

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



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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

BOARD MEETING

September 19, 2016

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

A G E N D A

9:30 a.m. BOARD MEETING

1. CALL TO ORDER

2. INTRODUCTIONS

3. APPROVAL of June 15, 2016, MINUTES (Pages 3-70)

4. PUBLIC COMMENT

5. DIRECTOR'S CERTIFICATION ACTIONS (Pages 71-134)

6. OTHER BUSINESS

A. Virginia Juvenile Detention Association Variance Request Extension for 6VAC35-101-200(C), Regulation Governing Juvenile Secure Detention Centers - Kristen Peterson, Regulatory and Policy Coordinator, Department of Juvenile Justice (Pages 135-140)

B. Department of Juvenile Justice Variance Request for 6VAC35-71-10, -540, and -830, Regulation Governing Juvenile Correctional Centers - Janet P. Van Cuyk, Legislative and Research Manager, Department of Juvenile Justice (Pages 141-144)

C. Regulatory Update - Kristen Peterson, Regulatory and Policy Coordinator, Department of Juvenile Justice (Pages 145-146)

7. DIRECTOR REMARKS AND BOARD COMMENTS

8. NEXT MEETING: November 14, 2016, 9:30 a.m., Main Street Centre, 600 East Main Street, Richmond

9. ADJOURNMENT

GUIDELINES FOR PUBLIC COMMENT

1. The Board of Juvenile Justice is pleased to receive public comment at each of its regular meetings. In order to allow the Board sufficient time for its other business, the total time allotted to public comment will be limited to thirty (30) minutes at the beginning of the meeting with additional time allotted at the end of the meeting for individuals who have not had a chance to be heard. Speakers will be limited to 3 minutes each with shorter time frames provided at the Chairman's discretion to accommodate large numbers of speakers.
2. Those wishing to speak to the Board are strongly encouraged to contact Wendy Hoffman at 804-588-3903 or wendy.hoffman@djj.virginia.gov 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.

Heidi W. Abbott, Chair
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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice

DRAFT MEETING MINUTES

June 15, 2016

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

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

Board Members Absent: Karen Cooper-Collins

Department of Juvenile Justice (Department) Staff Present: Ken Bailey, Jill Becker, Andrew "Andy" K. Block, Jr., Jessica Berdichevsky (Attorney General's Office), Emily Boyd, Valerie Boykin, Jenna Easton, Katherine Farmer, Lisa Floyd, Daryl Francis, Wendy Hoffman, Lesley Hull, Jack Ledden, Teresa Moore, Mark Murphy, Margaret O'Shea (Attorney General's Office), Kristen Peterson, Deron Phipps, Romilda Smith, Beth Stinnett, Angela Valentine, Janet Van Cuyk, Courtney Warren

Guests Present: Will Egen (Commission on Youth), John Eisenberg (Virginia Department of Education), Jeree Thomas (JustChildren)

CALL TO ORDER

Chairperson Heidi Abbott called the meeting to order at 9:35 a.m.

INTRODUCTIONS

Chairperson Heidi Abbott welcomed all who were present and asked for introductions.

APPROVAL OF APRIL 18, 2016, MINUTES

The minutes of the April 18, 2016, Board meeting were provided for approval. On MOTION duly made by Robyn McDougle and seconded by Dana Schrad, the minutes were approved as presented.

PUBLIC COMMENT PERIOD

There was no public comment.

DIRECTOR'S CERTIFICATION ACTIONS

Ken Bailey, Certification Manager, Department

Included in the Board packet are the individual reports and summary of the Director's certification actions completed on April 28, 2016. An overview of the certification actions can be found in the Board packet starting on page 8.

The Board had no questions or comments on the Director's certification actions.

SPECIAL EDUCATION AUDIT

John Eisenberg, Assistant Superintendent of Special Education and Student Services, Virginia Department of Education (VDOE)

Dr. Lisa Floyd, Deputy Director of Education (DJJ DOE) with the Department, introduced Mr. John Eisenberg, the Assistant Superintendent of Special Education and Student Services with VDOE. The Department has a strong relationship with the VDOE focusing on school improvement and the special needs population. The Board may remember a previous audit of the DJJ DOE's Special Education (SPED) program. Mr. Eisenberg was present to discuss the results of a second audit completed late last year.

Mr. Eisenberg discussed the audit and the results. The handout provided to the Board is attached.

Over the past three years, VDOE has worked to improve and strengthen the relationship between VDOE and DJJ DOE. The need to develop a stronger partnership between the two agencies evolved out of the many requests for assistance by the Department and out of the Governor's initiative on "Classrooms not Courtrooms," Virginia's attempt to address the "School to Prison Pipeline" in the Commonwealth. VDOE noticed a high number of students of color, students with disabilities, and students in a low socioeconomic status being suspended or expelled from school and ending up in the juvenile justice system. VDOE is working to develop measures so youth do not end up in a juvenile correctional setting or, if they do, to make sure the youth have a world class education with the best resources while committed. The goal is, if a student is committed, for the youth can come out of their experiences ready to be productive citizens and join the world of work or college.

VDOE was asked to do an in-depth audit of programs and outcomes including reviewing data to ensure resources are being maximized in order for youth to succeed in DJJ DOE. VDOE's review was a combination of ensuring programmatic and instructional areas are in proper order and in compliance with state and federal SPED regulations. The audit revealed that there are some areas of non-compliance, but these are typical non-compliance areas seen in most public schools. There also are areas of strong improvement by DJJ DOE from the last audit.

The three-member audit team reviewed material on the education models, the Individualized Education Plans (IEPs), the SPED data charts, and the goals and objectives written for each child under SPED designation. The audit team conducted interviews with staff to discuss the mission, transformation, work climate, and culture; reviewed procedures, policy documents, forms, teaching licensure status, and proper endorsements; performed classroom observations; and reviewed whether DJJ DOE is implementing research-based strategies and methodologies.

The VDOE Audit Team identified the following strengths:

- It is difficult to find a SPED teacher willing to work in a juvenile correctional environment. DJJ DOE teachers were found to be extremely committed and passionate about serving this type of youth population, and this was evident during the VDOE Audit Team's interviews with teachers.
- There were significant improvements from the previous audit on lesson planning, instruction, and a new effort to use data. DJJ DOE is using data to improve and track student performance in order to adjust curriculum and teaching methodologies appropriately.
- There also is a real focus on reading instruction. DJJ DOE has brought in new reading strategies like the Read 180 System and System 44 which are high-quality interventions that should help students with their reading skills.

The VDOE Audit Team identified emerging improvements in need of capacity building:

- There is a need to make sure youth are served in the least restrictive environment, which is a hallmark of the Individuals with Disabilities Education Act (IDEA).
- Another emerging improvement is the use of collecting and analyzing data.
- There is a lack of behavioral intervention plans and functional behavior assessments. Both systems determine the root cause of behavior. It is not about punishment but teaching replacement skills to youth who do not necessarily behave properly. Part of the functional behavior assessment/behavioral intervention plan is to develop a strategy to determine why certain behaviors are happening and progressively teach replacement skills for that negative behavior. DJJ DOE is working on the training and implementation for this new process.
- In SPED, a stronger emphasis has been focused on applied behavioral analysis (ABA). This allows a trained specialist in behavior to assist teachers and staff in understanding student behavior and help develop an education plan for them. DJJ DOE has contracted to work with one of VDOE's providers who are board certified behavior analysts (Commonwealth Autism) to introduce ABA into DJJ DOE's behavior interventions.

Program Findings of the VDOE Audit Team:

- The VDOE Audit Team found that DJJ DOE did not have properly endorsed teachers. SPED and math teachers are the number one shortage in the Commonwealth. Many VDOE school divisions are struggling to find qualified, certified teachers in this area; so it is not shocking that DJJ DOE has the same struggle. It is critically important that if students are going to make academic progress and be successful they should learn from certified teachers.
- Career and Technical Education (CTE) courses are not being provided to some students currently in the system. CTE courses help prepare students for career readiness after

graduation and could lead to well-paying jobs after leaving the juvenile correctional system. DJJ DOE needs to ensure they have a wider array of CTE offerings for committed juveniles. It is my understanding that DJJ DOE is working on this, but the Audit Team will follow up.

- The learning environment must be safe. There are inherent issues in providing education in a juvenile correctional-type setting. This issue is not unique to Virginia, but, at times, safety overrides all to the detriment of education and students lose instruction time. There needs to be a delicate balance between safety and instruction. The pace of Virginia's curriculum to get a standard diploma or advanced studies diploma is intense; missing multiple days because of safety issues could cause delays in students receiving their diplomas.
- DJJ DOE needs to start using the resource room for its intended purpose in SPED environments to provide additional access to resources (e.g., tips for taking better class notes). The VDOE Audit Team noted that, due to a teacher shortage, the resource room was being used as an instructional period.
- The VDOE Audit Team observed that staff show signs of anxiety, discontent, and angst as a result of the Department's transformation and changing models.
- The VDOE Audit Team saw an improvement in staff development; however, there is still a significant need for staff development with all DJJ DOE staff on understanding students with disabilities and their behavior.
- The VDOE Audit Team found deficiencies in recordkeeping relating to IEP documents. The Commonwealth is producing a new IEP electronic recordkeeping system which should be completed by the end of summer. DJJ DOE will be able to access the system at no cost, and this should help with these recordkeeping issues.

The VDOE Audit Team highlighted non-compliance issues:

- Most issues are typical and involve the writing of IEPs. DJJ DOE staff need to ensure that goals and objectives are written clearly and are measurable. In some cases transition goals for students were not documented and parts of the IEP were left blank, which is not allowed under IDEA requirements.
- The only real red flag was due to staff shortages in DJJ DOE and not being able to find qualified teachers, especially in the areas of speech therapy, occupational therapy, and physical therapy. There is a big state shortage of speech therapists, and finding one who is willing to work in a juvenile correctional setting is difficult. If the IEP mandates speech therapy for 30 minutes, twice a week, the responsible party is legally required to provide that service. Due to staff shortages, DJJ DOE has contracted with a provider to help with these services and the compensatory education.

The VDOE has issued the audit report to the Department and requires a corrective action plan to be completed, which is currently underway. VDOE is very supportive of the Department's transformation

efforts and have offered to provide support, training, and technical assistance as the corrective action plan is implemented.

It is important that youth who are committed to the Department or other juvenile justice programs are receiving equal access to high quality education. Next year, as part of the federal government monitoring of the VDOE, DJJ DOE and other educational programs in secure facilities in the Commonwealth will be areas subject to VDOE's critical focus.

Mr. Eisenberg thanked the Department for their openness and willingness to assist during this audit.

Chairperson Abbott asked if the IEPs transfer with the student or if they are rewritten after admission; also what happens if the Department has an issue with lack of resources and cannot provide compensatory education?

Mr. Eisenberg stated that IEPs are reviewed annually with the student and staff. If any changes or deletion of services are made to the IEP all must be in agreement, including the consent of the parent. For example, a student in Henrico was required by their IEP to complete occupational therapy twice a week; now the student is in a juvenile secure facility. DJJ DOE's evaluation concluded that the student does not need occupational therapy. With the student, staff, and parent's consent, occupational therapy is taken off the student's IEP. If the parent did not consent, DJJ DOE would have to find a way to provide those occupational therapy services. The IEP is a legal document. In addition to the annual IEP review, there is a triannual review of the student's IEP that tests for changes in the student's disability and retests the student's intelligence quotient, emotional well-being, reading, and math to look for changes in their benchmarks.

