC
Kristy Livsey, Merrimac JDC
Leviticus Bass, Prince William County
Beth Blount, Chesapeake JDC
John Adams, Central Office

POPULATION SERVED:

The Virginia Beach Juvenile Detention Center (VBJDC) is a 90-bed secure custody facility that houses pre-disposition and post disposition male and female residents ages 10-20. The facility, constructed in 2004, is a one-story brick building consisting of 54,871 square feet with six 15-bed housing units. It also includes two dining halls, gymnasium, seven classrooms, medical, intake with vehicular sally port, interview rooms, full service kitchen, administrative offices, training room, conference room, full service laundry, outdoor recreation area with full size basketball court, picnic shelter, and an emergency generator with 6,000-gallon fuel tank.

PROGRAMS AND SERVICES PROVIDED:

VBJDC has a Post-Dispositional Detention Program that is an alternative to commitment to DJJ. The facility provides a wide range of services that supports the juvenile's physical, emotional and social development while the juvenile is on a pre-dispositional and post dispositional basis.

VBJDC entered into a contractual agreement in 2011 with the Department of Juvenile Justice (DJJ) to provide re-entry services to residents returning from juvenile correctional centers and are within 30 to 90 days of release. In addition, VBJDC recently entered into a contractual agreement with DJJ to provide a Community Placement Program for residents returning from juvenile correctional centers but who will remain in the legal custody of DJJ for a period of up to one year.

- Direct:
 - Educational Program
 - Art therapy
 - Physical education and health
 - Math
 - Special education classes
 - English
 - Social studies
 - Science
 - Business
 - Indoor and outdoor recreational activities
 - Complete Medical services
 - Mental health services including assessments, evaluations, and referrals for services
 - Individual and group counseling services including substance abuse and behavioral management
- Community (Services offered by community agencies and resources):
 - Sunday worship services
 - Pastoral Counseling

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

FACILITY/PROGRAM: Virginia Beach Juvenile Detention Center

SUBMITTED BY: Pete Withers, Director

CERTIFICATION AUDIT DATES: November 6-7, 2017

CERTIFICATION ANALYST: Mark Ivey Lewis

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

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

D. The facility shall (i) prepare and maintain a written report of the events listed in subsections A and B of this section and (ii) submit a copy of the written report to the director or designee. The report shall contain the following information:

- 1. The date and time the incident occurred;**
- 2. A brief description of the incident;**
- 3. The action taken as a result of the incident;**
- 4. The name of the person who completed the report;**
- 5. The name or identifying information of the person who made the report to the applicable court service unit and to either the parent or legal guardian, as appropriate and applicable; and**
- 6. The name or identifying information of the person to whom the report was made, including any law-enforcement or child protective service personnel.**

Audit Finding:

Three of five serious incident reports reviewed did not have documentation that the court service unit and/or parents were notified about the incident.

Program Response

Cause:

Oversight on the part of the staff member doing the report

Effect on Program:

None. The court service unit and parent were notified in all cases as documented on our internal incident forms. That information was not transferred to the DJJ incident form.

Planned Corrective Action:

Will retrain the supervisors on the required elements that are to be included on the SIR. The Assistant Superintendent will review all SIR reports within 24 hours to ensure compliance.

Completion Date:

December 4, 2017

Person Responsible:

Assistant Superintendent

Current Status on November 8, 2017: Compliant

Three of three serious incident reports reviewed included documentation that the report was communicated to the applicable court service unit and to the parents.

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

A. 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:

One of 15 medical files reviewed had a screening assessment for tuberculosis which was completed later than five days after admission to the facility.

One of 15 medical files reviewed had a screening assessment for tuberculosis which was older than 30 days.

Program Response

Cause:

Medical Staff shortage

Effect on Program:

None. Though one screening was early and one screening was late, neither resident had any indications of TB.

Planned Corrective Action:

The Nurse II or Nurse I will email the Superintendent the names and dates of TB screenings for all new admissions to the VBJDC. This will be done twice weekly. The Superintendent will review for compliance.

Completion Date:

December 4, 2017

Person Responsible:

Nurse II

Current Status on February 26, 2018: Compliant

Ten of ten medical files reviewed had a screening assessment for tuberculosis, which was completed within five days of admission to the facility. None of the tuberculosis screening assessments reviewed was older than 30 days.

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

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

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

Audit Finding:

Three of seven medication administration records (MAR) reviewed did not have the "strength" of the medicine.

Program Response

Cause:

Staff oversight

Effect on Program:

None

Planned Corrective Action:

The Nurse II or Nurse I will review all new MAR's on a daily basis to ensure that the strength of the medicine is documented.

Completion Date:

December 4, 2017

Person Responsible:

Nurse II

Current Status on February 26, 2018: Compliant

Six of six medication administration records (MAR) reviewed included the "strength" of the medicine.

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

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

Audit Finding:

Two applicable medical files reviewed did not have documentation for the following medication incidents, which had occurred during the resident's detainment.

- **Medical File 1**
 - Ibuprofen 200 mg (2 tabs) was administered twice instead of once at 1900 hours on 9/6/16
 - Quetiapine Fumarate 50 mg was not administered on 2/18/17 as prescribed
- **Medical File 2**
 - Tolnaftate (Antifungal Cream) was not administered as prescribed in that two

extra dosages were administered on 9/21/17 before discontinuing the medication.

Program Response

Cause:

Incident reports were not completed because VBJDC staff were unaware that a medication incident had occurred.

Effect on Program:

Neither resident displayed any negative reactions to the medication incidents.

Planned Corrective Action:

The Nurse II and Nurse I will review all medical records of those residents receiving medications on a weekly basis to ensure compliance.

Completion Date:

December 4, 2017

Person Responsible:

Nurse II

Current Status on February 26, 2018: Non-Compliant

One of one applicable medical file reviewed did not have documentation for the following medication incidents that occurred during the resident's detainment:

Divalproex DR 500 mg was not administered as prescribed on 12/25/17 and 2/2/18.
Olanzapine ODT 20 mg was not administered as prescribed on 12/25/17 and 2/2/18

Current Status on May 30, 2018: Compliant

All Administration Medication Records (MAR's) reviewed in ten randomly selected resident medical files had documentation that medication was administered as prescribed and there were no medication errors. Per the superintendent, there have been no medication errors since the last status visit on February 26, 2018.

