

Heidi W. Abbott, Chair  
Tamara Neo, Vice-Chair  
Karen Cooper-Collins, Secretary  
Tyren C. Frazier  
David R. Hines  
Helivi L. Holland  
Robyn Diehl McDougle  
Dana G. Schrad  
Kenneth W. Stolle



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

**BOARD MEETING**

June 10, 2015

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

**A G E N D A**

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

- 1. CALL TO ORDER**
- 2. INTRODUCTIONS**
- 3. APPROVAL of April 24, 2015, MINUTES (Pages 3-15)**
- 4. PUBLIC COMMENT**
- 5. DIRECTOR'S CERTIFICATION ACTIONS (Pages 16-59)**
- 6. OTHER BUSINESS**
  - A. VJCCCA Plan Approvals (Statewide Program Manager Beth Stinnett)**
  - B. Update on the Length of Stay notifications, fiscal analysis and public comment (Director Andy Block and Legislative and Research Manager Janet Van Cuyk)**
- 7. DIRECTOR REMARKS AND BOARD COMMENTS**
- 8. NEXT MEETING September 9, 2015, DJJ Central Office**
- 9. ADJOURNMENT**

## GUIDELINES FOR PUBLIC COMMENT

1. The Board of Juvenile Justice is pleased to receive public comment at each of its regular meetings. In order to allow the Board sufficient time for its other business, the total time allotted to public comment will be limited to thirty (30) minutes at the beginning of the meeting with additional time allotted at the end of the meeting for individuals who have not had a chance to be heard. Speakers will be limited to 10 minutes each with shorter time frames provided at the Chairman's discretion to accommodate large numbers of speakers.
2. Those wishing to speak to the Board are strongly encouraged to contact Wendy Hoffman at 804-588-3903 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 to do so.

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

**DRAFT MEETING MINUTES**

April 24, 2015

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

**Board Members Present:** Heidi Abbott, Tyren Frazier, Helivi Holland, Robyn Diehl McDougle, Tamara Neo (participating by telephone), Dana Schrad, Kenneth Stolle

**Board Members Absent:** Karen Cooper-Collins, David Hines

**Department of Juvenile Justice (Department) Staff Present:** Andrew "Andy" K. Block, Jr., Valerie Boykin, Vincent Butaitis, Greg Davy, Lisa Floyd, Daryl Francis, Wendy Hoffman, Jack Ledden, Mark Lewis, Joy Lugar, Andrea McMahan, Mike Morton, Mark Murphy, Jim Nankervis, Margaret O'Shea (Attorney General's Office), Barbara Peterson-Wilson, Deron Phipps, Paul Reaves, Jr., Ralph Thomas, Angela Valentine, Janet Van Cuyk, Robert Wade

**Guests Present:** Michael Cassidy (Commonwealth Institute), Judy Clarke (Virginia Center for Restorative Justice), Kate Duvall (JustChildren Program), Laura Goren (Commonwealth Institute), Christa Pierpont (Blue Ridge Criminal Justice Board), Jeree Thomas (JustChildren Program), Tom Woods (Annie E. Casey Foundation), Amy Woolard (Voices)

**CALL TO ORDER**

Chairperson Heidi Abbott called the meeting to order at 9:41 a.m.

**INTRODUCTIONS**

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

## **APPROVAL of January 6, 2015, MINUTES**

The minutes of the January 6, 2015, Board meeting were provided for approval. On MOTION duly made by Helivi Holland and seconded by Dana Schrad to approve the minutes as presented. Motion carried.

## **PUBLIC COMMENT PERIOD**

Representing the Blue Ridge Criminal Justice Board, Christa Pierpont provided support on the proposed Length of Stay (LOS) guidelines that are on today's Board agenda.

Judy Clarke, representing the Virginia Center for Restorative Justice, provided the Board with handouts (attached) on restorative justice in Virginia. Ms. Clarke travels across the United States to high poverty, high crime areas teaching and providing technical assistance in the establishment of restorative justice through schools, courts, and detention centers as an intervention for juveniles at risk.

Jeree Thomas, representing the JustChildren Program, strongly supports the proposal before the Board today on the changes to the LOS guidelines. Ms. Thomas conveyed a story about a client who would be positively impacted by the changes. Ms. Thomas went on to say that the proposed LOS guidelines are not only a step toward Virginia aligning with the rest of the country, but a step towards research based practices and the just treatment of youth based on their individual needs. The JustChildren Program encourages the Board to approve the proposed changes to the LOS guidelines.

Jim Nankervis, representing the Court Service Unit Directors Association (CSUDA), fully supports the proposed changes to the LOS guidelines. Mr. Nankervis stated that not only are the revisions supported by research and data but also align with the other positive changes being made in the juvenile correctional centers, the Department overall, and in the community.

## **DIRECTOR'S CERTIFICATION ACTIONS**

Deron Phipps, Policy and Planning Manager, Department.

Mr. Phipps presented the Director's certification actions that were completed on February 1, 2015. In summary, each of the court service units (CSU) audited were found to be compliant with the regulatory requirements and certified for three years. Fairfax Juvenile Detention Center was certified for three years with 100% compliance on all regulatory requirements and received a congratulatory letter. Lynchburg Regional Juvenile Detention Center, following an implementation of a corrective action plan pertaining to tuberculosis (TB) screenings, was certified for three years with a status report in six months on the TB screenings. The Lynnhaven Boys' Home and Norfolk Juvenile Detention Center were found to be compliant with the regulatory requirements and certified for three years.

## **OTHER BUSINESS**

### **Department Regulatory Update**

Barbara Peterson-Wilson, Regulatory and Policy Coordinator, Department

Ms. Peterson-Wilson summarized the Department's regulatory update (page 42 of the Board packet) which requires no action by the Board at this time. There were additional updates not found on the summary. Executive Order 17 (2014) is a reissuance of an existing requirement that mandated all Department regulations be reviewed every four years. The Department is behind in that requirement. The Department will publish the Public Participation Guidelines and the Regulations Governing Juvenile Work and Educational Release Programs in the Virginia Register of Regulations in May that includes a public comment period.

### **A Roadmap for Transforming Juvenile Justice in Virginia**

Andy Block, Director, Department

Prior to today's meeting, Director Block met with Board members individually to explain in detail the proposed revisions to the LOS guidelines. Board Members Holland and Cooper-Collins suggested a presentation would be helpful on the LOS modifications in context with other Departmental changes to understand how it all fits together.

Director Block provided his presentation (attached) with significant items noted below.

#### **Slide 3**

In the fall 2014, the Department invited the Annie E. Casey Foundation (AECF) to conduct an assessment of Virginia's juvenile justice system.

#### **Slide 4**

A glaring fact is the amount of money spent on youth in the Department's facilities and the relatively low rate of return received on that investment with approximately 80% of the youth being re-arrested within three years of their release. This is a major concern.

#### **Slide 7**

The AECF findings were not surprising but were troubling. The assessment results found our facilities had a high rate of violence, aggressive behavior in our residents, lack of educational opportunities, and a lack of family connection. AECF also found that the Commonwealth has different practices and approaches throughout its CSUs.

The AECF asked personnel from the Missouri Youth Services Institute (MYSI) to visit the Department. MYSI imbedded for two weeks in the facilities and followed staff and talked with residents.

#### Slide 9

Detention is a predictor of deeper penetration into the juvenile correctional system.

#### Slide 11

In August 2014, the Department was one of only six states awarded a juvenile reentry planning grant by the Department of Justice's Office of Juvenile Justice and Delinquency Prevention to develop and finalize a comprehensive statewide juvenile reentry plan. Upon development of the reentry plan, the Department will then be eligible to apply for a second, multi-year grant of up to \$2 million to implement the plan.

Board Member Stolle had several questions about the type of charges resulting in state or local detention. Director Block noted that the percentage of youth who are state committed is lower than the percentage of youth placed in detention. Janet Van Cuyk explained that in 2014 there were 43,811 juvenile intake complaint cases, of those cases 10,038 resulted in local or regional detention; only 392 resulted in state commitment; and of those 392 cases, 5.6% of juveniles have their most serious committing offense as a misdemeanor. Director Block stated that Virginia, compared to other states, does a good job willowing out lower level offenders.

Board Member Stolle and Ms. Van Cuyk exchanged dialogue discussing the recidivism rate involving state commitments and local detention. Board Member Stolle noted that part of the changes to sentencing is to shift responsibility back to the localities; need to make sure the localities are able to handle this shift of responsibility and can do a better job than the Department. Director Block stated that the Department has developed the Community Placement Program (CPP) which pre-purchases local juvenile detention beds for committed youth. An agreed upon Memorandum of Understanding (MOU) is used that outlines expectations of the youth while they are located in the detention centers. This is the first year of this program; initial results are very promising. The Department will be looking into making performance measures a part of the MOU because of the varying practices in local juvenile detention centers.

#### **Length of Stay Guidelines: Proposed Changes 2015**

Janet Van Cuyk, Legislative and Research Manager, Department

Ms. Van Cuyk provided her presentation (attached) with significant items noted below.

#### Slide 4

Juvenile and Domestic Relations District Court Judges have two options when sentencing juveniles: indeterminate commitment is govern by the LOS guidelines or determinate commitment which is a defined length decided by the judge.

14.3% of juveniles who are committed indeterminately have a misdemeanor as the most serious committing offense and 26.5% have larceny as the most serious committing offense. 57.3% of juveniles who are committed determinately have robbery as their most serious committing offense.

Slide 7

The LOS guidelines were last modified by the Board in 2008; the most substantive changes included moving drug offenses to a lower category and requiring an administrative review for misdemeanors offenders who are committed for longer than a year. They have remained relatively the same since 1998.

Slide 9

The average LOS in Virginia is 18.2 months and if you take out the determinate commitment numbers, the average LOS in Virginia is 16.1 months, which is still very high compared to other states.

Board Member McDougle asked, regarding the 8.4 months (estimated national average for LOS) and 9.1 months (LOS in six comparable states), does that include either determinate and indeterminate commitments or just indeterminate commitments.

Ms Van Cuyk responded that the national data does not distinguish between indeterminate and determinate commitments.

Board Member Holland asked for the average recidivism rate nationally or in the comparable states.

Ms. Van Cuyk replied that we do not have the data on those recidivism rates. What we do have are Virginia recidivism rates for youth based on their LOS over a period of time which we compared to the national LOS. It was determined from that comparison, that there is a point when incarceration has no benefit for the youth.

Annie E. Casey Foundation Senior Analyst Tom Woods responded that there is no national definition of recidivism. There is no consistent practice either state to state or jurisdiction to jurisdiction in measuring recidivism.