Board Member Schrad asked if Mr. Eisenberg attributed the lack of recordkeeping as a failure to fully document or a workload issue for the teachers.

Mr. Eisenberg stated that he believed that an electronic system would allow staff to have a more structured method to record vital information, and that is why the new state IEP electronic system could be a solution. In the past, documentation was done by paper and pencil and not kept up. There was no accountability. With an electronic system, the supervisory staff could monitor programs and track items.

Board Member Hines asked if every youth committed to the Department has an IEP. Jill Becker, Special Education Program Manager for the Department, answered that not every youth that comes into the Department's care has an IEP. Board Member Hines asked whether the Department had the number of youth that enter the Department's facilities without an IEP, but return to local school, where an IEP is developed for them. Ms. Becker did not have this information, but noted that it is something to think about. Ms. Becker noted that DJJ DOE is still responsible for "child find" which is a requirement under IDEA for schools to identified SPED students, as indicated.

Board Member Hines stated that we need to be careful with regard to safety and education and saying we err on the side of education. That is easy to say right up to the point an incident happens and safety becomes an issue.

Mr. Eisenberg said that he agreed with Board Member Hines, but, over time, it has been the opposite, where safety has been the overriding principal with students missing 90 to 100 days of instruction due to safety reasons. He noted this is a delicate balance.

Board Member Woolard noted that some audit issues need to be fixed in a year. Please talk about follow up action and how the Board will know the issue has been corrected.

Mr. Eisenberg stated that the Department is required to produce a corrective action plan, which is a detailed strategy on how the Department will fix non-compliance issues. All non-compliance findings are required by state regulations to be corrected within one calendar year.

Board Member Woolard asked if the Board will hear back at some point in the year or at the next meeting on a status report. Dr. Floyd and Director Block answered that the Board will receive an update at a later meeting. Director Block would like to continue efforts to be transparent about our challenges.

Board Member Frazier thanked Dr. Floyd for the work she is doing to help turn this program around. It has been a huge improvement from hearing the results of the first VDOE audit to now.

Several Board members noted that it would be great if this transformation was documented and shared with other states and agencies.

VIRGINIA JUVENILE COMMUNITY CRIME CONTROL ACT (VJCCCA) PLAN APPROVALS

Beth Stinnett, Statewide Program Manager, Department

The Department has been administering VJCCCA funds for the past 20 years. The \$10.3 million is allocated and distributed to every locality in the Commonwealth. The VJCCCA requires every city and county to submit a plan and budget every two years for how they will spend the funding. This is the beginning of a new biennium that starts on July 1.

The Department has recommended either a one- or two-year approval of the VJCCCA plans. The handout provided to the Board is attached.

Board Member Woolard asked why some plans are for one year and others are for two years.

Ms. Stinnett said there are nine localities that are being recommended for one year to give the Department the opportunity to work more actively with them on their plan over the next year before moving forward. The Department will have new procedures this year on risk-based supervision with a standardized dispositional matrix, and it would be a disservice to some localities to recommend two years on their plan if programs could change over the course of two years.

Director Block recognized the Department's Community Programs Unit and thanked them for their hard work.

On MOTION duly made by Helivi Holland and seconded by Jennifer Woolard the presented list of VJCCCA Plans for the 2017 and 2018 fiscal years was approved. Below is the list of recommended localities:

- | | | |
|--|---|---|
| • Accomack/Northampton | • Goochland | • Orange |
| • Alexandria | • Grayson/Carroll | • Page |
| • Amelia | • Galax | • Petersburg |
| • Amherst | • Greene | • Pittsylvania |
| • Bath | • Halifax | • Powhatan |
| • Bedford County | • Hampton | • Prince George |
| • Bland | • Hanover | • Prince William |
| • Campbell | • Henrico | • Pulaski |
| • Caroline | • Highland | • Radford |
| • Charlotte/Appomattox/
Buckingham/Cumberland/
Lunenburg/Prince Edward | • Hopewell | • Rappahannock |
| • Charlottesville/Albemarle | • King George | • Richmond City |
| • Chesterfield | • King William/Charles
City/King &
Queen/Middlesex/New
Kent | • Roanoke City |
| • Colonial Heights | • Lexington/Buena
Vista/Rockbridge/
Alleghany/Covington/
Botetourt | • Roanoke County/Salem
City |
| • Craig | • Loudoun | • Shenandoah |
| • Culpeper | • Louisa | • Spotsylvania |
| • Danville | • Lynchburg | • Stafford |
| • Dinwiddie | • Madison | • Surry |
| • Emporia/Brunswick/
Greensville/Sussex | • Mecklenburg | • Tidewater Youth Services
Commission |
| • Fairfax County and City | • Montgomery | • Waynesboro/Augusta/
Staunton |
| • Fauquier | • Nelson | • Westmoreland/Essex/
Lancaster/
Northumberland/
Richmond County |
| • Floyd | • Newport News | • Wythe |
| • Fluvanna | • Norfolk | |
| • Franklin County | • Nottoway | |
| • Fredericksburg | | |
| • Giles | | |

On MOTION duly made by Helivi Holland and seconded by Jennifer Woolard the presented list of VJCCCA Plans for the 2017 fiscal year was approved. Below is the list of recommended localities:

- | | |
|--|--|
| • Arlington County | • Warren County |
| • Falls Church | • Washington/Bristol/Smyth/Russell/Buchanan/
Dickenson/Lee/Norton/Scott/Tazewell/Wise –
combined plans |
| • Frederick/Clarke/Winchester – combined plans | • York/James City/ Gloucester / Williamsburg/
Matthews/ Poquoson –combined plans |
| • Manassas/ Manassas Park – combined plans | |
| • Martinsville/Henry/Patrick – combined plans | |
| • Rockingham/Harrisonburg – combined plans | |

REGULATORY UPDATE

Kristen Peterson, Regulatory Coordinator, Department

Request to begin a comprehensive overhaul of Residential Regulations for the following:

6VAC35-71 Regulations Governing Juvenile Correctional Centers (JCCs)

The Department has undergone a significant change in its approach to the operation of the facilities that house committed juveniles. The Department's regulations do not currently reflect the new approach, and the Department would like to update the JCC regulations to reflect the changes.

6VAC35-101 Regulations Governing Juvenile Secure Detention Centers

The Virginia Juvenile Detention Association (VJDA) has noted a number of regulatory provisions in the Juvenile Secure Detention Centers (JDCs) regulations that they deem problematic and would like to consider for revisions. A letter from the VJDA is enclosed in the Board's packet outlining their concerns and providing recommendations for improvement.

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

The Department has communicated with the Virginia Community and Residential Care Association who is supportive of the Department's plan to overhaul its Group Homes and Halfway Houses regulations.

The existing regulations were last updated in January 2014. The Department is hoping to conduct a comprehensive review of all three of these regulations pending the Board's approval. This will involve filing a Notice of Intended Regulatory Action (NOIRA), which will undergo an Executive Branch review. Concurrently the Department will begin convening workgroups to review the three regulations. The Department respectfully requests that the Board approve the submission of a NOIRA to initiate a comprehensive regulatory review for those three residential regulations.

Janet Van Cuyk, Legislative and Research Manager, Department, clarified, based on questions by the Board, that the Department is not revising or proposing any changes to the regulations at this point; the Department is just asking for approval to begin the review process of the regulations at this time. There are three steps in the regulatory process: (1) NOIRA, the public receives notification that a regulatory change is being considered; (2) Proposed regulation, a 60-day public comment period in the *Virginia Register*; and (3) Final regulation. Once the Department has the Board's approval for a review, multi-disciplinary workgroups will convene to go through the regulations line-by-line, and the Department will then decide what is best and return to the Board for consideration and review.

On MOTION duly made by Helivi Holland and seconded by Robyn McDougale, the submission of a NOIRA package as described in the memorandum, to give notice of proposed amendments to the three residential regulations: 6VAC35-41, Regulation Governing Juvenile Group Homes and Halfway Houses; 6VAC35-71, Regulation Governing Juvenile Correctional Centers; and 6VAC35-101, Regulation Governing Juvenile Secure Detention Centers, was approved, and permission was granted to proceed with the NOIRA filing in the standard regulatory process.

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

6VAC35-160 explains the process that participating agencies are required to follow in processing, submitting, and disseminating juvenile record information. The Department conducted a comprehensive review of the regulation and has proposed a number of amendments for the Board's consideration. These proposed changes include removing antiquated language in the regulation and ensuring the regulation is consistent with the information technology resource standards state agencies are required to follow. The regulation became effective on August 16, 2004, and is currently in being asked to advance to the Proposed stage of the Regulatory Process. At the NOIRA stage, the public comment period ended on January 29, 2016; and the Department did not receive any public comments. The Department respectfully requested the Board approve the submission of the draft amendments to the Proposed stage of the regulatory process for executive branch review followed by a 60-day public comment period.

On MOTION duly made by Helivi Holland and seconded by Jennifer Woolard, the proposed changes, as described in the memorandum, to amend 6VAC35-160, Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System, were approved and permission was granted to proceed to Proposed stage in the standard regulatory process.

Request to Advance the Proposed Regulation, Minimum Standards for Research Involving Human Subjects or Records of the Department (6VAC35-170) to the Final Stage of the Regulatory Process.

This regulation sets out the requirements for research that is performed on human subjects that are under the direct care and supervision of the Department or a Board-regulated facility. The regulation also addresses identified and de-identified data requests. The proposed amendments clarify the process for external data requests and research proposals that are within the Department's central electronic data collection system. The proposed language adds new sections that address external aggregate data requests and external case-specific data requests. The also add an amendment to address the consequences to which researchers might be subject if they fail to comply with the regulatory requirements or executed research agreement. The current regulation took effect on February 1, 2005, and the regulatory review action is currently in the Proposed Stage. The 60-day public comment period at the Proposed stage ended on February 28, 2016, and no public comments were received. The Board previously approved the proposed changes to the regulation; however, in this request, the Department is recommending two additional, minor changes. Originally the regulation referred to the Coordinator of External Resources, the person given authority to determine whether the research requests meet all the requirements of the regulation. The Department would like to change the regulation, naming the Department generally, without a specific position identified, as that authority, giving the Department more leeway to determine which staff member is going to review the request. Pending the Board's approval, this regulation will move into the Final Stage of the regulatory process. The Department respectfully requests the Board approve the proposed and amended language and advance the regulation to the Final Stage of the regulatory process.

On MOTION duly made by Helivi Holland and seconded by Robyn McDougale the proposed changes, as noted in the memorandum, to amend 6VAC35-170, Minimum Standards for Research Involving

Human Subjects or Records of the Department of Juvenile Justice, are approved, and permission is granted to proceed to the Final Stage in the standard regulatory process.

2016 GENERAL ASSEMBLY SESSION LEGISLATIVE SUMMARY

Janet Van Cuyk, Legislative and Research Development, Department

Ms. Van Cuyk reviewed the 2016 legislative bills affecting the operation of the Department or the youth and families served by the Department. The handout provided to the Board is attached.

The Board had no questions.

DIRECTOR'S COMMENTS

Andy Block, Director, Department

Graduation is Friday, June 17, at Beaumont Juvenile Correctional Center for the Yvonne B. Miller High School students from both Bon Air and Beaumont campuses. There are 48 students receiving the general diploma, 8 students receiving their GED, and 6 students receiving Penn and Foster credentials. The Department expects a large attendance from family members, and the Department's Public Information Officer, Greg Davy, is in the process of completing portraits of the graduates. This is an open invitation for the Board to attend.