STATE BOARD OF JUVENILE JUSTICE

BY-LAWS

Revised September 13, 2017

Article 1.

§ 1.01. Establishment and Composition.

The State Board of Juvenile Justice (the "Board") is established by § 66-4 of the Code of Virginia. The Board consists of nine members appointed by the Governor and confirmed by the General Assembly if in session and, if not, at its next succeeding session. Two of the nine members shall be experienced educators.

Article 2.

§ 2.01. Term of Office.

In accordance with § 66-5 of the Code of Virginia, the term of office of Board members shall be for four years, except that appointments to fill vacancies shall be for the remainder of the unexpired terms. No person shall be eligible to serve more than two successive four-year terms, except that a person appointed to fill a vacancy may be eligible for two additional, successive four-year terms after the term of the vacancy for which the person was appointed has expired.

§ 2.02. Orientation.

In accordance with § 2.2-3702 of the Code of Virginia, within two weeks of their appointment or re-appointment, members of the Board shall (i) be furnished by the Board's administrator or legal counsel with a copy of the Virginia Freedom of Information Act (§ 2.2-3700 et seq.), and (ii) read and become familiar with the provisions of that Act.

§ 2.03. Meetings.

Section 66-8 of the Code of Virginia requires that the Board meet at least four times each calendar year. The Board shall meet as follows:

- (a) Regular Meetings - Meet once during each calendar quarter at such times and places as it deems appropriate.
- (b) Special Meetings - Special meetings of the Board may be called by the Chairperson or, if the Chairperson is absent or disabled, by the Vice chairperson or by any four members of the Board at such dates, times and places as may be specified in the call for the meeting.

§ 2.04. Notice.

At least five days' notice in writing shall be given to a Board member of the date, time, and place of all meetings. In accordance with § 2.2-3707 of the Code of Virginia, notice including the time, date and place of each meeting shall be furnished to any citizen of the Commonwealth who requests such information. Notices for meetings shall state whether or not public comment will be received at the meeting, and, if so, the approximate points during the meeting public comment will be received. Any requests to be notified of Board meetings on a continual basis shall be made at least once a year, in writing and shall include the requester's name, address, zip code, daytime telephone number, email address (if available) and organization, if applicable. Notice to any citizen of the Commonwealth who requests such information, reasonable under the circumstance, of special or emergency meetings shall be given contemporaneously with the notice provided Board members.

§ 2.05. Board Materials.

With the exception of any materials that are exempt from public disclosure pursuant to § 2.2-3705 of the Code of Virginia, at least one copy of all agenda packets and materials furnished to Board members for a meeting shall be made available for inspection by the public at the same time such documents are furnished to the members of the Board.

§ 2.06. Cancellation or Rescheduling of Meetings.

The Chairperson may, with the concurrence of a majority of the Board, cancel or postpone a meeting. The Director of the Department of Juvenile Justice (the "Director") shall ensure that proper and immediate public notice is given. In an emergency, the Chairperson is authorized to cancel, significantly alter, or postpone the meeting time.

§ 2.07. Quorum.

In accordance § 66-9 of the Code of Virginia, a majority of the current membership of the Board shall constitute a quorum for all purposes.

§ 2.08. Attendance.

Participation is essential to the fulfillment of the function of membership. The absence of any member impedes the business of the Board and deprives the Department of Juvenile Justice (the "Department") of the overall policy direction this Board is responsible for providing. Should any member miss three consecutive regular meetings, or a total of five or more regular meetings during a calendar year, the Chairperson, following consultation with the member, is authorized to advise the appropriate Executive Branch official(s). In accordance with § 66-5 of the Code of Virginia, members of the Board may be suspended or removed by the Governor at his pleasure.

§ 2.09. Conduct of Business

The Board actively encourages and welcomes public participation in all its public deliberations. All meetings of the Board, including meetings and work sessions during which no votes are cast or any decisions made, shall be public meetings, and shall be conducted in accordance with § 2.2-3707 of the Code of Virginia. Votes shall not be

taken by written or secret ballot in an open meeting, and minutes shall be recorded at all public meetings. All meetings shall be conducted in accordance with the principles of procedures prescribed in Roberts' Rules of Order.

Article 3. Powers and Duties.

§ 3.01. General Powers and Duties.

Section 66-10 of the Code of Virginia gives the Board the following general powers and duties:

- a) To establish and monitor policies for programs and facilities for which the Department is responsible by law;
- b) To ensure the development of a long-range youth services policy;
- c) To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;
- d) To advise the Governor and Director on matters relating to youth services;
- e) To promulgate such regulations as may be necessary to carry out the provisions of Title 66 of the Code of Virginia and other laws of the Commonwealth;
- f) To ensure the development of programs to educate citizens and elicit public support for the activities of the Department; and
- g) To establish length-of-stay guidelines for juveniles indeterminately committed to the Department and to make such guidelines available for public comment.
- h) To adopt all necessary regulations for the management and operation of the schools in the Department, provided that any such regulations do not conflict with regulations relating to security of the institutions in which the juveniles are committed.

§ 3.02. Additional Specific Powers and Duties.