Board Member Holland asked, so using 8.4 months (estimated national average LOS) as our guide as to whether Virginia is too high or too low, do we not know what 8.4 months means with regards to recidivism.

Ms. Van Cuyk replied that the Pew Charitable Trusts brief provided to the Board looked at recidivism rates based on LOS in individual states; however, there is now way to compare across states. Adult correctional centers look at recidivism rates the same way in every state; they look at their releases and their 12 month state-responsible reincarceration rates. The Department analyses recidivism in many ways but the Department is unable to compare with other states because of different populations, facility types, and methodologies.

Director Block stated that just because Virginia is different than the national average is not a reason in itself to change; however, it is an indicator to evaluate the Department's program and practices and pay attention to other states data.

Board Member Stolle stated that when the Division of Youth and Family Services changed to the Department in 1995 or 1996, they adopted all the policies in 1998. One of the beliefs the General Assembly was convinced of by the Department, at the time, was the existence of a crime prone age group for violent crimes (ages 15 to 24) and the longer you incarcerate a juvenile in that crime prone age group the less likely they were to become a harden criminal. Are you saying that data is incorrect?

Ms. Van Cuyk indicated yes that data was incorrect. Since then, large amounts of research has been done on juveniles and their outcomes. There is a period of time where research has said that criminal activity declines closer to the age of 30. When you look at juveniles regardless of age, there is no increase prophecy for violent acts at a specific time or with a specific population and there is a point where longer incarceration does not serve to improve outcomes.

Board Member Stolle indicated that he does not think that is what the data suggests. The data suggests that an individual who has committed at least two violent offenses as a juvenile in that crime prone age group was likely to reoffend as a violent offender at a higher prophecy then other juveniles.

Ms. Van Cuyk replied that our best data is on the committed youth. The juveniles committed for violent offenses, when they are released, reoffend nonviolently at higher rates than other offenses. The juveniles committed for nonviolent and misdemeanor offenses have a higher rate of re-offense after release that is for violent offenses.

Slide 10

Board Member Holland asked while doing your research, did you look at any common denominators, such as age or IQ or are you only looking at LOS.

Ms. Van Cuyk responded that for this analysis the Department only looked at LOS. However, we have looked at factors that are significant in assessing risk for reoffending that included age at first intake into the system, and youth with multiple offenses. These individual demographic factors are incorporated in the Youth Assessment and Screening Instrument (YASI) which assesses the risk level in the proposed changes.

Board Member Neo requested the identification of the six states identified in Slide 9 as comparable states and why were they comparable.

Ms. Van Cuyk stated that during the McDonnell Administration the Department contracted with a company called KMD to complete an assessment of our juvenile justice system and they chose the six states. Tom Woods followed on that the six states were Indiana, Oregon, Missouri, Maryland,



Massachusetts, and South Carolina. The states were chosen based on their size and composition of their youth population as being comparable to Virginia.

Board Member Stolle asked if it was safe to say that the comparison states are only there to compare the numbers nationally; and that your recommendations are based on state information.

Ms. Van Cuyk acknowledged that yes, the proposed changes to the LOS guidelines is based on Virginia information.

#### Slide 11

Chairperson Abbott asked for a point of clarification, most person felony offenses are determinant and secondly is there discretion within the LOS guidelines particularly with felony offenses.

Ms. Van Cuyk responded that a higher rate of juveniles with person felony offenses receives a determinant commitment. If the juvenile has a person felony offense with an indeterminate commitment, there is flexibility in the proposed LOS guidelines to address the issue. The LOS may be extended until the statutory release date, 36 continuous months or the 21<sup>st</sup> birthday whichever occurs first.

#### Slide 12

Board Member Holland asked how the Department solicits public comment. The concern is specifically for the judges, victim groups, and the Commonwealth's Attorney Association. The concern is with judges and prosecutors who might seek more determinant commitments because of the fear of having to tell a victim there is a possibility the person on trial will be returning home sooner. Board Member Holland needs a comfort level that other groups have had a chance to respond, not the usual group that checks on the happenings of the Department.

Ms. Van Cuyk detailed the public comment process. The proposed LOS guidelines were posted to the Department's website and the Regulatory Town Hall. Regulatory Town Hall has the ability for any person in the Commonwealth to sign up to track the actions of state government including when public comment periods are opened. If an individual signed up to track the Department's action they would be notified of the public comment period. Barbara Peterson-Wilson sent an email to those signed up to track the Department and provided them a copy of the proposed LOS guidelines.

Director Block noted that the Department is responsible for the Judicial Liaison Committee and has shared the proposed LOS guidelines with the Chairman of the Committee. In addition, he is scheduled to speak next week to all the juvenile court judges at their annual conference. Director Block has not talked to everybody and frankly many people do not know what the Department does or how long juveniles stay because the youth are out of sight, out of mind. Hopefully this process will make LOS more transparent.

Slide 13

The Director maintains the ability to hold any juvenile longer if the juvenile is a risk to public safety.

Board Member Stolle asked if the current process allowing the Director to make decisions on who to hold passes due process.

Director Block responded that yes it conforms to due process. As long as the decisions are not arbitrary and capricious and based on individual factors.

Attorney General Representative Margaret O'Shea indicated that the United States Supreme Court has directly held that you do not have a constitutional due process right to release prior to the expiration of the state term of confinement. By statute when there is an indeterminate commitment, the juvenile can only stay up to 36 months so you have no due process right to release prior to that and, if you do get released, good for you; but, there is no particular due process considerations in terms of the Director's authority. The Director of the Department cannot hold juveniles beyond their statutory dates as cited in *Greenholtz v. Inmates of the Nebraska Penal & Correctional Complex*. This is cited all the time for adults and it applies to juveniles too.

Board Member McDougle asked that the purpose of these new changes is to have a clear uniformed framework; it is discretion but it is discretion based upon factors that were not there before.

Director Block said correct. The current system considered fewer factors and had broader ranges. The proposed LOS guidelines consider more factors and have tighter ranges. But if a youth is acting in a dangerous manner or if a youth is mandated to complete sex offender treatment, there are overrides that will be in place to ensure safety and treatment are provided.

Ms. Van Cuyk asked the Board to turn to page 57 in their Board packets. Based on that chart, Risk Levels are the columns and Offense Severities are the rows. The Department took the YASI scores and the YASI subcategory scores and looked to see where there was precipitous drop offs in the risk of reoffending upon release from a juvenile correctional center. So Risk Level A, the lowest rate of reoffending of all crime categories; Risk Level B and C looks substantially similar but are different because Risk Level B has a lower rate of reoffending for person offenses/violent offenses and Risk Level C has a higher rate of reoffending for violent/person felonies; and Risk Level D has the highest rate of reoffending in all categories.

Ms. Van Cuyk reviewed the diagram on page 65 and the chart on page 68 of the Board packet.

Director Block explained that it is the Department's responsibility to bring the best proposal forward, supported by data and research, to promote public safety and the success of its residents. Director Block acknowledged Janet Van Cuyk for her hard work on this massive effort.

Ms. Van Cuyk indicated there is a typographical error in the printed version of the proposed LOS guidelines found in the Board's packet. Please see the memorandum (attached) requesting a line item amendment be adopted by the Board. An error was identified on pages 16-17 in section 9.1 of the draft of the proposed "Guidelines for Determining the Length of Stay (LOS) of Juveniles Indeterminately Committed to the Department of Juvenile Justice (DJJ)." The current proposed language in this section contradicts in that it requires staff to conduct a case review prior to the projected early release date, but after the early release date has passed. Line amendments are required to address the error and eliminate confusion.

Ms. Van Cuyk also respectfully requested that the effective date of the proposed LOS guidelines be moved back to August 1 because the Department must reprogram the LOS module in our electronic data collection system and then train staff. The proposed new LOS will be automatically calculated to have an estimation for the judge at the time of disposition. Then, once the juvenile is committed, a confirmatory system at the Reception and Diagnostic Center (RDC) will confirm that the calculation is accurate.

The line amendments have been provided to the Board for approval. On MOTION duly made by Ken Stolle and seconded by Robyn McDougle to approve the line amendments to the proposed LOS guidelines so they are in the proper format before the Board decides on the matter. Motion carried.

Board Member Stolle indicated that the Department is making a huge mistake, not by adopting these proposed changes to the LOS, but by not telling the judges beforehand. If the plan is to speak to the judges next week and inform them that the Board has adopted the proposed changes without their input, the judges might have a problem. Board Member Stolle went on to say that he thinks the Department should obtain the judge's input and recommendations before you ask the Board to adopt the proposed guidelines.

Director Block understands the concern and suggested the Board consider a conditional approval of the proposed LOS guidelines. This will allow the Department to move forward with implementation steps and the Director will bring back the judges' input for the June Board meeting.

Board Member McDougle indicated that there were conversations that if the Board enacts the guidelines, the Board would have the ability in a year to look at the data on this new system and if needed, allow the Board to make changes.

Ms. Van Cuyk said that it would take longer than a year to have sufficient data to allow the juvenile to be released and have time to reoffend but the Department will be constantly evaluating the impact and outcomes.

Board Member Stolle understands, but believes the judges might view this with a jaundiced-eye because they were not given the opportunity to comment before the vote. Board Member Stolle

followed up by asking about the financial aspect. There is something known as the Woodrum amendment in the General Assembly, when you submit a bill that impacts the spending of the General Assembly or the Commonwealth of Virginia, a financial impact statement is completed. The proposed LOS guidelines might have a multimillion dollar effect on the Department and also on the local facilities. It will probably increase the number of people in the local facilities, which in turn will be impacted financially and could result in an unfunded mandate that might cause opposition.

Director Block stated that local placements would be paid by the Department and the additional support services required might be handled through Medicaid or the Comprehensive Services Act which might impact the locality. The Department can do a financial analysis, but ultimately there might be a cost savings due to the shorten LOS. The Department has discussed the proposed LOS guidelines informally with local detention administrators and local government who were supportive.

Board Member Stolle noted that he believes a financial impact analysis is needed, whether it is good or bad. Board Member Stolle believes it is probably irresponsible for the Board to enact something as sweeping as this without knowing the financial impact.

Board Member Holland noted that her perspective and questions relate to her experiences with judges, prosecutors, defense attorneys, public defenders, victims, and having been the Director of the Department. There is a group of people, depending on their area of expertise, that know very well what LOS is; however the general population might not know the details just that "he is going upstate and will serve such and such months."