A significant event for the Department happened a few weeks ago with the one-year anniversary celebration of the Department's first Community Treatment Model (CTM) unit (Unit 54 at Bon Air Juvenile Correctional Center). The Department has since added 10 CTM units with more coming online soon. Residents have been invited to speak at conferences and meetings to share their experiences with the CTM. Their presentations and stories have been very popular with audiences.

The Secretary of Public Safety and Homeland Security chaired the third meeting of the Interagency Task Force on Juvenile Correctional Centers (Task Force) on June 14. The Task Force was established by the legislature to study and make recommendations on building a new juvenile correctional center in Chesapeake and whether to renovate or construct a second facility. The first meeting of the Task Force was held in May and provided an orientation to the members on the goals of the Task Force. The second meeting was devoted to presentations by specific stakeholders and other community organizations to discuss the idea of building a new juvenile correctional center. The meeting on June 14 brought in experts to talk about aspects of design and construction for a juvenile facility. Attendance and interest has been high at the Task Force meetings. There is a link to the Task Force meeting information on the Department's website.

The Department has established a new working group with the Commonwealth's Attorneys, similar to the Judicial Liaison Committee, which will allow for an open line of communication between the two groups to talk through issues upon which both may not agree.

The Department has introduced a first of its kind transportation program. The Office of Juvenile Justice and Delinquency Prevention Reentry grant that the Department received last year has provided funding to the Department to enact transportation services across the Commonwealth for the residents' families to visit their family members that are in the Department's facilities. There are

heartwarming stories emerging from this program about parents who have not seen their children since they have been in the Department's care. The Department is considering options for funding of the program after the grant ends. Board Member Hines asked about the funding, and Director Block noted the cost at around \$50,000.

During the legislative session, the Department was given authority to close Beaumont Juvenile Correctional Center. Residents and staff will be consolidated onto the Bon Air campus. In the next couple of weeks, staff at Beaumont will be told if they have a placement with the Department or if they will be on lay off status. The consolidation timetable is over a year so that the Department has more opportunity to place employees. A number of employees decided to waive placement and take an enhanced retirement package which will not take effect until Beaumont closes in June 2017. The Department will request approval of a retention plan to provide employees without a placement an incentive to stay until Beaumont closes. Those residents who have a release date of next year will continue to stay at Beaumont rather than transition to Bon Air.

The Department's population continues to decline due to (i) the continued decline in commitments and admissions to the Department; (ii) the creation of alternatives for youth to local juvenile secure detention centers instead of juvenile correctional centers; and (iii) the change to the length of stay guidelines. As of the meeting date, the population in both Beaumont and Bon Air was under 310 youths. The way the Department has projected the numbers thus far has met all the benchmarks and Director Block believes the population will not be more than 200 youths in state-operated facilities in June 2017. The Department continues to open new Community Placement Programs in local juvenile secure detention centers; next month the Department expects to contract with regional care coordinators; and additional alternatives will be available for secure placements across the state in 2017.

BOARD COMMENTS

Chairperson Abbott and other Board Members asked several questions about data on juveniles receiving adult time and statistics on judges sending juveniles straight to the Department of Corrections instead of the Department. Margaret O'Shea, Attorney General's Office representative, offered to obtain data from the Department of Corrections.

Board Member Schrad said that she watched the hard work of Director Block and the Department staff during the 2016 General Assembly session on providing the legislature with a detailed vision of the transformation. Board Member Schrad was proud of the work done by the Department to get the legislators to see things differently. Board Member Schrad discussed the interest of the law enforcement community in looking at the whole juvenile justice process. They are concerned with young people who end up in the correctional system who are then labeled, possibly diminishing their futures, especially for those who deserve an opportunity for a second chance. The police chiefs feel very strongly about this issue. It is a systemic problem that needs to change. There will be a lot of attention on the Chesapeake facility. Hopefully this will impact our policy makers to see young offenders overall and not permanently brand them as "problem children." Board Member Schrad went on to say that there are a few police departments who create their own version of diversion programs.

Chairperson Abbott said that for reform to work and work long term, the Department's facilities need to be safe and secure and operating correctly. There needs to be a balance between those youth who need to be committed in the facilities and those who deserve a second chance in the community.

Board Member Frazier visited Bon Air Juvenile Correctional Center recently and talked with the youth and staff. It was the first time that he had been on the facility grounds. It was very insightful to see the differences between the CTM and the old correctional model, such as to hear staff talk about being encouraged to stay in contact with a resident after release and to hear young people excited to have an opportunity to talk with staff and other residents during "circle up" time. Board Member Frazier encouraged other Board Members to schedule a visit.

Board Member Holland agreed that we need second chances, but we need to make sure everybody is equally getting that second chance. So when law enforcement is being creative, sometimes they are only getting creative with a certain population. Board Member Holland would encourage the court services units to establish a model to follow for different situations as opposed to being creative. We need to make sure everybody is getting an equal second chance.

Board Member Holland attended the 26th annual conference of the National Consortium of Racial Equality for Courts in Williamsburg and was amazed that there were very few judges from Virginia in attendance. It is important to hear the good and positive things that are happening in juvenile justice. At one point, a parent told Board Member Holland that she was glad that her child was locked up because he would never have finished high school. Anytime you have the opportunity to share information at conferences on the positive impacts Virginia is having on its youth, it would be very beneficial. The world is changing, and we need to change with it; the fact that we are willing to change makes all the difference.

NEXT MEETING

The next meeting is scheduled for September 19, 2016, at the Main Street Centre, 600 East Main Street in Richmond. Board Member Schrad will be at the Chiefs Conference and will not attend.

ADJOURNMENT

Chairperson Abbott adjourned the meeting at 11:29 a.m.



COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION

P.O. BOX 2120

RICHMOND 23218-2120

May 3, 2016

Dr. Lisa Floyd
Executive Director of Education
Virginia Department of Juvenile Justice
600 East Main Street, 20th Floor
Richmond, Virginia 23219

Dear Dr. Floyd:

The Virginia Department of Education (VDOE) conducted a compliance and Results-Driven Accountability (RDA) review of special education in Virginia Department of Juvenile Justice – Yvonne B. Miller High School on November 16-20, 2015. This report identifies program improvement focus areas as well as noncompliance with the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*, 8 VAC 20-81. All noncompliance must be corrected in a timely manner, not to exceed one year from the date of this letter. Under separate cover, via the VDOE's Single Sign-on for Web Systems portal, are supporting documents. A Corrective Action/Improvement Plan is due to our office by June 2, 2016.

We appreciate Virginia Department of Juvenile Justice's voluntary request for VDOE to complete this review as a part of RDA. Division staffs' assistance and cooperation throughout the review process was exceptional and highly valued by our team. If you have questions about the report or the supporting documents, please contact our office within 15 business days from the date of this letter. I may be contacted at Samantha.Hollins@doe.virginia.gov; (804) 786-2900, or you may contact Jeffrey A. Phenicie, associate director of Special Education Program Improvement, at Jeff.Phenicie@doe.virginia.gov; (804) 786-0308. We look forward to our continued work with the Virginia Department of Juvenile Justice to promote positive outcomes for students with disabilities.

Sincerely,

Samantha M. Hollins, Ph.D.
Director, Special Education Program Improvement

c Mr. John Eisenberg, Virginia Department of Education
Mrs. Jill Becker, Virginia Department of Juvenile Justice
Dr. Patricia Rascoe, Virginia Department of Education
Mr. Jeff Phenicie, Virginia Department of Education

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE'S

RESULTS-DRIVEN ACCOUNTABILITY REVIEW OF SPECIAL EDUCATION

Dates of Review:

November 15-20, 2016

Team Members

Virginia Department of Education's (VDOE) Division of Special Education and Student Services

Dr. Patricia Rascoe, Specialist, Special Education Program Improvement

Mrs. Ellen Harrison, Specialist, Special Educational Instructional Services

Ms. Gayle Keith, Specialist, Special Education Program Improvement

Statutory and Regulatory Authority

Individuals with Disabilities Education Act (IDEA), 34 CFR 300.600(b), Code of Virginia, §22.1-214, and the Regulations Governing Special Education Programs for Children with Disabilities in Virginia, 8 VAC 20-81, effective January 25, 2010 (the Virginia Regulations).

20 U.S.C. § 1400(d) Purposes. "The purposes of this title are --

- (1) (A) to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living;
(B) to ensure that the rights of children with disabilities and parents of such children are protected; and
(C) to assist States, localities, educational service agencies, and Federal agencies to provide for the education of all children with disabilities;
- (2) to assist States in the implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families;
- (3) to ensure that educators and parents have the necessary tools to improve educational results for children with disabilities by supporting system improvement activities; coordinated research and personnel preparation; coordinated technical assistance, dissemination, and support; and technology development and media services; and
- (4) to assess, and ensure the effectiveness of, efforts to educate students with disabilities."

20 U.S.C. § 1412(a)(15) Performance goals and indicators. "The State-

- (A) has established goals for the performance of children with disabilities in the State that-

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE
RESULTS - DRIVEN ACCOUNTABILITY REVIEW
OF SPECIAL EDUCATION PROGRAMS AND SERVICES

*Implementation of the Regulations Governing Special Education
Programs for Children with Disabilities in Virginia*
Effective January 25, 2010
(8 VAC 20-81)

Date of Report: May 3, 2016

Virginia Department of Education
Division of Special Education and Student Services
Office of Federal Program Monitoring

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF EDUCATION
P. O. BOX 2120
RICHMOND, VIRGINIA 23218-2120

- (i) promote the purposes of this title [20 USCS §§ 1400 et seq.], as stated in this section 601(d) [20 USCS § 1400(d)];
- (ii) are the same as the State's definition of adequate yearly progress, including the State's objectives for progress for children with disabilities, under section 1111(b) (2) (C) of the Elementary and Secondary Education Act of 1965 [20 USCS § 6311(b) (2) (C)];
- (iii) address graduation rates and dropout rates, as well as other factors as the State may determine; and
- (iv) are consistent, to the extent appropriate, with any other goals and standards for children established by the State."

Acknowledgement

The Virginia Department of Education (VDOE) expresses its appreciation to the Virginia Department of Juvenile Justice's (DJJ) administration and staff members for requesting this review and for their assistance and cooperation throughout the monitoring process. The administrative and support staff members were available, cooperative, and responsive to the review team's requests for information. They provided access to necessary documentation that enabled the team to better understand DJJ's implementation of the Virginia Regulations.

Purpose

The IDEA requires that the primary focus of the State's monitoring activities center on improving educational results and functional outcomes for all children with disabilities. Educational agencies must meet the program requirements under Part B of IDEA with particular emphasis on requirements that are most closely related to improving educational results for children with disabilities.

The VDOE's Results-Driven Accountability review of DJJ consisted of an examination of the program's policies, procedures and practices for the provision of special education and related services and a determination of compliance or noncompliance with the Virginia Regulations. The VDOE Results-Driven Accountability (RDA) Team reviewed school data and student records, conducted classroom walkthroughs, and interviewed teachers, administrators, and support staff. The review team included staff members from the VDOE's Offices of Special Education Program Improvement and Special Educational Instructional Services.

It is important to note that DJJ requested that VDOE complete a records review in January 2015, to assist them in making improvements in general Individualized Education Program (IEP) development. An unofficial report was completed by Mr. Hank Millward, associate director, Office of Dispute Resolution & Administrative Services, with recommendations addressing the concerns from that audit. An internal corrective action plan was developed by DJJ to address program improvements.