Various sections of the Code of Virginia give the Board additional specific powers and duties, both mandatory and discretionary. Such sections of the Code of Virginia include, but are not limited to, the following:

- a) Section 2.2-4007.02 of the Code of Virginia requires the Board to promulgate regulations for public participation in the formation and development of regulations.
- b) Section 16.1-223 of the Code of Virginia requires the Board to promulgate regulations governing the security and confidentiality of data in the Virginia Juvenile Justice Information System.
- c) Section 16.1-233 of the Code of Virginia requires the Board to establish minimum standards for court service unit staff and related supportive personnel and to promulgate regulations pertaining to their appointment and functions to the end that uniform services, insofar as is practical, will be available to juvenile and domestic relations district courts throughout the Commonwealth.
- d) Section 16.1-284.1 of the Code of Virginia requires the standards established by the Board for secure juvenile detention centers to require separate services for the

STATE BOARD OF JUVENILE JUSTICE
BY-LAWS

- rehabilitation of juveniles placed in post-dispositional detention programs for greater than 30 calendar days.
- e) Section 16.1-293.1 of the Code of Virginia requires the Board to promulgate regulations for the planning and provision of mental health, substance abuse, or other therapeutic treatment services for persons returning to the community following commitment to a juvenile correctional center or post-dispositional detention program.
 - f) Section 16.1-309.3 of the Code of Virginia authorizes the Board to approve local plans for the development, implementation, and operation of a community-based system of services under the Virginia Juvenile Community Crime Control Act (Article 12.1 of Title 16.1 of the Code of Virginia). This section also requires the Board to solicit written comments on the plan from the judge or judges of the juvenile and domestic relations court, the director of the court service unit, and if applicable, the director of programs established under the Delinquency Preventions and Youth Development Act (Chapter 3 of Title 66 of the Code of Virginia).
 - g) Section 16.1-309.5 of the Code of Virginia requires the Board to promulgate regulations to serve as guidelines in evaluating requests for reimbursement of one-half the cost of construction, enlargement, renovation, purchase, or rental of a secure juvenile detention center or other home and to ensure the geographically equitable distribution of state funds provided for such purpose.
 - h) Section 16.1-309.9 of the Code of Virginia requires the following:
 - a. The Board to develop, promulgate, and approve standards for the development, implementation, operation, and evaluation of a range of community-based programs, services, and facilities authorized by the Virginia Juvenile Community Crime Control Act (Article 12.1 of Title 16.1 of the Code of Virginia)
 - b. The Board to approve minimum standards for the construction and equipment of secure juvenile detention centers or other facilities and for the provision of food, clothing, medical attention, and supervision of juveniles to be housed in these facilities and programs.
 - i) Section 16.1-309.10 of the Code of Virginia authorizes the Board to visit, inspect, and regulate any secure juvenile detention center, group home, or the residential care facility for children in need of services, delinquent, or alleged delinquent that is established by a city, county, or any combination thereof.
 - j) Section 16.1-322.5 of the Code of Virginia requires the Board to approve those localities creating A Commission for the purpose of financing and constructing a regional detention or group home. This section also requires the Board to approve contracts for construction of such facilities.
 - k) Section 16.1-322.7 of the Code of Virginia requires the Board to make, adopt, and promulgate regulations governing specific aspects of the private management and operation of local or regional secure juvenile detention centers or other secure facilities.
 - l) Section 66-10.1 of the Code of Virginia requires the Board to promulgate regulations to effectuate the purposes of Chapter 5.1 (§32.1-162.16 et seq.) of

Title 32.1 of the Code of Virginia governing any human research conducted or authorized by the Department.

- m) Section 66-13 of the Code of Virginia requires the Board to prescribe standards for the development, implementation, and operation of juvenile boot camps.
- n) Section 66-23 authorizes the Board to promulgate regulations to govern the process by which superintendents of juvenile correctional centers consent to residents applying for driver's licenses and issue employment certificates;
- o) Section 66-24 of the Code of Virginia requires the Board to promulgate regulations for the certification of community group homes or other residential care facilities that contract with or are rented for the care of juveniles in direct state care.
- p) Section 66-25.1 of the Code of Virginia requires the Board to promulgate regulations governing the form and review process for any agreement with a public or private entity for the operation of a work program for juveniles committed to the Department.
- q) Section 66-25.6 of the Code of Virginia requires the Board to promulgate regulations governing the private management and operation of juvenile correctional facilities.
- r) Section 66-28 of the Code of Virginia requires the Board to prescribe policies governing applications for grants pursuant to the Delinquency Prevention and Youth Development Act (Chapter 3 of Title 66 of the Code of Virginia) and standards for the operation of programs developed and implemented under the grants.

Article 4.

Committees.

§ 4.01. Special or Ad Hoc Committees

Special or Ad Hoc Committees may be constituted at any time by action of the Board or the Chairperson. At the time a Special Committee is created, its mission shall be specifically established by action of the Board or by the Chairperson. In creating such Special Committees, the Chairperson shall specify the time within which the Committee is to make its report to the Board.

§ 4.04. Other Appointments.

The Chairperson may designate members of the Board from time to time to serve on various task forces, advisory councils, and other committees and to serve as liaison with Department functions and state organizations or associations.

Article 5.
Officers.

§ 5.01. Officers Elected from the Board.

The Officers of the Board elected from its membership shall be the Chairperson, Vice-chairperson and Secretary, who shall each be elected by the Board at its first regular meeting of the fiscal year. Officers shall serve for a term of one year and shall be eligible for re-election.

§ 5.02. Chairperson.

The Chairperson shall be the presiding officer of the Board at its meetings. Upon request of the Board, the Chairperson shall act as its spokesperson or representative and shall perform such additional duties as may be imposed on that position by an Act of the General Assembly or by direction of the Board. The Chairperson shall be an ex-officio member of all Committees of the Board.

§ 5.03. Vice-chairperson.

In the absence of the Chairperson at any meeting or in the event of disability or of a vacancy in the office, all the powers and duties of the Chairperson shall be vested in the Vice-chairperson. The Vice-chairperson shall also perform such other duties as may be imposed by the Board or the Chairperson.

§ 5.04. Secretary.

The Secretary shall (1) review and recommend improvements to Board meeting procedures and other relevant Board business so as to facilitate the administrative efficiency of the Board; (2) ensure the development of appropriate resolutions, etc., which are needed by the Board from time to time; (3) serve as the Board's parliamentarian; (4) work closely with the Department staff who are assigned to provide administrative assistance to the Board to review and sign minutes and policy documents, etc.; and (5) to ensure that unique or non-routine materials and equipment are available for the Board to carry out its functions. In the event that both the Chairperson and Vice-chairperson are absent at any meeting, the Secretary shall preside over the meeting.