On a MOTION duly made by Helivi Holland and seconded by Tamara Neo to table the vote on the proposed LOS guidelines until the June Board meeting with specific notifications of the proposed LOS guidelines, at a minimum, be made to judges with Director Block asking for their input, Commonwealth's Attorney Association, as well as any victim rights organizations. The Board did not vote on this motion and it was not carried.

Board Member Holland further noted that with discussion on reducing sentencing, the Board has an obligation to make more people aware of the proposed changes. Whatever the Board decides, the Board will be making an informed decision and could cut back on negative comments from outside groups about not being notified of the new guidelines.

Board Member Stolle asked for a substitute motion.

On a MOTION duly made by Ken Stolle and seconded by Robyn McDougle to allow the Board an opportunity to debate the proposal before a vote is conducted. Motion carried.

Chairperson Abbott asked for comments from the Board.

Board Member Schrad noted that if there is a delay in adopting these guidelines, it would provide additional time to discuss the issue with the Chiefs of Police in Virginia and would probably allow Sheriff Stolle time to do the same for the Sheriffs and the law enforcement community. No public comments have been received by law enforcement.

Board Member Stolle assumed this would not be applied retroactively, that the youth in the system now stay under the current system.

Ms. Van Cuyk responded correct, it would affect only the commitments after the effective date. The reason why the Department is requesting the Board to approve at this meeting is to begin the implementation of the process such as changing the electronic data collection system and train employees on the new system.

Board Member Schrad asked hypothetically if this was adopted today what would be the implementation schedule.

Director Block stated that our request today was to have an August 1 effective date because it would take three months to get online.

Board Member Holland stated that the delay is to make sure that when the vote happens, the Board does not have to defend its actions. Please do not forget that in the current system the Department's Director can still release a juvenile; Board Member Holland is confident that if a juvenile is there that does not need to be there, Director Block will make that decision as long as the juvenile has an indeterminate commitment. So the Board is not delaying the juvenile's liberty at justice.

On MOTION duly made by Helivi Holland to table the approval of the proposed changes to the LOS guidelines until the Board's June meeting so notifications can be made to various groups, including, but not excluding others, Commonwealth's Attorney Association, law enforcement, judges, and victim rights organizations.

Board Member Stolle asked if the Board would be amenable to include a financial impact statement in that motion.

Chairperson Abbott asked if that was a request that could be accomplished before the June meeting.

Director Block confirmed that the analysis can be completed and the Department will do its best to determine the fiscal impact on the Department's budget, the locality's budget, probation and parole. We will provide the information to you prior to the June meeting.

On MOTION duly made by Helivi Holland and seconded by Tamara Neo to table the approval of the proposed changes to the LOS guidelines until the Board's June meeting so notifications can be

made to various groups, including, but not excluding others, Commonwealth's Attorney Association, law enforcement, judges, and victim rights organizations and in addition provide the Board with a fiscal impact analysis. Motion carried.

Director Block asked the Board if there are any other issues pertaining to the proposed LOS guidelines that the Board would like more information on or clarification. Director Block wants to provide as much information to the Board as possible in order for them to vote in June. Board members had no additional concerns.

A member of the public made a request to reopen the public comment period for the proposed LOS guidelines through the Regulatory Town Hall. Chairperson Abbott approved the request.

### **DIRECTOR'S COMMENTS**

Andy Block, Director, Department.

Director Block introduced two new staff members to the Department's leadership team. Valerie Boykin, the current Norfolk Court Service Unit Director, was named the Department's new Director of Community Programs. Mike Morton, currently the Hampton Court Service Director, was named the Department's Regional Program Manager for the eastern part of the Commonwealth.

Director Block suggested that the Board might be interested in observing or participating in training sessions on the new community treatment model.

Director Block informed the Board on the reestablishment of vocational and certification programs in the Department's facilities. For example, residents participated in the public safety dog training program. The company that does the training was very taken with our residents that in their final class they invited the residents to their training facility. The Department is always looking for opportunities for our residents.

Board Member McDougle noted that it is now a requirement for all freshman VCU basketball players to visit the Department's facilities in the fall of their first year and participate in the Robyn McDougle experience. It does have a huge impact on the residents and players.

### **BOARD COMMENTS**

Chairperson Abbott is very much appreciative of the hard work that Director Block, Ms. Van Cuyk, and other staff have done on the proposed LOS guidelines.

### **NEXT MEETING**

The next meeting is scheduled for June 10, 2015, at Central Office, 600 East Main Street, 12<sup>th</sup> Floor, Richmond, at 9:30 a.m.

### **EXECUTIVE SESSION MOTION**

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

The Executive Closed Session was concluded. The members of the Board of Juvenile Justice present certified that, to the best of their knowledge, (1) only public business matters lawfully exempted from open meeting requirements by Virginia law were discussed in the Executive Meeting, and (2) only such public business matters as were identified in the motion convening the Executive Meeting were heard, discussed, or considered.

### **ADJOURNMENT**

Chairperson Abbott adjourned the meeting at 12:25 p.m.

**DEPARTMENT CERTIFICATION ACTIONS**  
**April 27, 2015**

**Certified the 6<sup>th</sup> District Court Service Unit for three years.**

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

**Certified the 9<sup>th</sup> District Court Service Unit for three years with a letter of congratulations for 100% compliance.**

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

**Certified the 19<sup>th</sup> District Court Service Unit for three years with a monitoring report by the Regional Program Manager in six months.**

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

**Certified the 25<sup>th</sup> District CSU for three years.**

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

**Certified the 31<sup>st</sup> District Court Service Unit for three years.**

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

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

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



## **DEPARTMENT CERTIFICATION ACTIONS**

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**Certified Prince William Juvenile Detention Center for one year with quarterly monitoring visits.**

*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.*

**Certified the Reception and Diagnostic Center for three years.**

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

**Certified Virginia Beach Juvenile Detention Center and Post-dispositional Detention Program for three years.**

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

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

**PROGRAM AUDITED:**

6th District Court Service Unit (Hopewell)  
100 East Broadway, Suite G05  
Hopewell, Virginia 23860  
(804) 541-2265  
F. Woodrow Harris, Director  
woodrow.harris@djj.virginia.gov

**AUDIT DATES:**

October 14-15, 2014

**CERTIFICATION ANALYST:**

Shelia L. Palmer

**CURRENT TERM OF CERTIFICATION:**

March 18, 2012 – March 17, 2015

**REGULATIONS AUDITED:**

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

**PREVIOUS AUDIT FINDINGS – October 31, 2011:**

98.3% Compliance Rating  
6 VAC 35-150 – 410.A - Commitment Information

**CURRENT AUDIT FINDINGS – October 15, 2014:**

95.35% Compliance Rating  
Number of Deficiencies: 2  
6VAC35-150-336 (A). Social histories  
6VAC35-150-410 (A). Commitment information. (Repeat deficiency but noncompliance relates to different elements of the Regulation.)

**DEPARTMENT CERTIFICATION ACTION - April 27, 2015:** Certified the 6<sup>th</sup> District Court Service Unit for three years.

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

**TEAM MEMBERS:**

Shelia L. Palmer, Team Leader  
Clarice T. Booker, Central Office  
Deborah Hayes, Central Office  
Mark I. Lewis, Central Office  
Paul Reaves, Central Office  
Sean Milner, Central Office  
Stephanie Green, 13<sup>th</sup> Court Service Unit (Richmond)  
Viola Evans, 14<sup>th</sup> Court Service Unit (Henrico)

**POPULATION SERVED:**

The 6<sup>th</sup> District Court Service Unit serves:

## 6th District Court Service Unit (Hopewell)

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- City of Emporia
- City of Hopewell
- Brunswick County
- Prince George County
- Surry County
- Sussex County

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

The 6<sup>th</sup> District Court Service Unit provides mandated services including:

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

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

- Community Service Work Program
- Electronic Monitoring/Outreach Detention
- Substance Use Education
- Youth Offender Program (YOP.)
- Family Violence/Sexual Assault Unit.
- Parent Education Consortium
- Comprehensive Service Act

#### Hopewell

- Juvenile Justice Team:
- District 19 Community Services Board
- Hopewell Courts Committee
- Hopewell Career and Technical Education Advisory Board
- Hopewell Chamber of Commerce JOBS Program
- Hopewell Big Brothers and Big Sisters
- Hopewell Healthy Families

#### Prince George

- Riverside Community Corrections Board
- Domestic Violence Task Force
- Special Education Advisory Committee
- Prince George Healthy Families
- Prince George Chamber of Commerce JOBS Program
- Prince George Crime Solvers
- Prince George Promise

#### Emporia

- Emporia City Council Member
- Virginia Municipal League
- Virginia Association of Planning Districts Commission member
- Crater Planning District
- Meherrin River Arts Council
- Southside Community Corrections Board
- Family Violence/Sexual Assault Unit

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

**FACILITY/PROGRAM:** 6<sup>th</sup> District Court Service Unit (Hopewell)  
**SUBMITTED BY:** F. Woodrow Harris, CSU Director  
**CERTIFICATION AUDIT DATES:** October 14-15, 2014  
**CERTIFICATION ANALYST:** Shelia L. Palmer

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

**6VAC35-150-336 (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 according to approved procedure 9230.

- Nine of 17 applicable case files reviewed were missing the juvenile response to court intervention.
- Fourteen of 17 applicable case files reviewed were missing substance abuse issues of parents and or persons residing in the home.

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**Program Response**

**Cause:**

In both the audit findings, it appears the absence of the required information was a result of there being no affirmative information to report. Regarding juvenile response to court intervention this would have been related to offenders who had not been subject to prior court intervention. In the case of substance abuse issues of parents and/or persons residing in the home, no issues were noted or identified. Instead of addressing this directly and stating 'this subject has not been before the court previously and has had no opportunity to respond to court intervention' or 'no substance abuse issues were noted or

reported by parents or other persons residing in the home' the information was simply not included for cases in which it was not noted or did not apply.

**Effect on Program:**

As no existing information was known, no pertinent information for the court was omitted and the only effect on the program was noncompliance with the standard.

**Planned Corrective Action**

As part of the new social history investigation process, the interview form used by staff conducting Social History Investigations is being revamped. Meanwhile, the current interview form has been modified to include on page 4 of the document\_ "subject's response to court involvement" The revised interview sheet includes the missing information that was cited in the audit

**Completion Date:**

10/27/14, though as noted, additions and revisions continue to be made to other portions of the interview form.

**Person Responsible:**

6<sup>th</sup> CSU Supervisor Jean Cobb initiated the revision process assisted by the secretaries in each office.

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

Two of two applicable case files reviewed a social history was prepared in accordance with approved procedures.

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

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.