Scope and Methodology of the Review

Analysis of the following data was conducted by the VDOE team:

Virginia Department of Juvenile Justice Special Education Operational Procedures Manual and Forms (Draft)

Virginia Department of Juvenile Justice's Previous Monitoring Reports

The Missouri Model – Reinventing the Practice of Rehabilitating Youthful Offenders

Virginia Department of Juvenile Justice Graduation Data

Monitoring activities of the RDA review were conducted in three stages: pre-visit, on-site review, and post-review.

Pre-visit Activities

Pre-visit activities included:

- Discussion of the school's mission and the projected scope of the review with Mrs. Jill Becker, director of special education, Dr. Lynda Hickey, assistant director of education, Mr. Jay Truex, compliance specialist, Beaumont campus, Ms. Renesha James, compliance specialist, Bon Air campus, and Dr. Patricia Rascoe, VDOE Special Education Program Improvement specialist.
- Development of schedules for the on-site activities, in cooperation with the DJJ.
- Identification of individual student records to be reviewed and persons to be interviewed during site visits.
- Review of the following documents:
 - The DJJ Policy documents
 - Special Education Policy and Procedure Manual
 - Special Education Forms
 - The DJJ procedures for awarding credit accommodations
 - The DJJ roster of students with disabilities
 - Teacher licensure and class rosters
 - 2014 – 2015 master schedules with class times and student enrollment

On-site Activities

On-site activities included:

- Interviews of administrators, teachers, and support staff regarding:

- Vision and mission for special education.
- Special education policies, procedures and practices, including
 - Assessment practices.
 - IEP development and implementation.
- Research-based interventions and instructional programs.
- Service delivery models.
- Professional development areas of focus.
- Climate and culture.
- School and division instructional leadership practices.
- Standards of Learning (SOL) assessment practices for students with disabilities.
- Diploma type determination and use of credit accommodations.
- Completion of focused classroom walkthroughs.
- Focus review of randomly-selected student records at each location.

Post-review Activities

Post-review activities will include:

- Coordination of technical assistance and monitoring by VDOE to assist DJJ in the completion of the Corrective Action Plan and Program Improvement Plan.
- Collaboration with DJJ in the development of a Program Improvement Plan to enhance efforts in continuous improvement of outcomes for students with disabilities, parental involvement.
- Collaboration with DJJ in the development of a Corrective Action Plans for Special Education Performance Indicator 13 – Secondary IEP Goals and Transition Services.
- Review of the completed Corrective Action/Program Improvement Plans by DJJ, VDOE Team to identify areas for future follow-up.
- Completion of the Corrective Action Plan by the LEA required within one year of receipt of the report.
- Collaboration with the DJJ to develop a Corrective Action Plan for identified compliance corrections.
- Assistance with completion of the Program Improvement Plan, ensuring sustainable improvement of outcomes for students with disabilities.

Identified Strengths

The VDOE commends DJJ for their cooperation in assisting the team with completing the review activities. Areas of strength noted by team members during the review are:

- Teachers are committed to educating their students as evidenced by staff focus group interviews and classroom walkthrough observations. They are supportive of each other in achieving short-term and long-term goals.
- Instructional period is intentional as there is a standard lesson format for all classrooms.

- Researched-based remedial programs such as Read 180 and System 44 are available for students with reading difficulties.
- Special education staff is committed to keeping students in an alternative educational setting on track with classroom assignments and objectives.
- Special education teachers are a valuable asset to the collaborative classroom setting.

Emerging Improvements in Need of Capacity Building

The team identified several areas of emerging improvement. Improvement efforts are noted in the identified areas; however, continued focus is recommended to ensure implementation with fidelity across the division.

Emerging improvement areas are:

- The DJJ is transitioning to a new model for serving incarcerated youth. The model is adapted from the Missouri Model where emphasis is placed on assigning youth to community-based living units offering individual and group therapy, behavior management techniques and vocational and pre-vocational skills. Transition to this new model requires extensive training of all staff members. Staff members are trained in groups at different intervals during the year. The facility is implementing the changes gradually. During the review only two units had transitioned to the community model.
- Special education teachers have begun to collect academic data to improve programming for student with disabilities.
- Staff development opportunities for security officers in understanding and relating to students with disabilities.
- Teachers are beginning to develop functional behavioral assessments and behavior intervention plans for some students with behavioral issues. The DJJ has contracted with Commonwealth Autism to provide a Board Certified Behavior Analyst beginning July 1, to work with our staff and students to address some of the more difficult behaviors.

Program Improvement Findings

The team identified the following as areas needing program improvement. Each area must be addressed to ensure positive outcomes for students with disabilities:

- Properly endorsed teachers and related service personnel
- Elective courses used as an avenue for gaining Career and Technical Education (CTE) credits
- Safeguarding the academic environment to enhance learning
- Define "resource" classroom expectations related to special education services
- Communication between staff and administrators
- School climate
- Future operation of DJJ

- Staff development
- General record keeping

Program Improvement Finding #1 Curriculum, Instruction, and Assessment

The following observations indicate a need for program improvement as they directly impact teacher effectiveness, instruction, and student learning.

- **Properly endorsed teachers and related services personnel** - Several courses at DJJ did not have properly endorsed teachers to teach content area subjects. Special/general education teachers were used as substitutes in those courses. Staff interviews revealed that this was a concern for teachers and administrators. It was the general belief that when teachers left, they were not replaced. There was also concern that because DJJ has to go through the state's hiring system; it takes a long time to fill vacancies because of the process. Since the on-site review, the following teachers and support staff have been hired to fill some of the vacancies.

Beaumont Campus

Bon Air Campus

Academic

1 Business Ed. Teacher
1 Government Teacher

3 Science Teachers
2 English Teachers

Support

1 English as a Second Language (ESL)
Teacher (May start date)
1 Library Assistant
1 Program Tech
1 Transition Specialists

1 Instructional Coach
1 Library Assistant
1 Program Tech
1 Transition Specialists

The following positions are still needed:

2 Math
2 Special Education
1 English

1 Math
1 Reading Specialist

The absence of properly endorsed teachers affects the quality of instruction provided to all students. Substitutes may fill the vacancy for a short period of time, defined as up to 90 days, and should be operating under the direction of a properly endorsed teacher. Instruction from teachers trained in the content area is critical if students are expected to participate successfully in the state's assessment program and meet the requirements for graduation.

- **Elective courses used as an avenue for gaining CTE credits are not offered to all students** – Elective courses such as barbering are not offered to all high school students. Barbering is offered to post graduates only. This is a full day program and accordingly, students who may be interested in barbering as a career do not have the opportunity to enroll in the course. Schedules could be adjusted to allow for enrollment of diploma seeking students. The course could be a part of their transition plan for education and employment. Transition plans would become more meaningful for students as the course could lead to employability in an entry level position with the possibility for advancement. For incarcerated youth, this could be the avenue for a successful reentry into their community. In addition, this would further support the new community model's pre-vocational skills component.
- **Safeguarding the academic environment to enhance learning** – Classroom observations revealed the student movement from the living unit (in the morning and after lunch) to the classroom can take up to 20 minutes. Students come to class in intervals per security requirements. This impacts instruction time as the teacher may have to begin the lesson several times to make sure all students get the entire lesson. Even with a "Do Now" activity to begin the lesson, the instruction for the day has often begun while students are still entering the classroom. Students often slap five to all of the students in the class before being seated or enter the room talking. This is disruptive to other students and to the teacher who has to begin the lesson again and maintain the class' attention to the lesson. This has been a problem noted in previous reviews.

Security staff congregates in the hall at specific locations during the class period. They engage in conversation with each other and often are loud enough to be heard in the classroom. This is another interference of the instructional period. Understanding that their job is to provide security for the school environment, it should be possible for that to happen without causing a distraction. This has been discussed with school staff in the past during previous reviews.

The instructional environment should be free from unnecessary distractions and interruptions to ensure that optimal learning can take place by all students.

- **Define "resource" classroom expectations related to special education services** – Some students with disabilities receive extra support through a resource class per their IEP. The resource classroom provides special instruction in an individualized or small group setting for a portion of the day. Interviews revealed that the resource services were not support services but actually an academic class taught by the special education teacher. The student may have been taught two subjects but was given a grade for one subject. It appears that the shortage of teachers, general and special education, may have led to the morphing of the resource services into an academic class. The DJJ staff needs to review IEPs for services and provide those services as outlined in the IEP.

Program Improvement Finding # 2 Climate and Culture

The following observations indicate a need for program improvement in the areas of climate and culture.

- **Communication between staff and administrators** – Transitioning to a new model for serving incarcerated youth has been problematic and affects student behavior and staff's ability to maintain discipline in the classroom. There are two systems being implemented, the existing REACH program and the newly adapted Missouri community model. The expectations of each program are different. Consequences for inappropriate behaviors in the REACH program are addressed immediately while inappropriate behaviors of students in the community model are addressed when the student returns to the community living unit. As a result of this, there appears to be inequity in the way students are treated.
- **Future Operation of DJJ** - Staff members are concerned about their future with the DJJ. The department's move to a new model for serving incarcerated youth and the closing of facilities had caused much anxiety among staff. Job security is a real concern for some due to downsizing. Interviews revealed that staff morale was extremely low as expressed by the interviewees.

Program Improvement Finding # 3 Professional Development

The following recommendations for program improvement in the area of professional development are needed as indicated by staff request during interviews and observations made by team members. It was suggested that some staff development be incorporated into already established meetings that occur on a monthly cycle.

- Staff indicated through interviews that they need additional professional development in:
 - Collecting and analyzing data
 - Providing services in the IEP
 - Writing measurable goals
 - Working with students with emotional disabilities
 - The effects of trauma and mental health disabilities on students
 - The community model

The special education director discussed data collection as a concern during the pre-visit meeting. She has been continuously working with the special education teachers to address this concern. Interviews and observations revealed that data collection is not consistent for all teachers in all classes. This directly relates to research based practices that produce positive results. Collecting and monitoring trends in data over time is critical for developing a clear understanding of student progress or lack thereof. Data is collected to be used as a tool for decision making and completion of progress reports.

All staff will eventually be trained on the community model; however, the transition into this model is over a two year period. Staff is trained in groups at various intervals during the

year. Staff appears to feel that the urgent need for this training may enable to better address behavior management during the transitioning process

- Professional development on the services provided by support personnel such as behavior specialist and other related service personnel.
- Team Building activities to unite the staff and administration as they continue to move through the transition process to the community model.
- Self-monitoring for compliance to ensure fidelity with special education processes and practices.

** Since the review, administrators have been providing professional development on writing pacing guides and measuring student progress across the year with common assessments, using Interactive Achievement and MAP assessments. Self-monitoring audits will be conducted twice a year beginning April 2016, to review for both compliance and results-driven accountability.

Noncompliance Findings

The team reviewed randomly selected student records and found the following areas related to IEP development to be in noncompliance. The findings are summarized below following the regulatory requirement.

Noncompliance Finding #1 - 8 YAC 20-81-110.C.1.a-g.