§5.05. Order of Succession in Absence of Officers

In the event that the Chairperson, Vice-chairperson, and Secretary all are absent from a meeting, the Board member in attendance with the longest tenure on the Board shall be authorized to preside over the meeting. In the event that two or more such members in attendance have served identical terms, the Director shall be authorized to designate one of the two Board members to preside over the meeting.

Article 6.

Department of Juvenile Justice.

§ 6.01. Director.

§ 66-1 of the Code of Virginia establishes the Department of Juvenile Justice under the immediate supervision of a Director who is appointed by the Governor, subject to confirmation by the General Assembly. In accordance with § 66-2 of the Code of Virginia, the Director is responsible for supervising the Department and for exercising such other powers and performing such other duties as may be provided by law or as may be required of the Director by the Governor and the Secretary of Public Safety. The Director shall implement such standards and goals of the Board as formulated for local and community programs and facilities. In accordance with § 16.1-234 of the Code of Virginia, it shall be the duty of the Department to ensure that minimum standards established by the Board for court service and other state-operated programs are adhered to.

§ 6.02. Relationship of the Board and Department.

In keeping with the powers and duties imposed upon the Board and upon the Director by law, the Board shall regularly meet with the Director in order that the responsibilities of each are carried out efficiently and cooperatively. The Board shall periodically assess its needs for administrative assistance and how well those needs are being met, and shall so advise the Director. In accordance with § 16.1-309.4 of the Code of Virginia, the Department shall submit to the Board on or before July 1 of odd-numbered years, a statewide plan for the establishment and maintenance of a range of institutional and community-based, diversion, predispositional and postdispositional services to be reasonably accessible to each court. The Department shall establish procedures to ensure (i) the superior quality and timeliness of materials submitted to the Board and (ii) that the Board is informed as early as possible of individuals attending Board meetings.

§ 6.03. Administrative Assistance.

The Department shall provide staff assistance to the Board in carrying out its administrative duties.

Article 7.

Amendments and Procedural Irregularities.

§ 7.01. Annual Review.

The Board shall review the By-Laws annually to ensure compliance with any amendments that may have been made to applicable sections of the Code of Virginia.

§ 7.02. Amendments.

The By-Laws may be amended at any regular or special meeting of the Board by an affirmative vote of the majority of the Board, provided that the proposed amendment was included in the notice of the meeting.

STATE BOARD OF JUVENILE JUSTICE
BY-LAWS

§ 7.03. Procedural Irregularities.

Failure to observe procedural provisions of the By-Laws does not affect the validity of Board actions.

§ 7.04. Effective Date.

The foregoing By-Laws are adopted by the Board and are effective as amended, September 13, 2017.



COMMONWEALTH OF VIRGINIA

Secretary of Public Safety and Homeland Security

AUGUST 13, 2018

VIRGINIA DEPARTMENT OF
JUVENILE JUSTICE REPORT OF
FINDINGS

**SHENANDOAH VALLEY
JUVENILE CENTER**

TABLE OF CONTENTS

Executive Summary

Background

Role of the Department of Juvenile Justice

Secretary of Public Safety and Homeland Security and Department of Juvenile Justice Inquiry

The Findings

Department of Juvenile Justice Report

Introduction

Review Process

Findings

Conclusion and Recommendations

Recommendations for SJJC

Recommendation for Virginia Board of Juvenile Justice

Memo From Child Protective Services (CPS)

EXECUTIVE SUMMARY

BACKGROUND

In fall 2017, three migrant children detained by the federal government's Office of Refugee Resettlement (ORR) at the Shenandoah Valley Juvenile Center (SVJC) filed a federal class action lawsuit alleging abuse by the guards at SVJC. In early 2018, out of concern for the safety of the residents, Virginia Department of Juvenile Justice (DJJ) certification team reviewed prior certification documents and visited SVJC to monitor and observe conditions in the facility. The certification team did not find any immediate concerns regarding the health and safety of the residents.

On June 21, 2018, a story was published reporting the alleged abuse contained in the lawsuit. The Governor takes these allegations very seriously and, recognizing the severity of the information contained in the lawsuit, directed Secretary Brian J. Moran to initiate an inquiry. The Secretary immediately contacted the director of Department of Juvenile Justice and the Governor's Chief of Staff to identify a plan of action and commenced the investigation.

Findings and the process of the investigation are contained below.

ROLE OF THE DEPARTMENT OF JUVENILE JUSTICE

Pursuant to regulations issued by the State Board of Juvenile Justice, DJJ has oversight but not operational responsibility for locally operated juvenile detention centers. According to 6VAC35-20-36.1, whenever the DJJ becomes aware of a health, welfare, or safety violation in a locally operated detention center, the Department shall take immediate action to correct the violation, if not already done by the program or facility.¹ The actions include reporting the situation to child protective services (CPS), the Virginia State Police, or the local law enforcement agency as applicable. Additionally, 6VAC35-20-37 provides for the DJJ Director to take immediate administrative actions when evidence is found of health, welfare, or safety violations to include but not limited to:

- The immediate removal of juveniles from the program. The immediate removal by DJJ would be limited to court involved youth who are in local or state custody. The Director would notify ORR of the action and ORR is responsible for any removal of youth in federal custody.
- Placing the facility on probationary certification status.

¹ Virginia regulation, 6VAC35-101-95, requires the juvenile detention center staff to report all known criminal activity by residents or staff to the facility administrator. The facility administrator shall notify the appropriate persons or agencies to include law enforcement, child protective services and DJJ, if applicable and appropriate, of suspected criminal violations by residents or staff. The law enforcement agency and CPS would determine necessary action.

- Issuing a preliminary order to suspend the certification of the detention center when conditions or practices exist in the facility that pose an immediate and substantial threat to the health, welfare, or safety of the residents.

After DJJ's thorough investigation, it did make referrals to local child protective services, but based on their investigation, determined that no further action was necessary. See Department of Juvenile Justice Report.

The SVJC is an independent juvenile detention facility for youth managed by the Shenandoah Valley Juvenile Center Commission. SVJC staff are not state employees. Furthermore, DJJ does not have any official relationship or jurisdiction over the ORR, nor the federally supervised youth at SVJC. The ORR is a federal program under the U.S. Department of Health and Human Services (HHS) that works with unaccompanied minors while their immigration cases are pending.