**A cover letter to include:**

- Juvenile's full name and date of birth;
- DJJ Juvenile Tracking System (JTS) number (not case file number)
- Date of commitment and name of committing judge;
- Medical or behavioral alerts (major health or behavioral problems);
- Current medications (indicate if they will be sent to RDC);
- Names(S) of any codefendants or victims of the committing charge
- Name or CSU staff providing parole supervision or supervisor with address, telephone, and fax numbers

**Audit Finding:**

The commitment cover letters were not submitted as required by approved procedure 9332. Four of six applicable case files reviewed were missing the name(s) of any codefendants or victims of the committing charge.

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**Program Response**

**Cause:**

It is not known why, but following the last revision of standards, this change was not picked up and added to the template for the CSU's commitment letter. It is believed Melinda Donahue advised the CSU that this information was missing in early 2013. The commitment letter template was updated to include this information on 1/25/13. The four case files reviewed that were missing the information were committed in 2012, before the absence of the information was noted, and before the letter was updated.

**Effect on Program:**

Other than noncompliance with the standard, This information was included in the Social History Interviews and thus available to RDC, even though it was not included in the commitment letter, as required.

**Planned Corrective Action**

The commitment letter has been revised to include the missing information.

**Completion Date:**

Commitment letter revised to include the missing standard on January 25, 2013.

**Person Responsible:**

CSU Supervisor Avon Miles added the information to the template after it was determined that it was missing.

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

In three of three applicable case files reviewed the cover letter was prepared in accordance with approved procedures.

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

**PROGRAM AUDITED:**

9<sup>th</sup> District Court Service Unit (Williamsburg)  
4093 Ironbound Road, Suite D  
Williamsburg, VA 23188  
(757) 564-2460  
Michael Scheitle, Director  
Michael.Scheitle@djj.virginia.gov

**AUDIT DATES:**

January 20-21, 2015

**CERTIFICATION ANALYST:**

Paul Reaves, Jr., Team Leader

**CURRENT TERM OF CERTIFICATION:**

April 14, 2014 – April 13, 2015

**REGULATIONS AUDITED:**

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

**PREVIOUS AUDIT FINDINGS February 11, 2014:**

87.3% Compliance Rating

6VAC35-150-300 (A). Predispositionally placed juvenile.

6VAC35-150-300 (B). Predispositionally placed juvenile.

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

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

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

6VAC35-150-400. Notice of release from supervision

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

6VAC35-150-415. Supervision of juvenile in direct care.

**CURRENT AUDIT FINDINGS – January 20-21, 2015:**

100 % Compliance Rating

**DEPARTMENT CERTIFICATION ACTION - April 27, 2015:** Certified the 9<sup>th</sup> District Court Service Unit for three years with a letter of congratulations for 100% compliance.  
*Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.*

**TEAM MEMBERS:**

Paul Reaves, Jr., Team Leader  
Clarice Booker, Certification Unit  
Deborah Hayes, Certification Unit  
Kelly Rummel, 7<sup>th</sup> District CSU  
Sean Milner, Certification Unit  
Mark Lewis, Certification Unit  
Matt Bond, 14<sup>th</sup> District CSU

## 9<sup>th</sup> District Court Service Unit (Williamsburg)

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### **POPULATION SERVED:**

The 9<sup>th</sup> District Court Service Unit serves eleven jurisdictions which includes the cities of Poquoson and Williamsburg and the counties of Charles City, Gloucester, King and Queen, King William, Matthews, Middlesex, New Kent, James City, and York.

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

The 9<sup>th</sup> District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Parole supervision
- Pre-dispositional investigations
- Video Intake site for the Department of Juvenile Justice

The Colonial Group Home Commission and Community Corrections provide:

- Outreach detention
  - Electronic monitoring
  - Community work
  - Treatment groups
  - Group home placements
  - Alcohol diversion
  - Law-related education
-



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

**PROGRAM AUDITED:**

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

**AUDIT DATES:**

October 20-21, 2014

**CERTIFICATION ANALYST:**

Clarice T. Booker

**CURRENT TERM OF CERTIFICATION:**

March 18, 2012 – March 17, 2015

**REGULATIONS AUDITED:**

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

**PREVIOUS AUDIT FINDINGS October 26, 2011:**

100% Compliance Rating

**CURRENT AUDIT FINDINGS – October 21, 2014:**

94.7% Compliance Rating

No repeated deficiencies from previous audit.

Number of Deficiencies: Three

**6VAC35-150-336 (A). Social Histories**

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

**6VAC35-150-355. Supervision of juvenile on electronic monitoring**

**DEPARTMENT CERTIFICATION ACTION - April 27, 2015:** Certified the 19<sup>th</sup> District Court Service Unit for three years with a monitoring report by the Regional Program Manager in six months.

*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

Mark Lewis, Central Office

Sean Milner, Central Office

Shelia Palmer, Central Office

Ellen Patterson, Prince William County (31<sup>st</sup>) Court Service Unit

Paul Reaves, Central Office

Rolando Welch, Alexandria (18th) Court Service Unit

**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:** 19<sup>th</sup> District Court Service Unit (Fairfax)  
**SUBMITTED BY:** Robert A. Bermingham, Jr., Director of Court Services  
**CERTIFICATION AUDIT DATES:** October 20-21, 2014  
**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.

**6VAC35-15-336 (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 procedure 9230 and were missing the following elements:

- There was no documentation of response to court intervention in eight out of 15 social history reports reviewed.
- There was no documentation of the history of detention and placements ordered by the court in five out of 15 social history reports reviewed.
- There was no documentation of any previous contacts with the CSU resulting in diversion and informal resolutions at intake, unless prohibited by the court in three out of 15 social history reports reviewed.
- There was no documentation of contact with other CSUs in three out of 15 social history reports reviewed.
- There was no documentation of associations with gangs in nine out of 15 social history reports reviewed; of association with peers involved in delinquent or negative behaviors in one out of 15 social history reports reviewed; and association with adult or juvenile pro-social individuals in four out of 15 social history reports reviewed.

- There was no documentation of current and past concerns about emotional and mental health status and treatment services in one out of 15 social history reports reviewed.
  - There was no documentation of how the family handles conflict in two out of 15 social history reports reviewed; of family activities in 12 out of 15 social history reports reviewed; and of family resources in four out of 15 social history reports reviewed.
  - There was no documentation of criminal histories of parents and persons residing in the household in 14 out of 15 social history reports reviewed.
  - There was no documentation of mental health and substance abuse issues of parents and persons residing in the household in 15 out of 15 social history reports reviewed.
  - There was no documentation of overall risk level determined by DJJ's approved risk assessment instrument in one out of 15 social history reports reviewed.
  - There was no documentation of the assessment of juvenile's strengths or protective factor in four out of 15 social history reports reviewed and assessment of family's strengths or protective factors in nine out of 15 social history reports reviewed.
  - There was no documentation of areas needing intervention in two out of 15 social history reports reviewed.
- 

### Program Response

#### **Cause:**

Several potential causes are involved in this finding; Staff training and supervisory oversight, and the use of an automated social history tool that does not have a format that follows the CSU required information outline (YASI generated report.) Staff reliance on the automated narratives is not sufficient to meet the required elements.

#### **Effect on Program:**

The result is lack of complete information regarding the juvenile and family to assist the Court in determining an appropriate disposition, and probation staff, in making assessments for disposition recommendations, and probation service plan preparation. This lacking information may have an impact on the YASI determination of Risk/Protective Factors/ and Needs levels, which has significant impact on supervision levels and treatment planning.

#### **Planned Corrective Action:**

1. CSU management review with probation supervisors of all missing elements and directive for review of social history for inclusion and compliance.
2. CSU management work with probation supervisors on development of Guidance Document for completing a Quality Assurance Social History Investigation modified for Fairfax CSU that includes all elements required for social history and highlights the specific missing elements that are required. See the attached document. This was distributed to all probation officers, along with an enhanced customized template for PO use in developing the new required state-wide social history model.
3. CSU management will conduct quality assurance case file reviews quarterly for the next 12 months based on a random sampling of cases from each PO in each field unit. Social history reports will be audited to determine compliance with this standard for required elements.

**Completion Date:**

1. November 4, 2014
2. November 20, 2014
3. January, 2016

**Persons Responsible:**

James J. McCarron Jr., Deputy Director for Probation Services  
Lorraine Peck, Probation Supervisor II, Probation Support Services  
Robert A. Bermingham Jr., Director, Court Service Unit

**Current Status on February 12, 2015: Compliant**

Steps 1 and 2 of the corrective action plan have been implemented. Fifteen applicable case records were reviewed and the social history reports were prepared in accordance with approved procedures.

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

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:**

There was no documentation as required by approved procedure 9324 of the assessment of the juvenile and family's motivation for change in fourteen out of fifteen case record files reviewed.

---

**Program Response**

**Cause:**

Several potential causes are involved in this finding; Staff training and supervisory oversight, and the use of an automated service plan report (generated by YASI) that does not have a field to capture the assessment of family's motivation to change. Also the CSU's failure to include this requirement in the template created for probation staff use.

**Effect on Program:**

The impact of probation services provided was not documented and certainly could have affected the Court's decision making in regards to future dispositions if there is a change in probation officers assigned to the case.

**Planned Corrective Action:**

1. CSU management review with probation supervisors of missing assessment of the juvenile/family motivation to change and directive for probation staff's inclusion in the service plan/BADGE notes and compliance.
2. Development of a corrected template face sheet (see attached) that includes the assessment rating documentation along with memorandum to probation staff mandating use going forward.
3. CSU management will conduct quality assurance case file reviews quarterly for the

next 12 months based on a random sampling of cases from each PO in each field unit. Supervision plans will be audited to determine compliance with this standard for required elements.

**Completion Date:**

1. November 4, 2014
2. February 3, 2015
3. January, 2016

**Persons Responsible:**

James J. McCarron Jr., Deputy Director for Probation Services  
Lorraine Peck, Probation Supervisor II, Probation Support Services  
Robert A. Birmingham Jr., Director, Court Service Unit

**Current Status on February 12, 2015: Compliant**

Steps 1 and 2 of the corrective action plan have been implemented. Fifteen applicable case records were reviewed and the supervision plans were prepared in accordance with approved procedures.

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**6VAC35-150-355 Supervision of juvenile on electronic monitoring**

When a unit places a juvenile in an electronic monitoring program, use of the program shall be governed by approved procedures that shall provide for criteria for placement in the program, parental involvement, required contacts, consequences for tampering with and violating program requirements, and time limits.

**Audit Finding:**

There were no approved procedures for juveniles placed on electronic monitoring by the unit.