C. IEP team.

1. General. The local educational agency shall ensure that the IEP team for each child with a disability includes: (34 CFR 300.321(a), (c) and (d))
 - a. The parent(s) of the child;
 - b. Not less than one regular education teacher of the child (if the child is or may be participating in the regular educational environment);
 - c. Not less than one special education teacher of the child or, if appropriate, not less than one special education provider of the child. For a child whose only disability is speech-language impairment, the special education provider shall be the speech-language pathologist;
 - d. A representative of the local educational agency who is:
 - (1) Qualified to provide or supervise the provision of specially designed instruction to meet the unique needs of children with disabilities;
 - (2) Knowledgeable about the general education curriculum; and
 - (3) Knowledgeable about the availability of resources of the local education agency. A local educational agency may designate another member of the IEP team to serve simultaneously as the agency representative if the individual meets the above criteria;
 - e. An individual who can interpret the instructional implications of evaluation results. This individual may be a member of the team serving in another capacity, other than the parent of the child;
 - f. At the discretion of the parent(s) or local educational agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel, as appropriate. The determination of knowledge or special expertise of any individual shall be

- made by the party (parent(s) or local educational agency) who invited the individual to be a member of the team; and
- g. Whenever appropriate, the child.

Observation

A review of the records revealed that the required members for an IEP meeting were often not present. There were no signed excusal forms to indicate that the parent or adult student had agreed to the member not being present.

Noncompliance Finding #2 - 8 VAC 20-81-110.F.2.a.

F. Development, review, and revision of the IEP. (34 CFR 300.324(a))

2. The IEP team also shall: (34 CFR 300.324(a))

- a. In the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions, strategies, and supports to address the behavior;

Observation

A review of records revealed that behavior intervention strategies were not addressed in the IEP when behavior was a concern.

Noncompliance Finding #3 - 8 VAC 20-81-110.G.2.a-b.

G. Content of the individualized education program. The IEP for each child with a disability shall include:

2. A statement of measurable annual goals, including academic and functional goals designed to: (34 CFR 300.320(a)(2))

- a. Meet the child's needs that result from the child's disability to enable the child to be involved in and progress in the general curriculum, or for preschool children, as appropriate, to participate in appropriate activities; and
- b. Meet each of the child's other educational needs that result from the child's disability.

Observation

A review of IEPs revealed that academic and functional goals for some students were not properly addressed.

Noncompliance Finding #4 - 8 VAC 20-81-110.G.6. a., b., (2) - (3).

G. Content of the individualized education program. The IEP for each child with a disability shall include:

6. The following information concerning state and division wide assessments shall be included: (34 CFR 300.320(a) (6))

- a. A statement of any individual appropriate accommodations or modifications that are necessary to measure the child's academic achievement and functional performance, in accordance with the guidelines approved by the Board of Education, in the administration of

- state assessments of student achievement that are needed in order for the child to participate in the assessment;
- b. If the IEP team determines that the child must take an alternate assessment instead of a particular state assessment of student achievement (or part of an assessment), a statement of:
- (2) Why the particular assessment selected is appropriate for the child, including that the child meets the criteria for the alternate assessment; and
 - (3) How the child's nonparticipation in the assessment will impact the child's promotion; graduation with a modified standard, standard, or advanced studies diploma; or other matters.

Observation

A review of IEPs revealed that some IEPs did not include information about the student's participation in the state's assessment program and the impact of non-participation.

Noncompliance Finding #5 - 8 VAC 20-81-110. G. 7.

G. Content of the individualized education program. The IEP for each child with a disability shall include:

- 7. The projected dates (month, day, and year) for the beginning of the services and modifications and the anticipated frequency, location, and duration of those services and modifications. (34 CFR 300.320(a) (7))

Observation

A review of records revealed that some IEPs did not document the frequency, duration, and location for services and modifications.

Noncompliance Finding #6 - 8 VAC 20-81-110. G. 8. a-b.

G. Content of the individualized education program. The IEP for each child with a disability shall include:

- 8. A statement of: (34 CFR 300.320(a)(3))
 - a. How the child's progress toward the annual goals will be measured; and
 - b. When periodic reports on the progress the child is making toward meeting the annual goals will be provided; for example, through the use of quarterly or other periodic reports, concurrent with the issuance of report cards, and at least as often as parents are informed of the progress of their children without disabilities.

Observation

A review of records revealed that some IEPs did not indicate how progress would be reported and when it would be done. There were no progress reports in the files reviewed although it was stated they had been completed.

Noncompliance Finding #7 -8 VAC 20-81-110. G. 10. a., (1) - (2)

G. Content of the individualized education program. The IEP for each child with a disability shall include:

10. Secondary transition services. (34 CFR 300.43 and 34 CFR 300.320(b))

a. Prior to the child entering secondary school but not later than the first IEP to be in effect when the child turns 14, or younger if determined appropriate by the IEP team, and updated annually thereafter, the IEP shall include age-appropriate:

- (1) Measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills; and
- (2) Transition services, including courses of study, needed to assist the child in reaching those goals. Transition services shall be based on the individual child's needs, taking into account the child's strengths, preferences, and interests.

Observation

A review of IEPs revealed that transition plans in some IEPs did not include post-secondary goals and/or a course of study to assist the student in reaching the goals. The goals developed were those that would be achieved during high school not after high school.

Noncompliance Finding #8 -- 8 VAC 20-81-110.G. 11

G. Content of the individualized education program. The IEP for each child with a disability shall include:

11. Beginning at least one year before a student reaches the age of majority, the student's IEP shall include a statement that the student and parent(s) have been informed of the rights under this chapter, if any, that will transfer to the student on reaching the age of majority.

Observation

Student files did not contain documentation as evidence that the parent had been informed of the transfer of rights at least one year in advance of the age of majority.

General Supervision

Noncompliance Finding #9 - 8VAC20-81-40.A.2.a, b

Special education staffing requirements.

A. School age programs. The following specifies the staffing patterns for special education services for school age (five to 21, inclusive) children, in addition to the Standards of Quality (§ 22.1.253.13:2 of the Code of Virginia) and Regulations Establishing Standards for Accrediting Public Schools in Virginia (8VAC20-131-240).

2. Personnel assignment.

- a. Each student shall receive special education services from special education personnel assigned in accordance with the Virginia Licensure Regulations for School Personnel (8VAC20-22).
- b. Special education teachers who are the teachers of record shall be highly qualified.

Observation

There is no speech and language therapist available to provide services to students needing those services. Currently, there is one student who requires this related service per the IEP. The classroom teachers are implementing the goals on the IEP. Recruitment efforts have not been successful.

Additionally, general education teachers are being assigned to teach content area classes in which they do not have an endorsement

** Per e-mail communication with the director of special education on April 14, 2016, they have entered into a contract with TALK to provide speech/language therapy. The IEP team will need to determine how compensatory services will be provided once the therapist is in place.

Noncompliance Finding #10 - 8VAC20-81-110.B.3.a – b (1) (2).

Individualized education program.

B. Accountability.

3. Each local educational agency shall ensure that: (34 CFR 300.323(d))
 - a. The child's IEP is accessible to each regular education teacher, special education teacher, related service provider, and other service provider who is responsible for its implementation; and
 - b. Teachers and providers are informed of:
 - (1) Their specific responsibilities related to implementing the child's IEP; and
 - (2) The specific accommodations, modifications, and supports that shall be provided for the child in accordance with the IEP.

Observation

Students are not receiving the services on their IEPs due to the shortage of teachers. Specific services not being provided are speech/language and resource services. Speech and language services have not been provided during the 2015-16 school year. Resource classes have become academic classes. This is discussed in detail earlier in this report under Program Improvement Finding #1. The IEP teams will need to determine what students have been affected by this practice and discuss how compensatory services will be provided.

Technical Assistance

During the review of the student files, team members noted several areas where attention to detail is required. The following areas require the attention of staff in ensuring compliance and that records are maintained accurately:

1. All areas of the IEP document should be addressed. Do not leave spaces blank.
2. Test protocols should not be put in student files. Evaluators should adhere to the manufacturer protocol for storing the protocols.
3. Criminal activity conducted by the student should not be included in the IEP.
4. Ensure the IEP pages are numbered and placed in the correct order.
5. File IEP progress reports when completed.
6. File the Career Academic Plans in the student's file.

Corrective Action

When noncompliance is identified, timely corrections are essential to ensuring a free appropriate public education. The IEPs must be corrected immediately, not to exceed 65 business days. A review of all records must be completed within one year from the date of this report. Under separate cover are supporting documents of records with personally identifiable student information that require immediate attention. Those documents will be provided to the school division via the Virginia Department of Education's Single Sign-on for Web Systems (SSWS) portal.

Virginia Department of Juvenile Justice
Virginia Department of Education

Date of Compliance Monitoring Visit:
November 16-19, 2015

Date of Notification:
May 3, 2016

All Corrections Due by:
May 2, 2017

Date of Closure Letter:

Prepared by:
Virginia Department of Education

VDOE Contact: Dr. Patricia A. Rascoe
Phone: 804-786-0581

Virginia Department of Juvenile Justice
ATTACHMENT A - ADMINISTRATIVE REVIEW OF SPECIAL EDUCATION - FINDINGS OF NONCOMPLIANCE

Date of Notification: **May 3, 2016**

All Corrections Due By: **May 2, 2017**

N = number of records reviewed	No = number of records in noncompliance with the requirement
Yes = number of records found in compliance with the requirement	NA = number of records not applicable to the requirement

REVIEW OF INDIVIDUAL STUDENT IEP/RECORDS

INDIVIDUAL EDUCATION PROGRAM (IEP)

Question	Legal Reference	N	Yes	No	NA	Corrective Actions
IEP 28: Complete IEP Team Composition	8VAC20-81-110 C.1.a-g	25	22	3	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
IEP 33: IEP Consideration: Behavior Intervention Strategies and Support to Address Behavior	8VAC20-81-110 F.2.a	25	23	2	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
IEP 43: IEP Includes: Measurable Annual Goals (Academic and Functional) to Enable Involvement and Progress in General Curriculum	8VAC20-81-110 G.2.a-b	25	24	1	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
IEP 45: IEP Includes: How Student Will Participate in Assessments	8VAC20-81-110 G.6.a	25	24	1	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
IEP 47: Appropriate Assessment and Child Meets Alternate Assessment Criteria	8VAC20-81-110 G.6.b.(2)	25	24	1	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
IEP 48: Impact of Non-Participation	8VAC20-81-110 G.6.b.(3)	25	24	1	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified

IEP 49: Projected Date, Frequency, Location, Duration of Services and Modifications	8VAC20-81-110 G.7	25	24	1	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
IEP 50: How Progress Toward Annual Goals Measured	8VAC20-81-110 G.8.a	25	22	3	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
IEP 51: Periodic Reports on Progress Toward Annual Goals	8VAC20-81-110 G.8.b	25	20	5	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
SECONDARY TRANSITION SERVICES						
Question	Legal Reference	N	Yes	No	NA	Corrective Actions
SEC TR 57: IEP Includes Age-Appropriate Measureable Postsecondary Goals Based on Assessments	8VAC20-81-110 G.10.a.(1)	25	17	8	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
SEC TR 58: Courses of Study to Reach Transition Goals	8VAC20-81-110 G.10.a.(2)	25	24	1	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
SEC TR 59: Annual Goals Related to Student's Transition Services Needs	300.43(a)(2)(iv), 300.320(a)(2)(i)(b))	25	24	1	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
SEC TR 60: Beginning at 16, Younger If Appropriate, Statement of Interagency Responsibilities or Linkages	8VAC20-81-110 G.10.b	25	23	2	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
SEC TR 61: Age of Majority: Parent and Student Notified One Year Before Student Turns 18	8VAC20-81-110 G.11	25	24	1	0	Individual Student Corrections Must Be Completed Where Noncompliance Identified
SEC TR 62: Parent Consent Obtained When Inviting Participating Agency	8VAC20-81-170 E.1.h.	25	24	1	0	Not Correctable at Student Level

SUMMARY OF GENERAL SUPERVISION MONITORING						
SPECIAL EDUCATION STAFFING REQUIREMENTS						
Question	Legal Reference	N	Yes	No	NA	Corrective Actions
1: Personnel Assignment	8VAC20-81-40.A.2.a, b			1		General Supervision Corrections Must Be Completed Where Noncompliance Identified
INDIVIDUAL EDUCATION PROGRAM (IEP)						
Question	Legal Reference	N	Yes	No	NA	Corrective Actions
16: IEP Accountability	8VAC20-81-110.B.3.a - b	1	0	1		General Supervision Corrections Must Be Completed Where Noncompliance Identified

Virginia Department of Juvenile Justice
ATTACHMENT B - INDIVIDUAL STUDENT CORRECTIONS

Date of Notification: **May 3, 2016**

By: **April 2, 2017**

Directions for Correcting IDEA Individual Student Noncompliance Findings

Step 1: The LEA is required to correct all instances of noncompliance for each student where noncompliance was identified. Division Validator must fill in the Corrective Action Code and the date of correction for each student prior to submitting this report to VDOE. This page must be signed with the name and date of the LEA Validator.