Unaccompanied minors are immigrant youth under the age of 18 who have no parent or legal guardian in the United States. Unaccompanied minors are placed at SVJC when ORR has determined that a less secure placement would not be appropriate. The DJJ has no contractual relationship with ORR, nor auditing or monitoring authority or responsibility over the federal youth housed at SVJC. The federal youth program is audited and overseen solely by ORR. Pursuant to a cooperative agreement that SVJC entered with ORR and HHS, ORR monitors SVJC for compliance with their requirements through announced and unannounced monitoring visits. These are not the youth who have been subject to the recent family separation policies of the Trump administration.

SECRETARY OF PUBLIC SAFETY AND HOMELAND SECURITY AND DEPARTMENT OF JUVENILE JUSTICE INQUIRY

On the evening of June 21, 2018, upon the Governor's directive, Secretary Moran and DJJ Director, Andrew Block, met with the SVJC Superintendent and toured the facility, including visiting the units housing the youth in ORR custody.

On June 21, 2018, with permission and conditions set by ORR, the DJJ certification and quality assurance teams conducted interviews with SVJC staff and all federal residents at SVJC at that time. According to the SVJC, none of the youth originally named as plaintiffs in the October '17 lawsuit were still present at SVJC during the visits and interviews. Additionally, a protective order had been entered in March 2018 that prohibits SVJC and ORR from disclosing the identities of any of the plaintiffs in the litigation. The following day, the Secretary participated in a call with DJJ detailing the results of their interviews at the facility. The team, with the addition of DJJ investigators who are sworn law-enforcement officers, returned to SVJC on June 25 to continue their interviews and review the files of federal residents.

On June 22, 2018, Secretary Moran communicated with Virginia's Congressional delegation and other government leaders, including all members of the Virginia General Assembly. He provided them with a fact-sheet and other details relevant to the investigation and the facility's relationship with the Commonwealth.

On June 27, 2018, Secretary Moran and Governor's Office staff completed a conference call with Scott Lloyd, Director of ORR, and Laura Trueman, Principal Deputy Director of the Office of Intergovernmental and External Affairs at HHS, regarding standard overview of facilities in Virginia and other background and operational information.

THE FINDINGS

On June 28, the DJJ submitted a preliminary report and Child Protective Services (CPS) provided an update to their investigation to Secretary Moran. The conclusions of their investigations indicate that there were no life, health, or safety concerns for the residents at SVJC.

As of July 3, CPS completed its investigation into the allegations of abuse and found that there was no evidence of abuse or neglect (*see accompanying DJJ and CPS reports*).

DEPARTMENT OF JUVENILE JUSTICE REPORT

INTRODUCTION

On June 21, 2018, Governor Ralph Northam requested Brian J. Moran, Secretary of Public Safety and Homeland Security, and the Department of Juvenile Justice (DJJ) to conduct an inquiry into the allegations contained in a lawsuit regarding the safety of federal residents housed at the Shenandoah Valley Juvenile Center (SVJC). At the time of the inquiry there were 22 residents placed by the Office of Refugee and Resettlement (ORR) at the facility. As reported by the residents, one resident has been there since September 30, 2016, and the other 21 residents were admitted between November 12, 2017, and June 12, 2018. According to the SVJC, the residents who were named plaintiffs in the October '17 lawsuit were no longer in the facility at the time of the interviews.

While the DJJ team found SVJC in compliance with applicable regulations and certification standards, they did identify areas where SVJC could improve programming for the youth in the custody of ORR. Accordingly, this memo includes both a description of the investigative process and findings, as well as a set of recommendations for SVJC.

The memo also includes a recommendation that DJJ will forward to the Board of the Virginia Department of Juvenile Justice: to amend current certification standards so that DJJ can better track the youth who are housed in local detention centers but in the legal custody of a different agency.

REVIEW PROCESS

Following the Governor's directive, a DJJ team of certification and quality assurance staff visited SVJC on June 21, 2018, and June 25, 2018. It is also worth noting that subsequent to the initial filing of the lawsuit in October of 2017, DJJ staff monitored ongoing conditions at SVJC. Specifically, DJJ certification staff conducted a modified certification visit to SVJC to monitor and observe conditions in the facility in March of 2018, and also reviewed prior certification documents to determine if any problems similar to those alleged in the lawsuit had been flagged. Neither the review of prior reports, nor the visit in March identified any immediate concerns about the life, health, and safety of the residents in the facility.

During the June 21 visit, DJJ staff interviewed all of the federal residents at SVJC. The team was not able to substantiate the conditions described in the lawsuit concerning the operations of SVJC or the mistreatment of residents. After obtaining permission from ORR, the team returned on June 25 and reviewed case files, medical files, room confinement forms, and other documentation to assess compliance with regulations relating to the quality of care. For the case review process and interviews, ORR placed the following restrictions:

- Case files are federal property and cannot be duplicated or copied;
- Audit team could not keep written notes of information in case files; and
- A SVJC staff member had to be present for all interviews.

FINDINGS

During interviews, three residents reported that they had experienced abusive behavior by staff. A further review of documentation revealed that two of these complaints were reported by the facility to Child Protective Services (CPS). CPS determined that these complaints did not meet the legal definition of abuse and neglect. Upon further consideration, CPS reopened the two cases and was on-site for a further review to include interviews with all of the federal residents. The third report was an initial complaint that occurred during the interview process and was reported to CPS by DJJ staff.

SVJC uses room confinement as part of its behavior management system to ensure the safety and security of residents, staff, and the facility. During interviews with the federal residents, and supported by room confinement records in the case files, there were no instances where residents were confined more than 24 hours. With the exception of one 23-hour confinement, confinements lasted approximately 4 hours. Pursuant to the case file records, in each instance of confinement, visual inspections of the residents by staff were made at least once every 30 minutes.