---

**Program Response**

**Cause:**

CSU created a graduated sanction program utilizing the use of Electronic Monitoring, separate and apart from the CSU's formal detention alternative program, Supervised Release Services. CSU management did not create a separate policy and procedure from SRS to cover the CSU standards for non-residential programs.

**Effect on Program:**

Staff was not properly informed of the criteria for placement of juveniles on electronic monitoring. Juveniles and parents were not properly informed of the parental involvement, required contacts and the potential consequences of violating the requirements for the program in a manner which was clearly documented.

**Planned Corrective Action:**

CSU Management developed a policy and procedure based on DJJ's policy manual for CSUs, and consulted with Certification Specialist Clarice Booker, to govern approved procedures for supervision of juveniles on electronic monitoring. This policy and procedure was disseminated to all probation staff and reviewed with probation supervisors, and has been implemented.

**Completion Date:**

December 19, 2014

**Persons Responsible:**

James J. McCarron Jr, Deputy Director for Probation Services

Robert A. Bermingham Jr., Director, Court Service Unit

**Current Status on February 12, 2015: Compliant**

The corrective action plan has been implemented. The unit procedures for supervision of juveniles on electronic monitoring were reviewed.

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

**PROGRAM AUDITED:**

25<sup>th</sup> District Court Service Unit (Staunton)  
District Courts Building, 3<sup>rd</sup> Floor  
P.O. Box 1336  
Staunton, VA 24401  
(540) 245-5315  
Gary L. Conway, Director (Retired)  
Saundra Crawford, Director (Effective 2/25/15)  
Saundra.Crawford@djj.virginia.gov

**AUDIT DATES:**

October 27, 2014

**CERTIFICATION ANALYST:**

Shelia L. Palmer

**CURRENT TERM OF CERTIFICATION:**

March 18, 2012 – March 17, 2015

**REGULATIONS AUDITED:**

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

**PREVIOUS AUDIT FINDINGS – November 8, 2011:**

100% Compliance Rating

**CURRENT AUDIT FINDINGS – October 27, 2014:**

97.95% Compliance Rating

Number of Deficiencies: One

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

**DEPARTMENT CERTIFICATION ACTION - April 27, 2015:** Certified the 25<sup>th</sup> District CSU for three years.

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

**TEAM MEMBERS:**

Shelia L. Palmer, Team Leader  
Clarice T. Booker, Central Office  
Deborah Hayes, Central Office  
Mark Lewis, Central Office  
Sean Milner, Central Office  
Paul Reaves, Central Office  
Mary Donald, Charlottesville (16<sup>th</sup>) Court Service Unit

**POPULATION SERVED:**

The 25<sup>th</sup> 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 25<sup>th</sup> 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

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

**FACILITY/PROGRAM:** 25<sup>th</sup> District Court Service Unit (Staunton)  
**SUBMITTED BY:** Gary L. Conway, CSU Director  
**CERTIFICATION AUDIT DATES:** October 27-28, 2014  
**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.

**6VAC35-150-420. 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:**

Contacts were not made according to approved procedure 9332. Two of four applicable case files reviewed were missing contacts on eight occasions with the juvenile correctional center once every 30 days to discuss progress, plan changes and placement. The late time frames were four days, five days, nine days, 12 days, 19 days, 30 days, two months, and three months.

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**Program Response**

**Cause:**

There were two (2) parole cases found to be deficient in required contacts between the P.O. and the JCC. One case was supervised by a P.O. who was out on short-term disability from January 30, 2014 to May 1, 2014. Prior to taking short-term disability, the assigned P.O. was showing poor performance in several areas of her work. This P.O. left the Unit effective May 1, 2014. In the other case, the P.O. was of the belief (as was the Director) that JCC contacts were to be made monthly, not every 30 days.

**Effect on Program:**

None.

**Planned Corrective Action:**

Supervisors have revisited with all parole officers Procedure 9332, which only became effective on October 3, 2014. While the old Procedure required contact between the P.O. and JCC every 30 days, the newest Procedure requires these contacts monthly. Supervisors will review cases with special attention being given to adherence with these contacts.

**Completion Date:**

October 28, 2014, and ongoing supervisory reviews.

**Person Responsible:**

CSU Director

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

Three of three applicable case files reviewed had contact with the JCC once every 30 days to discuss progress, plan changes and placement.

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

**PROGRAM AUDITED:**

31<sup>st</sup> District Court Service Unit (Manassas)  
9540 Center Street  
Suite 200  
Manassas, VA 20110  
(703) 792-6200  
Jeffrey S. Homan, Director  
Jeffrey.Homan@djj.virginia.gov

**AUDIT DATES:**

December 8-9, 2014

**CERTIFICATION ANALYST:**

Shelia L. Palmer

**CURRENT TERM OF CERTIFICATION:**

April 20, 2012 – April 19, 2015

**REGULATIONS AUDITED:**

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

**PREVIOUS AUDIT FINDINGS – December 6, 2011:**

96.3% Compliance Rating  
6 VAC 35-150-300 A. Predispositionally Placed youth  
6 VAC 35-150—350 G. Supervision Plans

**CURRENT AUDIT FINDINGS – December 9, 2014:**

97.95% Compliance Rating  
No repeated deficiencies from previous audit.  
6VAC35-150-300 (B). Predispositionally placed juvenile.

**DEPARTMENT CERTIFICATION ACTION - April 27, 2015:** Certified the 31<sup>st</sup> District Court Service Unit for three years.

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

**TEAM MEMBERS:**

Shelia L. Palmer, Team Leader  
Clarice T. Booker, Central Office  
Deborah Hayes, Central Office  
Mark Lewis, Central Office  
Sean Milner, Central Office  
Paul Reaves, Central Office  
Elaine Lassiter, Warrenton (20W) Court Service Unit

**POPULATION SERVED:**

The 31<sup>st</sup> District Court Service Unit serves the Cities of Manassas and Manassas Park and the County of Prince William.

**PROGRAMS AND SERVICES PROVIDED:**

The 31<sup>st</sup> 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:

- Diversion Groups such as Substance Abuse Education, Anger Management and Shoplifting
  - Comprehensive Service Act
  - Transitional Services (294 Funding)
  - Virginia Juvenile Community Crime Control Act
  - Intensive Supervision Program (ISP)
  - Court Liaison Officer
  - Juvenile Drug Court
  - Gang Management Program
  - Gang Response Intervention Team (GRIT) Coordinator
  - Sex Offender Services
  - Mediation Services
  - Restorative Justice Services
  - Community Services
  - Court Psychologist Associate
  - Molinari Emergency Shelter Home
  - Turning Point Home for Boys
  - JERU Family Healing for Boys and Girls
  - Youth for Tomorrow
-

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

**FACILITY/PROGRAM:** 31<sup>st</sup> District Court Service Unit (Manassas)  
**SUBMITTED BY:** Jeffrey S. Homan, CSU Director  
**CERTIFICATION AUDIT DATES:** December 8-9, 2014  
**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.

**6VAC35-150-300 (B). Predispositionally placed juvenile.**

**The case of each predispositionally placed juvenile shall be reviewed at least every 10 days in accordance with approved procedures to determine whether there has been a material change sufficient to warrant recommending a change in placement.**

**Audit Finding:**

**Thirteen of 13 applicable case files reviewed did not have documentation that each predispositionally placed juvenile was reviewed at least every 10 days in accordance with approved procedure 9134 to determine whether there had been a material change sufficient to warrant recommending a change in placement.**

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**Program Response**

**Cause:**

The CSU's procedure for documenting the review of predispositionally placed juveniles did not include a BADGE entry in the running record. A hard copy of those weekly reviews was maintained by a designated supervisor with reports from all probation officers regarding any change in circumstance to warrant a change in placement for all youth in Juvenile Detention, Molinari Emergency Shelter Home or Adult Detention Center. This was a centralized hard copy file maintained by a designated supervisor and was presented to the audit team. This procedure had passed several previous audits with no non-compliance issues. In April 2014 the policy was revised to state that each individual juvenile should have that documentation in their BADGE narrative. The CSU had not updated the procedure as a result of the policy revision.

**Effect on Program:**

No negative outcomes were identified as a result of failure to fully document in BADGE the review regarding the material change sufficient to warrant recommending a change in placement of the juvenile.

**Planned Corrective Action:**

On December 16, 2014, the CSU Director via email directed that supervisory staff will be

responsible for making these entries in the BADGE running record on a weekly basis for all detained youth within their respective units. At the January 8, 2015 Management Team meeting the Director will review the DJJ policy 9134 Predispositional placements with all supervisors. Subsequent to the meeting the supervisors will review the policy with their respective units and provide documentation of completion to the Director. A designated supervisor will continue to distribute the weekly detention review report to all units retaining one copy of the weekly report per month to be used as a tool to ensure compliance to the standard in the annual mock audit. The CSU self audit team will ensure cases from each unit are reviewed again to ensure compliance.

**Completion Date:**

Directive to implement procedure sent to all supervisors Dec. 16, 2014.

Documentation of policy review by each unit will be completed by January 22, 2015.

CSU self-audit will be completed by July 2015 and yearly thereafter.

**Person Responsible:**

Director and CSU Supervisors

**Current Status on April 1, 2015: Compliant**

In 14 of 15 cases reviewed there was documentation that the cases were reviewed at least every 10 days in accordance with approved procedures to determine whether there had been a material change sufficient to warrant recommending a change in placement.

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

**PROGRAM AUDITED:**

Piedmont Regional Juvenile Detention Center  
P.O. Box 344  
Farmville, VA 23901  
(434) 392-3834  
Spring Johnson, Superintendent  
sprjohnson@embarqmail.com

**AUDIT DATES:**

December 1, 2014

**CERTIFICATION ANALYST:**

Paul Reaves, Jr.

**CURRENT TERM OF CERTIFICATION :**

April 28, 2012 – April 27, 2015

**REGULATIONS AUDITED:**

6VAC35-101 Regulations Governing Secure Detention Centers

**PREVIOUS AUDIT FINDINGS – December 1, 2011:**

99.7% Compliance Rating  
6VAC35-51-1050L - Emergency Drills (Mandatory

**CURRENT AUDIT FINDINGS – December 1, 2014:**

100% Compliance Rating

**DEPARTMENT CERTIFICATION ACTION - April 27, 2015:** Certified Piedmont Juvenile Detention Center for three years with a letter of congratulations for 100% compliance. *Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.*

**TEAM MEMBERS:**

Paul Reaves, Jr., Team Leader  
James McPherson, Central Office  
Marc Booker, Central Office  
Mark Lewis, Central Office  
Deborah Hayes, Central Office  
Shelia Palmer, Central Office  
Clarice Booker, Central Office  
Sean Milner, Central Office  
Dushawn Wiggins, Chesterfield Juvenile Detention Center

**POPULATION SERVED:**

Piedmont Regional Juvenile Detention Center (PRJDC) is a secure detention facility that provides short-term/temporary detention services to male and female juveniles 8-17 years of ages awaiting disposition by the court and for youth who have been placed in detention. PRJDC's service area includes the cities of Farmville and the counties of Nottoway, Buckingham, Lunenburg, Amelia and Prince Edward.