Corrective Action Code:

- 0 = Not correctable (Possibly not correctable for REF 4, EVAL 14, SEC TR 54, DIS 71, dependent on specific noncompliance)
- 1 = Correction has been made as required for this student
- 2 = Student no longer enrolled in LEA
- 3 = Student no longer receives special education services
- 4 = Student no longer in school (graduation, dropout, deceased)

Step 2: LEA Validator must submit this completed form to the VDOE Compliance Monitor via SSWS dropbox. LEA validator's signature may be typed. Date must be written as: 00/00/00.

Step 3: VDOE Compliance Monitor must verify all corrections.

The LEA is reminded of its obligation to ensure all records are in compliance, not just records identified by the VDOE's monitoring team. Where noncompliance is determined, the LEA must review its policies, procedures, and practices to determine if any change is needed. It is recommended that the LEA maintain an action log (**Attachment B - 1**) documenting actions taken to correct each finding of non-compliance. This process will help keep track of progress to ensure all corrections are made timely, not to exceed one year from the date of the monitoring report. **Attachment C- General Supervision** identifies required actions of the LEA and must be returned to VDOE upon implementation. The LEA is expected to maintain the action log incorporated in Attachment C to include person/position responsible for implementation; timelines for implementation and LEA action taken.

Attachment B - Verification of Correction

Signature of LEA Validator	Date of Signature	Signature of VDOE Validator	Date of Signature

Question from File Review	IEP 28: Complete IEP Team Composition			Corrective Action	Reconvene IEP team with complete team as soon as possible as required.			
Student Demographic Information			School	LEA Verification of		VDOE Verification of Correction		
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification
8/22/1998			BON AIR					
10/20/1998			BEAUMONT					
11/12/1997			BON AIR					
Question from File Review	IEP 33: IEP Consideration: Behavior Intervention Strategies and Support to Address Behavior			Corrective Action	Reconvene IEP team as soon as possible and document consideration of behavior concerns.			
Student Demographic Information			School	LEA Verification of		VDOE Verification of Correction		
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification
4/21/1998			BEAUMONT					
11/12/1997			BON AIR					
Question from File Review	IEP 43: IEP Includes: Measurable Annual Goals (Academic and Functional) to Enable Involvement and Progress in General Curriculum			Corrective Action	Reconvene IEP team as soon as possible and include required measurable annual goals and base on needs of student.			
Student Demographic Information			School	LEA Verification of		VDOE Verification of Correction		
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification
10/8/1995			BON AIR					
Question from File Review	IEP 45: IEP Includes: How Student Will Participate in Assessments			Corrective Action	Reconvene IEP team as soon as possible and address participation in state and LEA-wide assessment.			
Student Demographic Information			School	LEA Verification of		VDOE Verification of Correction		

Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification
9/17/1997			BEAUMONT					
Question from File Review	IEP 47: Appropriate Assessment and Child Meets Alternate Assessment Criteria			Corrective Action	Reconvene IEP team as soon as possible and address why particular assessment is appropriate for student.			
Student Demographic Information			School		LEA Verification of		VDOE Verification of Correction	
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification
4/21/1998			BEAUMONT					
Question from File Review	IEP 48: Impact of Non-Participation			Corrective Action	Reconvene IEP team as soon as possible and address impact of nonparticipation relative to promotion/graduation.			
Student Demographic Information			School		LEA Verification of		VDOE Verification of Correction	
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification
4/21/1998			BEAUMONT					
Question from File Review	IEP 49: Projected Date, Frequency, Location, Duration of Services and Modifications			Corrective Action	Reconvene IEP team as soon as possible or, amend IEP as soon as possible to include missing modification information.			
Student Demographic Information			School		LEA Verification of		VDOE Verification of Correction	
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification
10/6/1995			BON AIR					
Question from File Review	IEP 50: How Progress Toward Annual Goals Measured			Corrective Action	Reconvene IEP team as soon as possible (or amend IEP) to provide statements of how child's progress toward annual goals will be measured.			
Student Demographic Information			School		LEA Verification of		VDOE Verification of Correction	
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification

9/17/1997									
3/22/1997			BEAUMONT						
9/17/1997			BEAUMONT						
Question from File Review	IEP 51: Periodic Reports on Progress Toward Annual Goals			Corrective Action	Reconvene IEP team as soon as possible (or amend IEP) to provide statements of periodic progress reports or provide progress reports to parents.				
Student Demographic Information			School		LEA Verification of		VDOE Verification of Correction		
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification	
9/27/1997			BON AIR						
11/18/1996			BEAUMONT						
9/17/1997			BEAUMONT						
8/13/1998			BON AIR						
10/21/1999			BON AIR						
Question from File Review	SEC TR 57: IEP Includes Age-Appropriate Measureable Postsecondary Goals Based on Assessments			Corrective Action	Reconvene IEP team immediately to develop measurable postsecondary goals for all applicable areas				
Student Demographic Information			School		LEA Verification of		VDOE Verification of Correction		
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification	
12/17/1998			BON AIR						
10/21/1999			BON AIR						
9/27/1997			BON AIR						
8/22/1998			BON AIR						
9/17/1997									
11/18/1996			BEAUMONT						
3/22/1997			BEAUMONT						
8/13/1998			BON AIR						
Question from File Review	SEC TR 58: Courses of Study to Reach Transition Goals			Corrective Action	Reconvene IEP team as soon as possible (or amend IEP) to identify transition services including courses of study.				
Student Demographic Information			School		LEA Verification of		VDOE Verification of Correction		
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification	

11/12/1997			BON AIR					
Question from File Review	SEC TR 59: Annual Goals Related to Student's Transition Services Needs			Corrective Action				
Student Demographic Information			School		LEA Verification of		VDOE Verification of Correction	
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification
3/22/1997			BEAUMONT					
Question from File Review	SEC TR 60: Beginning at 16, Younger If Appropriate, Statement of Interagency Responsibilities or Linkages			Corrective Action	Reconvene IEP team as soon as possible to develop statement of interagency responsibilities or linkages.			
Student Demographic Information			School		LEA Verification of		VDOE Verification of Correction	
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification
3/22/1997			BEAUMONT					
11/2/1996			BEAUMONT					
Question from File Review	SEC TR 61: Age of Majority: Parent and Student Notified One Year Before Student Turns 18			Corrective Action	Reconvene IEP team if needed to amend the student's IEP to include a statement the student and parent(s) have been informed of their rights that will transfer to the student on reaching the age 18.			
Student Demographic Information			School		LEA Verification of		VDOE Verification of Correction	
Student Date of Birth	First Name	Last Name	Attendance Center	Corrective Action Code	Signature of LEA Validator	Date of Correction	Signature of VDOE Validator	Date of Verification
11/18/1996			BEAUMONT					

ATTACHMENT C - GENERAL SUPERVISION FINDINGS OF NONCOMPLIANCE

Virginia Department of Juvenile Justice

Date of Notification: **May 3, 2016**

All Actions Completed By: **May 2, 2017**

SPECIAL EDUCATION STAFFING REQUIREMENTS

2012-13 Criteria: 100%	Additional Actions	Division Completion		Verification of Completion	
		Division Signature	Division Completion Date	VDOE Signature	VDOE Date
1: Personnel Assignment	The LEA is required to review all teacher assignments and revise its policies, procedures, and practices to comply with the staffing requirements.				
Comments: The Department of Corrections has not had a speech and language pathologist for the 2005-16 school year. They have one student who is in need of services. Services are being provided by the classroom teacher in addressing the goals in the IEP. There is no oversight of their services by some one qualified to address speech and language deficits.					
Person/Position Responsible for Implementation (Telephone No.)		Timelines for Implementation:			
1: Personnel Assignment: LEA action steps and resources to ensure compliance and a statement as to how the LEA will monitor implementation:					
1: Personnel Assignment: VDOE Verification Notes:					

INDIVIDUAL EDUCATION PROGRAM (IEP)					
		Division Completion		Verification of Completion	
2012-13 Criteria: 100%	Additional Actions	Division Signature	Division Date	VDOE Signature	VDOE Date
16: IEP Accountability	The LEA is required to review and revise its policies, procedures, and practices to ensure compliance with the specific requirement.				
Comments: Students are not receiving the services on their IEPs due to the shortage of teachers. Specific services not being provided are speech/language and resource services. Speech and language services have not been provided during the 2015-16 school year. Resource classes have become academic classes. This is discussed in detail earlier in this report under Program Improvement Finding # 1. IEP teams will need to determine what students have been affected by this practice and discuss how compensatory services will be provided.					
Person/Position Responsible for Implementation (Telephone No.)		Timelines for Implementation:			
16: IEP Accountability: LEA action steps and resources to ensure compliance and a statement as to how the LEA will monitor implementation:					
16: IEP Accountability: VDOE Verification Notes:					

SPECIAL EDUCATION PROGRAM IMPROVEMENT CORRECTIVE ACTION PLAN

The Virginia Department of Education (VDOE) is required to monitor the implementation of Part B of the *Individuals with Disabilities Education Act* (IDEA), (34 CFR 300.600(b)). The IDEA establishes requirements for state monitoring, enforcement, and annual reporting, and requires that the primary focus of monitoring be on:

1. Improving educational results and functional outcomes for all children with disabilities; and
2. Ensuring that public agencies meet the program requirements under this part, with a particular emphasis on those requirements that are most closely related to improving educational results for children with disabilities.

Consistent with the requirements, the VDOE has revised its monitoring of special education to a system of "results-driven accountability" (RDA) that provides greater supports to local education agencies in improving results for children and youth with disabilities, and their families. The RDA brings a more balanced approach to determining program effectiveness—focusing on how well students are performing while continuing to protect their rights. The revised monitoring system will be based upon targeted need as determined by data analyses of the state's Special Education Annual Performance Report (APR), which incorporates both results data and compliance data generated from several different sources, including the *Elementary and Secondary Education Act*; Virginia's Standards of Learning; Discipline, Crime, and Violence Annual Report; Special Education Child Count; and other quantitative and qualitative data sources.