The facility uses approved restraints pursuant to the Regulations Governing Juvenile Secure Detention Centers, 6VAC35-101-1130. Review of training records indicated that all staff are trained in the use of restraints through a behavioral management system titled "Handle With Care."² Per regulation, mechanical restraints shall not be used as punishment; however, they are used for the protection of resident and staff. The regulation requires that SVJC train staff in the use of mechanical restraints including but not limited to the restraint chair and mesh spit guards. The restraint chair is used for out-of-control residents who cannot be safely restrained by less intrusive methods. While in the chair, a mesh spit guard can be placed on the resident's head to prevent spitting or biting. No residents interviewed had knowledge of the use of the restraint chair. In two instances reviewed, staff were disciplined for using an unapproved physical restraint technique that did not follow "Handle with Care" guidelines. Neither of these restraints related to the use of the restraint chair.

Interviews with staff and residents revealed due process is not well understood and this lack of understanding appears to be related to language barriers. A review of resident files showed disciplinary reports where federal residents acknowledge by noting and signing their right to appeal or not to appeal disciplinary action.

A review of files documented that medical concerns are responded to immediately. However, there was one incident wherein one resident did not receive medication as prescribed because the medication ran out. The resident missed one day of medication.

Regarding nutrition, residents stated they receive three meals a day and one evening snack. A review of resident files indicated special diets are documented and prepared for residents as required.

² See, "Behavioral Management System, Inc.", Mark Chapman, 1984.

Interviews revealed that residents generally understood the grievance process and how to get issues resolved. Documentation in the files indicated the same.

Two DJJ investigators accompanied the team on June 25 and were tasked with identifying any gang activity. The investigators toured four housing units and observed three gang identifiers relating to MS-13. Two were drawings of the devil horn hand sign used by MS-13 and one was a "MS-13" etched in the window of one of the resident's doors. A fourth gang identifier was an 18th Street symbol scratched into the door of a resident's room. Overall, the housing units were very clean and free from graffiti. When identified by ORR prior to placement at SVJC, the file records indicated that SVJC received the notification of potential gang involvement upon admission.

CHILD PROTECTIVE SERVICES FOLLOW-UP

Based on the referrals from DJJ staff, Child Protective Services (CPS) staff from Shenandoah Valley Social Services conducted follow-up investigations, including individual interviews with a staff member who had allegedly engaged in abusive behavior.

Following these investigations, CPS found no abuse or neglect had taken place.

CONCLUSION AND RECOMMENDATIONS

On June 21, 2018, a DJJ team consisting of five members from the Certification Unit and the Quality Assurance Unit visited SVJC.³ On June 25, 2018, an eight member team from the Certification Unit, the Quality Assurance Unit, and the Investigative Unit also visited SVJC.⁴ CPS staff from Shenandoah Valley also conducted follow-up visits.

During this investigation DJJ staff found no life, health, or safety violations for youth in ORR's custody who have been placed at SVJC. Likewise, CPS, in their investigation, did not find evidence to support allegations of abuse or neglect. The team did find that the SVJC is a well-run facility that attempts to treat its staff and residents with respect and dignity.

While DJJ staff did not find sufficient evidence to support the conditions described in the lawsuit, the DJJ staff nevertheless identified areas where SVJC could strengthen its programming for this uniquely challenging group of youth—young people who have been frequently exposed to high levels of trauma, who are separated from their families, and who confront numerous language and cultural barriers, among others, to succeeding in SVJC and upon their release.

In addition, DJJ identified a gap in its certification authority over local detention centers which is that, without permission from the custodian agency (in this case ORR), DJJ does not have access to the records of youth, nor the youth themselves, who are in the custody of ORR

³ On June 21, 2018, the team members included Sheila Palmer (team leader), Clance Booker, Mark Lewis, Andrea McMahon, and Leah Nielsen.

⁴ On June 25, 2018, the team members included Sheila Palmer (team leader), Clance Booker, Mark Lewis, Andrea McMahon, Deidre Davis, Nina Joyner, Dennis Sullivan, and John Rohde.

or other third parties. Accordingly, in this memo DJJ has also included a recommendation that it intends to propose at the next DJJ Board meeting.

Finally, while DJJ staff found nothing to indicate their misuse or abuse at SVJC, given the concerns raised by the allegations in the lawsuit about physical restraints more generally, and the fact that the Board of DJJ is charged with regulating their use, DJJ will inform and educate the Board about their use in Virginia in order that the Board may properly consider the current regulations and whether any changes might be necessary.

RECOMMENDATIONS FOR SVJC

RECOMMENDATION 1

SVJC should provide staff with training and professional development in the areas of positive youth development, cognitive behavioral interventions and trauma informed care.

It would benefit SVJC to invest in training for the administrative, management and line staff in the areas of positive youth development, cognitive behavioral interventions and trauma informed care. SVJC operational tenets are geared more toward a correctional philosophy and environment than a therapeutic model. SVJC currently operates a Community Placement Program for DJJ that incorporates the tenets of DJJ's community treatment model. The Missouri Youth Services Institute (MYSI) has trained all staff in the CPP in the principles of a therapeutic environment. As the youth placed by ORR are typically long term residents and similar to DJJ youth in that they have significant exposure to trauma, it would be of value for SVJC to adopt a similar community treatment model framework into the units housing the federal residents. Consistent staff and interactions with residents can diminish aggressive behaviors. If ORR were willing to collaborate with DJJ in this effort, it would promote a consistent philosophical approach within SVJC.

RECOMMENDATION 2

SVJC should increase the staff's understanding of and sensitivity toward the unique cultural backgrounds of the youth in the federal program, expand the culturally relevant programming for these youth, and increase the number of bilingual staff.

Culturally competent practices are crucial for ensuring effective services and treatment delivery to the Latino population at SVJC. SVJC staff need increased awareness of cultural factors that influence the federal residents' behavior and thinking patterns. A lack of social and emotional support networks impact stress and anxiety for the Latino youth and frequently is displayed as aggressive and negative behaviors. SVJC should reach out to and collaborate with local Latino serving agencies for assistance in the development of culturally relevant training and resources, and for assistance with recruitment of bilingual staff. Additional bilingual line staff and mental health counselors that understand the variations in the Spanish language within different Latino cultures would assist in addressing miscommunication and misunderstandings by the federal residents.

RECOMMENDATION 3

SVJC should strengthen the procedures for the use of mechanical restraints and re-train staff on the use of physical and mechanical restraints.