**FACILITY DESCRIPTION:**

The facility is a 20 bed one-story building consisting of three living pods, gymnasium, two classrooms, medical area, an intake area with two holding cells, a sally port, a visitation area, kitchenette, laundry room, several storage areas, and an administrative area. There is a fenced-in outside recreational area.

**PROGRAM DESCRIPTION:**

The program is designed on a points/level system. The residents earn points daily by following the program and educational components. The points allow them to elevate levels and earn privileges throughout the day and week. Residents can lose these points and levels by not following the outlined program that requires them to receive warnings or stricter disciplinary actions. Positive reinforcements are encouraged as is recognition by staff and educators on duty. All residents are encouraged to do their best upon their arrival and until their departure.

**SERVICES PROVIDED:**

- Direct:
  - Education
  - Mental health services
  - Recreation
  - Psycho-educational groups
  - Socialization and cultural skills
  - Medical services
  
- Services accessed in the community:
  - Crisis intervention (Crossroads Community Services)
  - Religious services
  - Holiday activities (cards, gifts for residents, reading material) provided by local churches



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

**PROGRAM AUDITED:**

Prince William County Juvenile Detention Center  
14873 Dumfries Road  
Manassas, VA 20112  
(703) 792-8301  
John Dowdy, Superintendent  
jdowdy@pwcgov.org

**AUDIT DATES:**

November 3-4, 2014

**CERTIFICATION ANALYST:**

Clarice T. Booker

**CURRENT TERM OF CERTIFICATION:**

April 13, 2012 – April 12, 2015

**REGULATIONS AUDITED:**

6VAC35-101 Regulations Governing Juvenile Secure Detention Centers

**PREVIOUS AUDIT FINDINGS November 16, 2011:**

98.4% Compliance Rating

6VAC35- 51-310.A – Orientation

6VAC35-51-420.C (Mandatory) – Fire Inspections

6VAC35-51-810.F (Mandatory) – Medication Administration Records

6VAC35-51-900.A – Behavioral Interventions

6VAC35-140-260.A – Background Checks

6VAC35-140-550.E – Disciplinary Reports

**CURRENT AUDIT FINDINGS – November 4, 2014:**

97.88% Compliance Rating

No repeat deficiency from previous audit.

6VAC35-101-340 (A) Face sheet

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

6VAC35-101-870 (B) Written communication between staff; daily log

6VAC35-101-1020 Suicide prevention **CRITICAL**

6VAC35-101-1100(B) Room confinement and isolation

6VAC35-101-1100 (C) Room confinement and isolation

**DEPARTMENT CERTIFICATION ACTION - April 27, 2015:** Certified Prince William Juvenile Detention Center for one year with quarterly monitoring visits.

*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:**

Clarice Booker, Team Leader

Marc Booker, Central Office

Prince William County Juvenile Detention Center

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Deborah Hayes, Central Office  
Jason Henry, Rappahannock JDC  
Mark Lewis, Central Office  
Sean Milner, Central Office  
Shelia Palmer, Central Office  
Paul Reaves, Central Office  
Phyllis Thaggard, Loudoun JDC

**POPULATION SERVED:**

Prince William County Juvenile Detention Center is a secure custody facility operated by the Prince William Department of Social Services. The facility serves a pre-dispositional population of 72 male and female residents ages ten through 17 from Manassas, Manassas Park and Prince William County.

**PROGRAMS AND SERVICES PROVIDED:**

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

- Individual, family and group counseling
  - On-site education through the Prince William County Public School System
  - Substance abuse groups
  - Various volunteer activities and groups
- 

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

**FACILITY/PROGRAM:** Prince William Juvenile Detention Center  
**SUBMITTED BY:** Linda A. Lindsay, Assistant Superintendent  
**CERTIFICATION AUDIT DATES:** November 3-4, 2014  
**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.

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

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

1. The resident's full name, last known residence, birth date, birthplace, sex, race, unique numerical identifier, religious preference, and admission date; and

**2. Names, addresses, and telephone numbers of the applicable court service unit, emergency contacts, and parents or legal guardians, as appropriate and applicable.**

**Audit Finding:**

**The address and full telephone number of the applicable court service unit was missing in eight out of eight applicable case records reviewed.**

---

**Program Response**

**Cause:**

The electronic face sheet did not include the address and full telephone number of the applicable Court Service Unit.

**Effect on Program:**

Lacked proper documentation of identifying information

**Planned Corrective Action:**

The applicable information of the identified Court Services Unit (CSU) will be added to the Soft Tec system. During the intake process, additional information has been added to the assigned Probation Officers profile which includes the Court Service Unit's address and full telephone number of the Probation Officer.

**Completion Date:**

The revisions went into effect November 10, 2014.

**Person Responsible:**

Assistant Superintendent will enter missing information into identified CSU profiles and train the Shift supervisors how to ensure that information is correctly added to each youth's electronic file.

**Current Status on March 19, 2015: Compliant**

Six face sheets reviewed had documentation of the full Court Service Unit address and phone number.

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

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 reasonably may be expected to have access.

**Audit Finding:**

The building was not properly maintained in the following areas:

- The pipe above the mixing valve in the mechanical room in the intake hall was leaking and corroded.
- Gun boxes for law enforcement officers were leaking, rusted and need to be replaced.
- Two overhead lights in Master Control were out.
- Paint was peeling on the floor in Unit #2 in rooms A-1, A-2, A-3, A-4, A-5, A-6,

**A-7 and A-8.**

- Intercoms were not working properly in Unit #2 in rooms A-8 and A-7, and there was a bad speaker in A-16.
- Molding was missing on both sides of the wall near the school.
- Two overhead lights were out in the ceiling in Unit #4.
- There was no cold water in the sink in room F-5.
- Intercoms were not working properly in Unit #4 in rooms F-1, F-2, F-6, F-7 and F-8.
- Intercoms were not working properly in Unit #5 in rooms H-8, H-7, and H-6.
- An overhead light was out in the ceiling in Unit #5.
- There was a crack in the wall in room H-5.
- There was a leak at the sink in Unit #3, room D-8.
- There was chipped concrete on the corner of the wall in the dining area.
- Paint was peeling at the soap dispenser in the dining area.
- Paint was peeling over the door frame of the entrance at K-1.
- Re-caulking was needed in the outside building lights in the window well of the overhang area.
- Doors throughout the building needed painting.
- There was a water stain on a tile in the dining area and one ceiling tile was hanging from the ceiling.
- There was rubbish in the sally port.
- Some food stains needed to be cleaned off the wall in some rooms.

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**Program Response**

**Cause:**

Multiple back orders not attended to by PWC Public works.

**Effect on Program:**

None

**Planned Corrective Action:**

Past and overdue work orders were resubmitted (emailed) to Public Works (building and grounds). The Chief of RSD as well as Acting Director of DSS were copied on those orders sent by email. As of today the following corrections have been made with expected completion dates on other items.

**Completion Date:**

- The pipe above the mixing valve in the mechanical room in the intake hall was leaking and corroded -**Completed**
- Gun boxes for law enforcement officers were leaking, rusted and need to be replaced -  
Gun boxes removed by JDC staff. **Complete**
- Two overhead lights in Master Control were out -  
Fixed, lights working. **Complete**
- Paint was peeling on the floor in Unit #2 in rooms A-1, A-2, A-3, A-4, A-5, A-6, A-7 and A-8 -  
Pending commitment date from painting contractor.

- Intercoms were not working properly in Unit #2 in rooms A-8 and A-7, and there was a bad speaker in A-16 -  
Intercoms repaired. **Complete**
- Molding was missing on both sides of the wall near the school -  
**Completed**
- Two overhead lights were out in the ceiling in Unit #4 - **Completed**
- There was no cold water in the sink in room F-5 -  
Electrical controller replaced. **Complete**
- Intercoms were not working properly in Unit #4 in rooms F-1, F-2, F-6, F-7 and F-8 -  
Repaired and operational. **Complete**
- Intercoms were not working properly in Unit #5 in rooms H-8, H-7, and H-6 –  
Repaired and operational. **Complete**
- An overhead light was out in the ceiling in Unit #5 - Completed
- There was a crack in the wall in room H-5 -  
Crack will be filled and painted with the painting project.
- There was a leak at the sink in Unit #3, room D-8 - Completed
- There was chipped concrete on the corner of the wall in the dining area -  
Temporary repairs made. Will have painters include in their work plan. Pending  
commitment date of contractors
- Paint was peeling at the soap dispenser in the dining area -  
On painters list for cleaning, repainting, and looking for alternate protection of walls.
- Paint was peeling over the door frame of the entrance at K-1 -  
Done, paint touched up. **Complete**
- Re-caulking was needed in the outside building lights in the window well of the  
overhang area – **Complete**
- Doors throughout the building needed painting -  
Painting to be part of contractor's task.
- There was a water stain on a tile in the dining area and one ceiling tile was hanging  
from the ceiling -Completed
- There was rubbish in the sally port -  
Cleaned up by Parks and Rec.**Complete**
- Some food stains needed to be cleaned off the wall in some rooms -  
Stains cleaned off walls. **Complete**

**Person Responsible:**

Assistant Superintendent will coordinate all services with Public Works and facility  
custodian.

**Current Status on March 19, 2015: Compliant**

A physical plant inspection was conducted and all repairs were completed.

---

**6VAC35-101-870 (B) Written communication between staff; daily log**

The date and time of the entry and the identity of the individual making each entry  
shall be recorded.

**Audit Finding:**

There was no documentation of the identity of the person making each entry in  
randomly selected dates in 25 out of 32 logbooks reviewed.

---

**Program Response**

**Cause:**

The Administration of the Prince William County Juvenile Detention Center has reviewed and evaluated the procedures and protocol for documenting information in the Unit Record Log Book. During this process we discovered and acknowledged some insufficient practices resulting in negligence on the part of the person entering information.

**Effect on Program:**

Failure to put complete or accurate information in the Unit log make it difficult or impossible to identify the source of data entered.

**Planned Corrective Action:**

All Staff will be trained and on how to correctly enter and initial documentation in a legal binding log book.