The RDA requires variant levels of intervention; therefore, monitoring activities may require that a school division attend and participate in staff development activities related to the eligibility process, participate in a review of data, complete a self-assessment, and/or be involved in on-site reviews.

For more information about the Department's monitoring of special education, contact the Division of Special Education and Student Services, Office of Special Education Program Improvement Web site at:
http://www.doe.virginia.gov/special_ed/program_improvement/index.shtml.

LEA: Department of Juvenile Justice
**SPECIAL EDUCATION PROGRAM IMPROVEMENT
CORRECTIVE ACTION PLAN**

Date Notified of Needing Assistance:

May 3, 2016

VDOE Special Education RDA Specialist:

Dr. Patricia Rascoe

Program Improvement Area of Concern	Timeline for Completion of Corrective Actions	Essential Action(s)	Title of Person(s) Responsible for Essential Action	Title of Person(s) Monitoring	Documentation Required to Support Evidence of Progress/Completion
Results Finding #1- Curriculum, Instruction, and Assessment: <ul style="list-style-type: none"> ▪ Properly endorsed teachers and related service personnel. <ul style="list-style-type: none"> ○ Sped. teachers being used as substitutes to teach content courses ○ Takes a long time to hire teachers due to State HR process. 	<u>Compliance driven</u> (action completed within one year timeline)				
	<input checked="" type="checkbox"/> <u>Results driven</u> (action may require additional time beyond one year for successful closure) <u>8/31/2016</u>	<ul style="list-style-type: none"> ▪ Building Administrators will investigate and utilize other methods to fill vacant positions (such as combining classes, using instructional assistants differently, distance learning, sharing teachers from the other facility). Special education teachers will fill vacant positions only after other options are exhausted and only in times of significant need. Education will assign a person (Program Support Technician) to coordinate with principals and HR to track teacher vacancies, complete all pre-paperswork in preparation for selection and interview staff, in an effort to decrease the number of days to hire teachers and increase the number of teachers hired who 	Building Principals and Assistant Principals Compliance Specialist(s) Program Support Technician, Principal, Human Resource/recruitment	Director of Special Education Deputy Director of Education	The building administrator will report on the Education Weekly Report all teacher absences and how coverage and educational services through the IEP will be provided. Compliance Specialist will keep written record of when special education teachers are pulled to substitute for gen. ed. teachers.

Program Improvement Area of Concern	Timeline for Completion of Corrective Actions	Essential Action(s)	Title of Person(s) Responsible for Essential Action	Title of Person(s) Monitoring	Documentation Required to Support Evidence of Progress/Completion
<ul style="list-style-type: none"> • Elective courses used as an avenue for gaining CTE credits are not offered to all students. <ul style="list-style-type: none"> ○ Some electives only offered to post-grad. students. 		<p>are highly qualified. In addition, principals have been asked to obtain "letters of separation" as soon as possible so critical content positions can be double encumber, in an effort to fill positions quicker. Create a central interview team, rather than separate teams at each building, designed to streamline the hiring process.</p> <ul style="list-style-type: none"> • Elective offerings are in-line to meet graduation requirements and provide a smooth transition back to the school district where the student will re-enter. Opportunities for post-graduates are not intended for the purpose of meeting graduation requirements. Post-graduate offerings are specific to the resident's re-entry to the community (not school) and a transition to employment opportunities upon leaving DJJ. In addition, post-graduate staff requirements are different from the requirements for high school teachers who teach elective courses. Post-graduates do not fall under the VDOE licensure requirement. 	Principals and Assistant Principals	Director of Special Education Deputy Director of Education	<p>Program Support Technician will provide a document that shows where positions fall in the hiring process.</p> <p>Student schedules.</p>

Program Improvement Area of Concern	Timeline for Completion of Corrective Actions	Essential Action(s)	Title of Person(s) Responsible for Essential Action	Title of Person(s) Monitoring	Documentation Required to Support Evidence of Progress/Completion
<ul style="list-style-type: none"> • Safeguarding the academic environment to enhance learning <ul style="list-style-type: none"> ○ Movement taking up to 20 minutes between classes and lunch, interfering with instruction. ○ Security staff congregating in the hall having conversations loud enough to be heard in the classrooms, which interferes with instruction. 		<ul style="list-style-type: none"> • Track student movement between classes and during transition times (morning/evening). The building principal will communicate with the operation staff, directly responsible for movement, to work on solutions. The Deputy Director of Education will update the Director of Operations regarding this process during weekly meetings. Beginning July 2016, the overall movement of students will decrease, all together, due to the implementation of a new community model in education. Students will remain together, by subject, for ' : day while taking core classes and will move to elective classes the other ' : of the day. Students will no longer transition between core classes. <p>Building Administrators (Principals and Assistant Principals) will monitor halls and redirect officers who are causing a disruption. Principals will communicate and work with the building Operation staff to address concerns as needed. Additionally, the Community Model in Education will redirect the efforts of residential staff to be</p>	<p>Classroom teachers</p> <p>Principal and Assistant Principals</p> <p>Operation Staff</p>	<p>Deputy Director of Education</p>	<p>Movement Logs</p> <p>Meeting notes and emails between building principals and building superintendents.</p>

Program Improvement Area of Concern	Timeline for Completion of Corrective Actions	Essential Action(s)	Title of Person(s) Responsible for Essential Action	Title of Person(s) Monitoring	Documentation Required to Support Evidence of Progress/Completion
<ul style="list-style-type: none"> • Define "resource" classroom expectations related to special education services <ul style="list-style-type: none"> ◦ Not "resource" classes but instead academic classes taught by teachers. Appears, staff shortages caused morphing of resource services into academic classes. ◦ Grading for one subject in resource classes when two subjects were taught. ◦ Review IEP's and provide services as indicated on IEP regarding "resource." 		<p>included more within the classroom and less in the hallways.</p> <ul style="list-style-type: none"> • A class titled "Academic Support," will function as a self-contained resource class beginning January 2016 (2nd semester). The title was changed from "resource" to "academic support" to alleviate further confusion at DJJ. If a student needs this type of support, the IEP team will consider using all or portions of this class to provide the necessary support. The IEP document would capture this support under the service page of the student's IEP. The student will earn an elective credit and receive only one grade for the class. Safeguards that have been put in place to eliminate misuse, are: <ol style="list-style-type: none"> 1) A guidance document, which clearly describes the purpose of the class, is reviewed during the IEP team meeting. This document justifies the need for the class and the specific areas that each individual student will focus on during the class. Those things may include: remediation; specific skill 	<p>Principal and Assistant Principals</p> <p>School Counselors</p> <p>Compliance Specialist(s)</p>	<p>Director of Special Education</p>	<p>Students and school schedule</p> <p>On the IEP under services and documentation on the individual student performance plans for the Academic Support class.</p>

Program Improvement Area of Concern	Timeline for Completion of Corrective Actions	Essential Action(s)	Title of Person(s) Responsible for Essential Action	Title of Person(s) Monitoring	Documentation Required to Support Evidence of Progress/Completion
		<p>development (organization, planning, self-monitoring...etc.); transition planning, goals in the IEP, skills in a particular area of a general education course; and a number of other areas that will support and strengthen the ability of the student to have success during the time they are in the regular education setting.</p> <p>2) Each student has an individual performance plan for this class outlining what the IEP team determined was critical for the student to achieve while attending this class.</p>			
<p>Results Finding #2 – Climate and Culture:</p> <ul style="list-style-type: none"> • Communication between staff and administrators. <ul style="list-style-type: none"> ○ Transition to a new community model has been problematic and affects student behavior 	<p><u>Compliance driven</u> (action completed within one year timeline)</p>				
	<p><input checked="" type="checkbox"/> <u>Results driven</u> (action may require additional time beyond one year for successful closure)</p> <p>Timeline of implementation of</p>	<ul style="list-style-type: none"> • Education and Operations Leadership have partnered to implement the community model with a goal of protecting treatment needs, maintaining security, and improving academic performance. Education has been proactive in developing a timeline for 	<p>Principals and Assistant principals</p> <p>Compliance Specialist(s)</p>	<p>Director of Special Education</p> <p>Deputy Director of Education</p>	<p>Meeting agendas and emails regarding the new model.</p> <p>Professional Development Calendar</p>

Program Improvement Area of Concern	Timeline for Completion of Corrective Actions	Essential Action(s)	Title of Person(s) Responsible for Essential Action	Title of Person(s) Monitoring	Documentation Required to Support Evidence of Progress/Completion
<p>and staff's ability to maintain discipline in the classroom.</p> <ul style="list-style-type: none"> o Two behavior systems being implemented- REACH and adapted Missouri Community Model(MCM). o Behavior problems: REACH is addressed immediately and the MCM is addressed when students return to the unit. Appears to be an inequity in the students are treated. o Staff are concerned about their future with DJJ. Closing of a facility is causing anxiety among staff. As a result, staff morale was extremely low and expressed during interviews. 	<p>Community Model mapped through June 2017.</p> <p>Education training on implementation community model was held in April, 2016.</p> <p>Completed: 8/31/2018</p>	<p>implementation and creating a master schedule to address staff and student needs. Communication has been through faculty meetings, division meetings, training by the Agency on the community model, training by education on implementation of the community model, and updates from the Director to all staff. A Future Planning Group (FPG) meets weekly to review the timeline and address concerns.</p> <p>As the Agency transitions to the Community Model, training will be provided to staff regarding behaviors. Communication regarding how education will address behaviors has been provided at faculty meetings and Dialogue Training.</p> <p>Education leadership has addressed the timeline and final job positions at faculty meetings and individually. The Deputy Director of Education met individually with staff who will not have placement in preparation for the HR discussions. HR has addressed staff concerns about jobs throughout the month of April in large group settings and individually.</p>			

Program Improvement Area of Concern	Timeline for Completion of Corrective Actions	Essential Action(s)	Title of Person(s) Responsible for Essential Action	Title of Person(s) Monitoring	Documentation Required to Support Evidence of Progress/Completion
		<p>The Education Department has contracted and will train staff on <i>Responsibility Centered Discipline</i>, with Larry Thompson, June 14, 2016. This is designed to train staff on overall behavior strategies and interventions to use daily in the classroom. Mr. Thompson will return twice in September to check-in, answer question, concerns, and assist with techniques. Also, DJJ procured a contract with Commonwealth Autism to hire a Board Certified Behavior Analyst (BCBA) to work with staff daily, provide the Registered Behavior Technician (RBT) training, and provide a 3 day training in Basic Behavior Skills. The BCBA, who will work directly in the facility and assist with the training will begin July 1, 2016. DJJ has will hire a full-time Behavior Specialists next school year, 2016-2017.</p>			