Although SVJC's procedures for mechanical restraints meet certification regulations, the procedure could be clearer and specific to the use of mechanical restraints. The use of a restraint chair and spit guards, as well as when and how it is used, should be better defined. DJJ suggests re-training all staff on the use of all restraints both physical and mechanical to include enhanced training on de-escalation techniques (*see Recommendation 4*).

RECOMMENDATION 4

SVJC should provide ongoing training in the effective use of de-escalation techniques for all staff at SVJC.

SVJC staff require additional training on effective de-escalation practices. De-escalation techniques can prevent disruptive behavior, reduce the need for physical or mechanical restraints, and enhance the safety of the resident and staff. As many de-escalation techniques require effective communication this recommendation is linked to the need for additional bilingual staff.

RECOMMENDATION 5

SVJC should explore design and furniture modifications to create a setting more conducive to working with a population that has high rates of trauma.

SVJC was designed and constructed as a secure juvenile detention center meant to provide short-term confinement for pre-adjudicated youth. At the forefront, it must provide a safe and secure environment for residents and staff and protect the public safety. The physical design of the facility is based on a more traditional correctional setting. Housing units and individual rooms are designed for direct supervision of residents and monitoring by staff inside and outside of the housing areas. As SVJC is not able, without considerable cost, to change the physical design of the housing units or rooms, it should explore other options with regard to furniture styles, arrangement of furniture and paint colors that could help modify the environment and make it more developmentally appropriate and trauma responsive.

RECOMMENDATION FOR VIRGINIA BOARD OF JUVENILE JUSTICE

RECOMMENDATION 1

The Board of Juvenile Justice should promulgate an amendment to the regulations governing local juvenile detention centers to require that any time such a center enters into a contract with a third-party to house youth in the custody of the third-party, the contract must allow for DJJ staff to have the same access to the youth and their records as DJJ has to all other youth in that facility.

RECOMMENDATION 2

DJJ will inform and educate the Board about the use of mechanical restraints in juvenile correctional centers and locally operated juvenile detention centers in Virginia in order that the Board may properly consider the current regulations regarding the use of mechanical restraints and whether any changes might be necessary.

MEMO FROM CHILD PROTECTIVE SERVICES (CPS)

On 06/22/2018, the Shenandoah Valley Department of Social Services (SVDSS) began receiving numerous calls regarding allegations of abuse/neglect, which had been outlined in media reports released on 06/21/2018, as referenced within the executive summary of the DJJ report preceding this appendix. Specific to the calls received were allegations of abuse/neglect by guards against unaccompanied migrant children being detained at the SVJDC. These reports alleged the migrant children to having been “beaten and handcuffed” while also being “tied to chairs with bags placed over their heads”. Additional allegations referenced these minors as being left “nude and shivering within their concrete cells”. While none of these current reports identified any specific alleged abuser(s)/neglector(s), two previous reports had alleged physical abuse by one facility guard in the attempt to restrain two migrant children. As both of these previous reports had been determined invalid of meeting the requirements for a CPS response, it was suggested this decision be reconsidered. Therefore, on 06/22/2018, the SVDSS initiated an investigation into all allegations received.

The SVDSS began the process of interviewing all migrant children on 06/25/2018. This included eighteen children, again, all migrant children housed at the SVJDC. Interviews continued on 06/27/2018 and 06/28/2018 to include both migrant children and a number of administrative and supervisory staff. A final interview with the alleged abuser took place on 07/03/2018.

The interview process with all children included the CPS investigator employed by the SVDSS, the use of an interpreter retained by the SVDSS in addition to oversight by the CPS Regional Consultant with the Virginia Department of Social Services. Interviews with administrative and supervisory staff in addition to the alleged abuser involved the CPS investigator and the CPS regional consultant. The investigative process also included a full tour of the juvenile facility in addition to the review of hard record files for each migrant child. Also reviewed was video footage relating specifically to one of the allegations of physical abuse. Video footage relating to the second allegation of physical abuse was no longer accessible.

In conclusion of the CPS investigation, no information was obtained to implicate any additional alleged abuser(s)/neglector(s). Furthermore, the information obtained through child interviews found no evidence to support the allegations of any mistreatment or neglect. This was further evidenced by a complete tour of the SVJDC and visual inspection/demonstration of the restraint and protective equipment utilized by the facility, which, according to the DJJ, does meet certification regulations. Finally, a face-to-face interview with the alleged abuser and a review of the available video footage specific to the allegations of physical abuse found no preponderance of evidence to support a CPS finding. Verbal notification of these preliminary findings being in support of an unfounded CPS disposition was provided to the alleged abuser and the SVJDC on 07/03/2018. The final report documenting all evidence obtained and including all required, written notifications will be completed by 08/03/2018.



ANDREW K. BLOCK, JR.
Director

COMMONWEALTH OF VIRGINIA
Department of Juvenile Justice

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

TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

SUBJECT: Request Approval to Submit Amendment to Regulation Governing Juvenile Secure Detention Centers (6VAC35-101-45) as a Separate Fast-Track Regulatory Action

DATE September 5, 2018

I. SUMMARY OF ACTION REQUESTED

The Department of Juvenile Justice (the Department) respectfully requests the Board of Juvenile Justice (the Board) to authorize the submission of a proposed amendment to the Regulation Governing Juvenile Secure Detention Centers (6VAC35-101) through the fast-track regulatory process, as authorized in *Code of Virginia* § 2.2-4012.1. The Department proposes submitting this as a standalone amendment through a separate regulatory action from that approved by the Board at the June 13, 2018, meeting for submission through the standard regulatory process.

II. BACKGROUND

On August 13, 2018, the Department published a report to respond to a federal class action lawsuit alleging abuse of residents in the Shenandoah Valley Juvenile Center (SVJC). The allegations of abuse involved three SVJC residents in the custody of the Office of Refugee and Resettlement (ORR) and placed in SVJC pursuant to an agreement between the detention center and the ORR. The subjects of the lawsuit were three of several juveniles held in SVJC as unaccompanied migrant children. These youth have not been alleged or adjudicated delinquent.