**Completion Date:**

The staff have been retrained and directed on how to properly enter information in the log book effective November 10, 2014.

**Person Responsible:**

Shift Supervisors

**Current Status on March 19, 2015: Non-compliant**

There was no documentation of the identity of the person making each entry in randomly selected dates in 3 out of 4 logbooks reviewed. Four dates were randomly selected in each logbook. There were seven entries missing the identity of the person making the entry.

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**6VAC35-101-1020 Suicide prevention CRITICAL**

Written procedure shall provide for (i) a suicide prevention and intervention program developed in consultation with a qualified medical or mental health professional and (ii) all direct care staff to be trained and retrained in the implementation of the program.

**Audit Finding:**

**There was no documentation that the suicide prevention plan was developed in consultation with a medical or mental health professional.**

---

**Program Response**

**Cause:**

Failed to provide written documentation that indicates suicide prevention and intervention plan has been developed, reviewed and updated in consultation with the medical or mental health professional

**Effect on Program:**

Ensures that policy is current, up to date and accurate information is provided during the annual training sessions.

**Planned Corrective Action:**

Both Medical and Mental Health professionals have reviewed and confirmed that Policy 15.1 is current and up to date. In addition, they have drafted and signed a form, with both signatures, indicating that this protocol has occurred. This process will be conducted annually. This action puts us in full compliance.

**Completion Date:**

November 19, 2014

**Person Responsible:**

Assistant Superintendent will consult with Nurse and Mental Health Therapist to ensure documentation is completed.

**Current Status on March 19, 2015: Compliant**

Documentation that the Suicide Prevention Plan was developed in consultation with medical and mental health professionals was reviewed.

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**6VAC35-101-1100(B) Room confinement and isolation**

Whenever a resident is confined to a locked room, including but not limited to being placed in isolation, staff shall check the resident visually at least every 30 minutes and more often if indicated by the circumstances. Staff shall conduct a check at least every 15 minutes in accordance with approved procedures when the resident is on suicide watch.

**Audit Finding:**

One or more 30 minute room checks were missing in six out of eight applicable confinement reports reviewed.

---

**Program Response**

**Cause:**

No clear lines of delegations.

**Effect on Program:**

None

**Planned Corrective Action:**

Supervisor/Team Leader will delegate/assign person to conduct bed checks.

**Completion Date:**

November 20, 2014

**Person Responsible:**

Shift Supervisors

**Current Status on March 19, 2015: Non-compliant**

One or more 30 minute room checks were missing in three out of five confinement reports reviewed. One confinement report was missing a 30 minute check in 48 hours. The second

confinement report was missing three 30 minute checks in 48 hours and the third confinement report was missing three 30 minute checks in 71 hours.

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**6VAC35-101-1100 (C) Room confinement and isolation**

Residents who are confined to a room, including but not limited to being placed in isolation, shall be afforded the opportunity for at least one hour of physical exercise, outside of the locked room, every calendar day unless the resident's behavior or other circumstances justify an exception. The reasons for any such exception shall be documented.

**Audit Finding:**

**There was no documentation that residents confined to their room were afforded one hour of physical exercise, outside of the locked room, every calendar day in five out of nine applicable confinement reports reviewed.**

---

**Program Response**

**Cause:**

It was discovered during the audit review with the staff that the acronyms on the forms were misleading causing confusion. Example R/R in the daily operations refers to Room Restriction vs RR on the confinement sheets represented Room Release. Youth were getting released for their 1 hour recreation but the documentation was not clear to the audit team.

**Effect on Program:**

None. Youth were receiving recreation time but documentation did not reflect the occurrences

**Planned Corrective Action:**

All staff have been retrained on the form but a new form has been developed and is being measured up against the new standards and will be implemented 2015.

New forms were created and simplified to eliminate interpretation of acronyms. The new form has been reviewed and will go into circulation once staff is completely trained. Effective date January 1, 2015 or sooner.

**Completion Date:**

Retraining was completed November 12, 2014.

**Person Responsible:**

Assistant Superintendent.

**Current Status on March 19, 2015: Non-compliant**

There was no documentation that residents confined to their room were afforded one hour of physical exercise, outside of the locked room, every calendar day in two out of five applicable confinement reports reviewed.

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

**PROGRAM AUDITED:**

Reception and Diagnostic Center  
1801 Old Bon Air Road  
Richmond, Virginia 23235  
(804) 323-2600  
Kenneth W. Bailey, Acting Superintendent  
[kenneth.w.bailey@djj.virginia.gov](mailto:kenneth.w.bailey@djj.virginia.gov)

**AUDIT DATES:**

October 6-7, 2014

**CERTIFICATION ANALYST:**

Mark Ivey Lewis

**CURRENT TERM OF CERTIFICATION:**

March 9, 2012 – March 8, 2015

**REGULATIONS AUDITED:**

6VAC35-71 Regulation Governing Juvenile Correctional Centers

**PREVIOUS AUDIT FINDINGS October 19, 2011:**

99.25% Compliance Rating  
6VAC35-140-711.C - Training of Administrative Staff  
6VAC35-51-800 - Resident Physical Examination (Mandatory)  
6VAC35-51- 810 .F - Medication Administration Records (Mandatory)

**CURRENT AUDIT FINDINGS – October 7, 2014**

98.64% Compliance Rating  
No repeat deficiencies.  
6VAC35-71-110 (B). Organizational communications.  
6VAC35-71-560 (E). Residents' mail.  
6VAC35-71-790 (A). Individual service plans.  
6VAC35-71-1070 (H). Medication. CRITICAL

**DEPARTMENT CERTIFICATION ACTION - April 27, 2015:** Certified the Reception and Diagnostic Center for three years.

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

**TEAM MEMBERS:**

Mark Ivey Lewis, Team Leader  
Clarice Booker, Central Office  
Shelia Palmer, Central Office  
Paul Reaves, Central Office  
Mike Martin, James River Juvenile Detention Center  
Jack Scott, Crater Juvenile Detention Center  
Greg Davis, Chesterfield Juvenile Detention Center  
Lisa Rioux, Bon Air Juvenile Correctional Center

## Reception and Diagnostic Center

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Susan Jones, Beaumont Juvenile Correctional Center  
Byrne Nelson, Beaumont Juvenile Correctional Center  
Guillermo Novo, Virginia Public Safety Training Center  
Learna Harmon, Virginia Public Safety Training Center

### **POPULATION SERVED**

The Reception and Diagnostic Center (RDC) has a budgeted population of 40 residents who have been committed to the Department by the courts throughout the Commonwealth. The population includes male residents, ranging in age from 11 through 20. The length of the evaluation process is approximately three (3) weeks.

The physical plant consists of a single, split-level two-story concrete block brick veneer structure with a total of 25,499 square feet. There are 15,217 square feet designed for housing and activities for residents, and 4,463 square feet for the Department of Education programs. The administrative, medical, and food service operations account for the remainder of the square foot total at the 1801 facility. RDC also has operational functions for the Dining Hall and CAS Building at 1601, and Human Resources Building at 1701.

Housing of 40 male residents consist of four L-shaped living units, each having ten individual resident rooms, a staff office, a counselor office, a shower area, a laundry area, and a recreation/day room/TV area. There are two upper floor units and two lower floor units directly beneath. Between each pair of units is a secure area housing the two dryers for two units, electrical equipment, locked electrical panels for the units to control lighting and additional heating units in each resident's rooms. Resident's room doors automatically lock when closed and may be opened via the Control Center touch screen or manually by staff.

The physical structure of RDC was designed to ensure a safe and secure environment for the residents while allowing for freedom of movement within it. All exterior doors are locked, and all exterior doors within the secure facility past the Control Center open into a fenced area. The exit doors from the front administrative area are interlocking, meaning one door cannot open unless the other door is closed, unless over-ride procedure is implemented in case of an emergency, which is controlled by the Control Center and closed circuit video cameras, which are manned 24/7.

RDC is now being satellite feed by our own Dining Hall, which also provides satellite meals for Bon Air JCC. RDC is without a kitchen but is equipped as a full service serving line and dishwashing facilities. Each meal is prepared and transported by the Main Dining Hall at 1601 building. RDC also received services by the Bon Air Complex Maintenance Unit to address all facilities needs, and the Bon Air Central Infirmary as needed. RDC operates a full-time infirmary 24/7 which is supervised by the Central Infirmary.

### **PROGRAMS AND SERVICES PROVIDED**

The REACH Program teaches a concern for self and others through positive and appropriate interactions with others, and the caring for self and others in a community setting, and through making a commitment to change one's thinking and behavior. The challenge of the REACH Program is to encourage each resident to use his or her hope for change to the fullest extent and improve his/her life and return to the community to be a positive and productive citizen.

REACH stands for:

## Reception and Diagnostic Center

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- Responsibility for change;
- Empathy for those hurt by criminal thinking and behavior;
- Advice to others in the community to refrain from criminal thinking/behavior;
- Changes to new ways of thinking and acting; and
- Healthy lifestyles upon return to the community and family.

In addition, REACH program addresses:

- Recidivism and relapse prevention
- Empathy for victims
- Achievement of positive personal goals
- Changes in life adjustment problems
- Healing family/community relationships through a sincere hope for rehabilitation.

### Evaluation Process

At the Reception and Diagnostic Center, the admission and evaluation process is intensive and integrates a number of disciplines. At the conclusion of this process, individual evaluators meet for the purpose of determining the treatment needs, length of stay, classification, and placement recommendations for each resident.

**Services provided include the following:**

- Direct
  - Case Management Evaluation and Services
  - Educational Evaluation and Services
  - Mental Health Evaluation and Services
  - Classification and Evaluation Staffing Team
- Community:
  - Planned Parenthood Program

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## CORRECTIVE ACTION PLAN TO THE DEPARTMENT OF JUVENILE JUSTICE

**FACILITY/PROGRAM:** Reception and Diagnostic Center

**SUBMITTED BY:** Kenneth W. Bailey, Acting Superintendent

**CERTIFICATION AUDIT DATES:** October 6-7, 2014

**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.

**6VAC35-71-110. B**

B. The superintendent or the assistant superintendent, chief of security, treatment program supervisor, or counseling supervisor, if designated by the superintendent, shall visit the living units and activity areas at least weekly to encourage informal contact with employees and residents and to observe informally the facility's living and working conditions. The superintendent shall make such visits, at a minimum, one time per month.

**Audit Finding:**

Thirteen of 21 log books reviewed for the month of July, August, and January of 2012, 2013, and 2014 did not have documentation that the superintendent was making monthly visits to the living units and activity areas.