The Department's investigation into the allegations at the SVJC found no life, health, or safety violations for any of the detained youth; however, the report made recommendations for the Board to expand the Department's audit and certification authority for these contractual arrangements. Specifically, the report advised the Board to amend the regulations applicable to juvenile detention centers to require such facilities, when entering into contracts with outside parties to house youth in the custody of the outside party, to grant Department staff full access to the youth and their records for purposes of establishing compliance with the detention center and certification regulations.

III. PROPOSED AMENDMENT AND RATIONALE FOR THIS REQUEST

Code of Virginia §§ 16.1-248.1 and 16.1-284.1 outline the scenarios under which a juvenile may be detained in a secure juvenile detention center. Under *Code of Virginia* §16.1-248.1, juvenile offenders who require secure custody pending a court appearance may be detained in a secure detention center in a predispositional program. Pursuant to *Code of Virginia* §16.1-284.1, some detention centers also house juvenile offenders after disposition in postdispositional programs, as ordered by a judge. Under 6VAC35-101-20, both pre- and postdispositional programs are subject to the Regulations Governing Juvenile Secure Detention Centers (6VAC35-101). Pursuant to 6VAC35-101-40, these programs must comply with the Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs set out in 6VAC35-20. The certification unit is responsible for monitoring detention centers and assessing their compliance with these regulations.

In addition to housing predispositional and postdispositional youth, several detention centers have contractual arrangements with other state or federal entities to house juveniles in the custody of the applicable entity. Some detention centers operate detention reentry and community placement programs (CPPs), which give youth committed to the department who are preparing for release or who have shorter lengths of stay the opportunity to reside in a juvenile detention center closer to their home communities.

Finally, SVJC has a separate contractual arrangement with the ORR to house unaccompanied children in federal custody. Generally, detention centers house these youth in one or several separate units from the residents who are alleged or adjudicated delinquent. This contractual arrangement creates a dilemma for the Department when seeking to certify the detention center as compliant with the Department's regulations. Under existing laws and regulations, there is no explicit provision subjecting the separate unit or program to the Department's regulations, nor is there explicit authorization for the Department's certification unit to interview the residents under federal custody or to review their files to determine compliance with the regulatory requirements. This hinders the Department's ability to monitor these programs and to ensure the health and safety of the residents detained in these facilities.

In order to address this issue, the Department proposes a new standalone provision in the Regulations Governing Juvenile Secure Detention Centers (6VAC35-101) as follows:

6VAC35-101-45. Contracts between juvenile detention centers and separate entities

When a detention center enters into a written agreement with a separate entity for the purpose of detaining a juvenile in the separate entity's custody, the written agreement shall provide that the program housing the juvenile shall be subject to 6VAC35-20, Regulation Governing the Monitoring, Approval and Certification of Juvenile Justice Programs and Facilities.

A. For purposes of demonstrating compliance with this chapter, the written agreement shall allow the department the same access to the detained juvenile and to the records and reports for the detained juvenile as is authorized currently under § 16.1-309.10 and 6VAC35-20 for all other residents in the detention center.

B. Nothing in this section shall prevent the detention center and the separate entity from agreeing that services and treatment shall exceed the requirements of this chapter for those youth in the custody of the separate entity.

This change will mandate that juvenile detention centers and outside parties with whom they contract must ensure that any such contract includes provisions subjecting these programs to applicable Department regulations. Additionally, the amendment will ensure that the Department's certification unit has the same access to juveniles and records of juveniles who are under custody of an outside entity as all other juveniles in the facility. Finally, the amendment will eliminate any ambiguity as to the Department's authority to regulate and certify detention reentry, CPP, and other alternative direct care programs operated by detention centers.

IV. RATIONALE FOR SUBMISSION THROUGH FAST-TRACK PROCESS

Section 2.2-4012.1 of the *Code of Virginia* allows for an expedited regulatory process for the submission of proposed regulations anticipated to be noncontroversial. The "fast-track" process allows state agencies to circumvent the initial stage of the standard regulatory process and compresses the timeframes for executive level review of the regulatory package. If a member of the applicable standing committee of the Senate or House of Delegates, a member of the Joint Commission on Administrative Rules (JCAR), or ten or more members of the public raise objections to the proposed amendment, the package is continued using the standard three-stage process.

The table below provides a comparison of the applicable timeframes for a proposed action through the standard regulatory process and the fast-track regulatory process.

Standard Regulatory Process		Fast-Track Regulatory Process	
NOIRA			
DPB	14 day deadline	OAG	No deadline
Secretary (if applicable)	14 day deadline	DPB determination	10 day deadline
Publication	30 day comment period	DPB standard review	30 day deadline
Proposed Stage		Secretary	14 day deadline
OAG	No deadline	Governor	No deadline
DPB (and impact analysis)	45 day deadline	Publication	30 day public comment period
Secretary	14 day deadline	Adoption period	15 day final adoption period
Governor	No deadline		
Publication	60 day comment period		
Final Stage			
OAG (if applicable)	No deadline		
DPB	14 day deadline		
Secretary	14 day deadline		
Governor	No deadline		
Publication	30 day final adoption period		

The Department would like to ensure that this provision is in place as soon as is practicable to provide the certification unit express authorization to interview federal residents and have access to their files during follow-up monitoring visits and audits and to ensure that any future contracts contain these provisions. The

Department expects that submitting this package through the fast-track regulatory process would reduce the timeframe needed for the regulation to take effect by no fewer than 78 days.

As a preemptive measure to prevent any additional delay to the regulations should the fast-track regulation be objected to by the House, Senate, JCAR, or 10 members of the general public as described above, the Department proposes adding this proposed amendment to the comprehensive regulatory package approved by the Board at the June 13, 2018, meeting. If any of the eligible parties object to a fast-track review of the regulation, this amendment would remain in the proposed stage of the regulatory process, rather than having to undergo the requirements of the initial NOIRA stage.

V. CONCLUSION

Based on the concerns outlined in this memorandum, the Department respectfully requests the Board to approve the proposed standalone amendment to the Regulation Governing Juvenile Secure Detention Centers through the fast-track regulatory process.