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**Program Response**

**Cause:**

I assumed the Acting Superintendent role for RDC on April 16, 2014. The months that were in question I did visit each unit and did sign off in the log books. This was completed on July 27<sup>th</sup> and August 16, 2014.

**Effect on Program:**

The effect of not visiting living units on an informal basis prevents contact with residents and employees.

**Planned Corrective Action:**

Since taking the Acting Superintendent role I have conducted such visits and will continue to do so.

**Completion Date:**

October 11, 2014

**Person Responsible:**

Kenneth W. Bailey, Acting Superintendent

**Current Status on January 22, 2015: Compliant**

Eight log books were reviewed during the dates of October 15, 2014 and January 15, 2015. All the log books had documentation that the Superintendent made a minimum of one visit per month to each living unit and activity area.

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**6VAC35-71-560.E**

E. Except as otherwise provided in this section, incoming and outgoing letters shall be held for no more than 24 hours and packages shall be held for no more than 48 hours, excluding weekends and holidays.

**Audit Finding:**

Per staff and resident interviews, outgoing mail was being held for more than 24 hours and was not being mailed until Monday of each week.

**Program Response**

**Cause:**

It had been the standard practice at RDC for the security staff in the living units to collect the mail throughout the week then on Sundays bring the mail to the control center and deposit it in the Master File room for stamping and mailing on each Monday. In 2013 RDC moved to its new location at 1801 Old Bon Air Rd., however the master file room remained at the old RDC at 1601 Old Bon Air Rd. This practice was missed since January, 2014.

**Effect on Program:**

Resident's mail was not being taken out to the master file room for processing and outgoing mail was delayed.

**Planned Corrective Action:**

All security staff has been informed to bring residents mail to the Control Center at 1801 Old Bon Air Rd. each morning to be placed in an envelope and transported to Master File Room at 1601 Old Bon Air Rd. for processing to be mailed out each day.

**Completion Date:**

October 11, 2014

**Person Responsible:**

Kenneth W. Bailey, Acting Superintendent. Victor Davis, Acting Assistant Superintendent and Executive Lieutenant Susan Burnette are both retired.

**Current Status on January 22, 2015: Compliant**

Six staff and six residents were interviewed and all indicated that no outgoing and incoming mail was being withheld for more than 24 hours.

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**6VAC35-71-790.A**

A. An individual service plan shall be developed and placed in the resident's record within 30 days following arrival at the facility and implemented immediately thereafter. This section does not apply to residents who are housed at RDC for 60 days or less. If a resident remains at RDC for longer than 60 days, an individual plan shall be developed at that time, placed in the resident's record, and implemented immediately thereafter.

**Audit Finding:**

Two of two applicable case files reviewed documented that two residents were transferred to another facility on the 63<sup>rd</sup> and 70<sup>th</sup> day respectively following their arrival date at RDC. However, neither case files had an individual service plan that had been developed and placed in their record within 60 days following their arrival at the facility.

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**Program Response**

**Cause:**

Since residents were being held at RDC past 60 days due to population management for the other facilities in the event of the closing of Culpeper JCC the Counselors at RDC were required to conduct YASI Comprehensive Service Plans. One counselor was confused with the YASI process and although they completed the service plan within the 60 day time frame, they did not print out the entire service plan to be placed in the residents master and transfer files. The Counselor Supervisor also reviewed the file prior to transfer and also indicated the service plan was completed. The other counselor simply missed the deadline to conduct the service plan. That counselor has since retired from DJJ back in March, 2014.

**Effect on Program:**

Lack of conducting the required individual service plan would not ensure that there is a specific plan to services to address the needs of the resident.

**Planned Corrective Action:**

Counselors will be continued to be alerted to resident who stay past their initial staffing dates at RDC by the Counselor Supervisors on the ON HOLD LIST which is distributed each week. Counselor Supervisors will monitor the counselors by that list to ensure all Comprehensive Service Plans are completed as required and shall also continue to review all files prior to resident's transfers to other facilities. Additional YASI training shall be conducted by Ms. Beth Stinnett, to ensure all counselors are knowledgeable in the use of YASI for Comprehensive Service Plans and required updates to those service plans as required.

**Completion Date:**

November 3, 2014

**Person Responsible:**

Kenneth W. Bailey, Acting Superintendent; Sylvia Alston, Counselor Supervisor; Melinda Donahue, Counselor Supervisor.

**Current Status on January 22, 2015: Compliant**

Two of two applicable case files reviewed had documentation that the resident's individual service plans had been developed and placed in the their file within 60 days of their admission to RDC.

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**6VAC35-71-1070.H CRITICAL**

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

**Audit Finding:**

There was no medication incident report for the following incident that documented the actions taken by staff. There were no standing orders addressing this medication.

- One Medication Administration Record (MAR) had documentation that Risperidal 1mg was not administered as prescribed on 5/29/14 at bedtime.
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**Program Response**

**Cause:**

One "hole" was left in the MAR. On 5/29/2014 Kenneth Seward, State LPN neglected to sign a resident's MAR for Risperdal 1 mg. which was given at bedtime. Mr. Seward remembers giving the medication but not signing it. I have a medication error report from Mr. Seward.

**Effect on Program:**

Because of this error and the effect on the outcome of the Audit, plans previously set into place are being revisited with emphasis on Nurses checking MARs at the start of each shift.

**Planned Corrective Action:**

A Medication Incident Report was done on error.

1. Follow protocol whereby every nurse not only checks her MARs at close of shift, but BEFORE taking over the keys, meds and MARs, she/he also checks the off-going nurse's documentation on the MAR's, narcotic and sharp counts. Should anyone forget to sign the MAR, they have 24 hours to return to the facility and sign the "hole". If they go beyond 24 hours, they (or another nurse) will complete a medication error report which will be given to the Nurse Supervisor.
2. Supervisors will monitor the MARs on a daily basis when at facility.
3. Should any Supervisor be on leave, another RN/Supervisor(s) will be designated to check all MARs during that leave.

**Completion Date:**

After all Supervisors and Staff are trained (after the next Bon Air Meeting and should begin no later than November 3, 2014).

**Person Responsible:**

Lorraine J. Ross, RN Nurse Supervisor – RDC; Leland Frataccia, RN, Nurse Manager; Elizabeth Morse, RN, NP Chief Nurse.

**Current Status on January 22, 2015: Compliant**

The Medication Administration Records (MAR) reviewed in six applicable medical files had documentation that no medication incidents had occurred during October 15, 2014 and January 15, 2015. Therefore, no medication error reports had to be completed.

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**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@vbgov.com

**AUDIT DATES:**

November 17-18, 2014

**CERTIFICATION ANALYST:**

Mark Ivey Lewis

**CURRENT TERM OF CERTIFICATION:**

April 20, 2012 – April 19, 2015

**REGULATIONS AUDITED:**

6VAC35-101 Regulation Governing Juvenile Detention Centers

**PREVIOUS AUDIT FINDINGS November 30, 2011:**

99.75% Compliance Rating  
6VAC35-51-800.E – Medication administration (Mandatory)

**CURRENT AUDIT FINDINGS – November 18, 2014**

99.36% Compliance Rating  
6VAC35-101-340.A. Face Sheet  
6VAC35-101-1030.C. Residents' Health Care Records

**DEPARTMENT CERTIFICATION ACTION - April 27, 2015:** Certified Virginia Beach Juvenile Detention Center and Post-dispositional Detention Program for three years. *Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.*

**TEAM MEMBERS:**

Mark Ivey Lewis, Team Leader  
Clarice Booker, Central Office  
Shelia Palmer, Central Office  
Paul Reaves, Central Office  
Sean Milner, Central Office  
Deborah Hayes, Central Office  
Mark Booker, Central Office  
Paula Daniels, Chesapeake Juvenile Services  
Jackie Smith, Norfolk Juvenile Detention Center  
Dushawn Matthews-Wiggins, Chesterfield Juvenile Detention Center  
Kimberly Walker, Prince William Juvenile Detention Center



**POPULATION SERVED:**

The Virginia Beach Juvenile Detention Center (VBJDC), which is a 90-bed facility (65 pre-dispositional beds ((50 male and 15 female)), 10 Community Placement Program beds and 15 Post Dispositional beds), was constructed in 2004. The building is a one-story brick building consisting of 54,871 square feet with six 15-bed housing units, 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 emergency generator with 6,000 gallon fuel tank.

**PROGRAMS AND SERVICES PROVIDED:**

VBJDC has a Post-dispositional Detention Program which is an alternative to commitment to DJJ. The facility provides a wide range of services which 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. Also 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 still remain in the legal custody of DJJ for a period of up to one year.

**SERVICES PROVIDED:**

- Direct:
  - Educational Program
    - Art therapy
    - Physical education and health
    - Math
    - Special education classes
    - English
    - Social studies
    - Science
    - Business
  - Indoor and outdoor recreational activities
  - 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, Administrator  
**CERTIFICATION AUDIT DATES:** November 17-18, 2014  
**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.

**6VAC35-101-340.A**

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

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

**Audit Finding:**

**Five of five face sheets reviewed did not contain the name and address of the applicable court service unit.**

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**Program Response**

**Cause:**

When the standards were changed on January 1, 2014, it was an oversight to make the necessary changes to our face sheet.

**Effect on Program:**

There was no significant effect on the program.

**Planned Corrective Action:**

The court service unit address was added to our face sheet on November 26, 2014.

**Completion Date:**

November 26, 2014.

**Person Responsible:**

Assistant Superintendent

**Current Status on February 11, 2015: Compliant**

Six case files reviewed had face sheets that included the name, address, and telephone number of the applicable court service unit.

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**6VAC35-101-1030.C**

**C. Each resident's health record shall include:**

1. Notations of health and dental complaints and injuries and a summary of the residents symptoms and the treatment given; and
2. A copy of the information required in subsection B of 6VAC35-101-950 (health care procedures).

**Audit Finding:**

Eight of 15 applicable medical files reviewed did not have a summary of the resident's symptoms and/or treatment given.

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**Program Response**

**Cause:**

The sick calls were filled out, but they weren't filed in residents chart.

**Effect on Program:**

There was no significant effect on the program.

**Planned Corrective Action:**

All PRN medications that are administered to residents will have a corresponding sick call slip in the resident's chart. The sick call slip will be filled out completely with the date, time, reason and symptoms.

**Completion Date:**

December 01, 2014

**Person Responsible:**

Licensed Family Nurse Practitioner

**Current Status on February 11, 2015: Compliant**

Twenty-seven medical files were reviewed. There were only three that were applicable to this regulation. The three applicable medical files reviewed had a summary of the resident's symptoms and the treatment that was provided.

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