Program Improvement Area of Concern	Timeline for Completion of Corrective Actions	Essential Action(s)	Title of Person(s) Responsible for Essential Action	Title of Person(s) Monitoring	Documentation Required to Support Evidence of Progress/Completion
<p>Results Finding #3 – Professional Development (PD):</p> <ul style="list-style-type: none"> Staff request additional PD in: Collection and analyzing data; Providing services in the IEP; Writing measurable goals; Working with students with emotional disabilities; Effects of trauma and mental health; and the community model. PD on the services provided by support personnel such as behavior specialists and other related service personnel. Team building activities to unite staff and administration as they continue to move forward with the community model transition. Self-monitoring for compliance to ensure fidelity with special education processes and practices. 	<p><u>Compliance driven</u> (action completed within one year timeline)</p> <p><input checked="" type="checkbox"/> <u>Results driven</u> (action may require additional time beyond one year for successful closure)</p> <p>1/31/2017</p>	<ul style="list-style-type: none"> Opportunities for professional development (PD) both internal and external are ongoing. Staff were provided a PD calendar on April 25th, during a training on the Community Model in Education. At the same training, information was shared regarding the two behavior contracts DJJ has procured to begin June 14th and July 1, 2016. Additionally, websites, such as TTAC online were provided to staff at building special education meetings to provide access to on-line training modules on a variety of topics. Since November, the following trainings were offered and several staff have attended each (internal and external 	<p>Principal and Assistant Principal</p> <p>Compliance Specialist(s)</p>	<p>Director of Special Education</p>	<p>Professional Development Calendar</p> <p>Certificates of Completion</p> <p>Meeting Agendas including trainings held during the meeting</p> <p>Internal audit forms</p>

Program Improvement Area of Concern	Timeline for Completion of Corrective Actions	Essential Action(s)	Title of Person(s) Responsible for Essential Action	Title of Person(s) Monitoring	Documentation Required to Support Evidence of Progress/Completion
		<p>opportunities); 5/8/16 Teach Like a Champion, book presentation; 5/12/16 The Fundamental 5, book presentation; 5/4/2016 UVA: Making Learning Visible Symposium; 5/2/16 VAAP Scoring; 4/25/16 Community Model in Education/Behavior Supports; 4/20/16 Goal writing and interpreting data; 4/8/16 education in alternative settings; 3/29/16 IEP writing, interpreting test scores and eligibility process; 3/16/2016 SEAS WebEx training – forms; 1/19/16 Career Readiness Certification/ Work Keys Proctor training; 1/2016 MAP Assessment – On-line modules, 12/16 2015 Special education reporting, times lines, and new classes (Academic Support and Learning Center); 7/22/15 FBA training VDOE.</p> <p>Upcoming Behavior trainings: June 14 and September, 2016 Behavior trainings in RBT and Basic Skills during the 2016-17 school year.</p> <p>Additional PD in the area of trauma, behavior management.</p>			

FY 2017-2018 VJCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Accomac, Northampton	Surveillance/Intensive Supervision	25	\$14,275	25	\$14,275
Accomac, Northampton	Community Service	45	\$9,229	45	\$9,229
Accomac, Northampton	Outreach Detention/Electronic	30	\$30,162	30	\$30,162
Alexandria	Shelter Care and Less Secure	60	\$220,601	60	\$220,601
Alexandria	Life Skills	48	\$52,000	48	\$52,000
Alexandria	Shoplifting Programs	28	\$8,000	28	\$8,000
Amelia	Community Service	12	\$6,321	15	\$6,321
Amelia	Pro-Social Skills	4	\$6,321	6	\$6,321
Amherst	Shelter Care and Less Secure	20	\$53,580	20	\$53,580
Amherst	Outreach Detention/Electronic	30	\$11,675	30	\$11,675
Arlington	Alternative Day Services and Day	25	\$353,970	1 yr plan renewal	
Arlington	Group Homes	22	\$984,328		
Bath	Coordinator/Administrative	0	\$25	0	\$25
Bath	Supervision Plan Services	3	\$6,560	3	\$6,560
Bedford County	Shelter Care and Less Secure	15	\$30,000	15	\$30,000
Bedford County	Shelter Care and Less Secure	15	\$30,000	15	\$30,000
Bedford County	Outreach Detention/Electronic	25	\$24,941	25	\$24,941
Bland	Supervision Plan Services	3	\$6,585	3	\$6,585
Campbell	Community Service	48	\$12,378	48	\$12,378
Campbell	Coordinator/Administrative	0	\$5,653	0	\$5,653
Campbell	Shelter Care and Less Secure	36	\$61,495	36	\$61,495
Campbell	Outreach Detention/Electronic	15	\$23,322	15	\$23,322
Campbell	Parenting Skills	4	\$3,200	4	\$3,200
Caroline	Outreach Detention/Electronic	45	\$6,392	45	\$6,392
Caroline	Substance Abuse Treatment	15	\$9,926	15	\$9,926
Caroline	Supervision Plan Services	10	\$7,011	10	\$7,011
Charlotte, Appomattox,	Pro-Social Skills	3	\$500	3	\$500
Charlotte, Appomattox,	Substance Abuse Education	12	\$1,700	12	\$1,700
Charlotte, Appomattox,	Outreach Detention/Electronic	25	\$26,000	25	\$26,000
Charlotte, Appomattox,	Supervision Plan Services	6	\$10,000	6	\$10,000
Charlotte, Appomattox,	Life Skills	20	\$25,274	20	\$25,274
Charlottesville,	Group Homes	6	\$98,550	3	\$49,275
Charlottesville,	Community Service	25	\$35,000	25	\$35,000
Charlottesville,	Community Service	6	\$20,000	6	\$20,000
Charlottesville,	Pro-Social Skills	20	\$5,000	20	\$5,000
Charlottesville,	Individual, Group, Family	48	\$147,119	81	\$248,429
Charlottesville,	Outreach Detention/Electronic	15	\$30,000	15	\$30,000
Charlottesville,	Employment/Vocational	25	\$56,000	25	\$56,000
Charlottesville,	Case Management	40	\$52,035	0	\$0
Charlottesville,	Outreach Detention/Electronic	35	\$9,000	35	\$9,000
Chesterfield	Case Management	66	\$63,200	66	\$63,200
Chesterfield	Case Management	64	\$46,600	64	\$46,600
Chesterfield	Community Service	160	\$128,700	160	\$128,700
Chesterfield	Supervision Plan Services	6	\$11,451	6	\$11,451
Chesterfield	Alternative Day Services and Day	68	\$220,810	68	\$220,810
Chesterfield	Alternative Day Services and Day	30	\$94,590	30	\$94,590
Chesterfield	Outreach Detention/Electronic	130	\$243,100	130	\$243,100
Chesterfield	Community Service	115	\$14,000	115	\$14,000
Chesterfield	Sex Offender Treatment	14	\$48,300	14	\$48,300
Chesterfield	Coordinator/Administrative	0	\$0	0	\$0
Colonial Heights	Community Service	45	\$11,250	45	\$11,250
Colonial Heights	Parenting Skills	8	\$2,812	8	\$2,812
Colonial Heights	Office on Youth	0	\$37,500	0	\$37,500

FY 2017-2018 VJCCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget	
Colonial Heights	Shoplifting Programs	210	\$7,032	210	\$7,032	
Colonial Heights	Supervision Plan Services	0	\$0	0	\$0	
Colonial Heights	Pro-Social Skills	18	\$7,032	20	\$7,032	
Colonial Heights	Coordinator/Administrative	0	\$3,454	0	\$3,454	
Craig	Supervision Plan Services	5	\$6,585	5	\$6,585	
Culpeper	Pro-Social Skills	16	\$7,000	0	\$7,000	
Culpeper	Pro-Social Skills	16	\$6,000	16	\$6,000	
Culpeper	Coordinator/Administrative	0	\$2,646	0	\$2,646	
Culpeper	Life Skills	2	\$3,575	35	\$3,575	
Culpeper	Supervision Plan Services	20	\$37,275	20	\$37,275	
Danville	Life Skills	40	\$9,600	40	\$9,600	
Danville	Outreach Detention/Electronic	50	\$51,443	50	\$51,443	
Danville	Outreach Detention/Electronic	60	\$65,786	60	\$65,786	
Dinwiddie	Pro-Social Skills	20	\$22,322	20	\$22,322	
Dinwiddie	Pro-Social Skills	10	\$7,573	10	\$7,573	
Emporia, Brunswick	Community Service	120	\$70,749	120	\$70,749	
Emporia, Brunswick	Outreach Detention/Electronic	30	\$38,766	30	\$38,766	
Fairfax County/City	Shelter Care and Less Secure	210	\$1,329,044	210	\$1,329,044	
Fairfax County/City	Group Homes	30	\$1,736,662	30	\$1,736,662	
Fairfax County/City	Group Homes	24	\$1,414,846	24	\$1,414,846	
Fairfax County/City	Outreach Detention/Electronic	315	\$1,328,175	315	\$1,328,175	
Fairfax County/City	Group Homes	12	\$1,247,360	12	\$1,247,360	
Falls Church	Group Homes	19	\$904,977		1 yr plan	
Fauquier	Coordinator/Administrative	0	\$1,830	0	\$1,830	
Fauquier	Home-Based, In-Home Services	18	\$30,000	18	\$30,000	
Fauquier	Individual, Group, Family	22	\$12,000	22	\$12,000	
Fauquier	Substance Abuse Treatment	10	\$11,000	10	\$11,000	
Fauquier	Restitution/Restorative Justice	10	\$2,000	10	\$2,000	
Fauquier	Pro-Social Skills	10	\$15,000	10	\$15,000	
Fauquier	Outreach Detention/Electronic	2	\$1,000	2	\$1,000	
Fauquier	Sex Offender Treatment	3	\$2,500	3	\$2,500	
Fauquier	Surveillance/Intensive Supervision	12	\$15,392	12	\$15,392	
Fluvanna	Supervision Plan Services	10	\$6,585	10	\$6,585	
Floyd	Supervision Plan Services	7	\$6,585	7	\$6,585	
Franklin County	Outreach Detention/Electronic	10	\$31,456	10	\$31,456	
Frederick, Clarke,	Surveillance/Intensive Supervision	45	\$43,800		recommending 1 yr plan renewal	
Frederick, Clarke,	Case Management	150	\$55,800			
Frederick, Clarke,	Supervision Plan Services	10	\$6,258			
Frederick, Clarke,	Substance Abuse Treatment	30	\$11,500			
Frederick, Clarke,	Substance Abuse Education	25	\$1,000			
Frederick, Clarke,	Parenting Skills	6	\$1,000			
Frederick, Clarke,	Sex Offender Treatment	3	\$5,000			
Frederick, Clarke,	Pro-Social Skills	35	\$4,000			
Fredericksburg	Case Management	5	\$20,000	5		\$20,000
Fredericksburg	Shelter Care and Less Secure	5	\$35,000	5		\$35,000
Fredericksburg	Outreach Detention/Electronic	30	\$6,500	30	\$6,500	
Fredericksburg	Supervision Plan Services	10	\$19,890	10	\$19,890	
Fredericksburg	Restitution/Restorative Justice	20	\$3,000	20	\$3,000	
Fredericksburg	Substance Abuse Education	12	\$3,000	12	\$3,000	
Fredericksburg	Community Service	20	\$3,000	20	\$3,000	
Giles	Outreach Detention/Electronic	6	\$7,473	6	\$7,473	
Giles	Supervision Plan Services	2	\$2,155	2	\$2,155	
Goochland	Community Service	40	\$6,585	40	\$6,585	

FY 2017-2018 VJCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Grayson, Carroll, Galax	Pro-Social Skills	48	\$1,800	48	\$1,800
Grayson, Carroll, Galax	Community Service	135	\$33,300	135	\$33,300
Grayson, Carroll, Galax	Outreach Detention/Electronic	15	\$5,417	15	\$5,417
Grayson, Carroll, Galax	Shoplifting Programs	11	\$400	11	\$400
Grayson, Carroll, Galax	Substance Abuse Education	38	\$900	38	\$900
Greene	Supervision Plan Services	10	\$7,596	10	\$7,596
Halifax	Outreach Detention/Electronic	32	\$44,517	32	\$44,517
Halifax	Outreach Detention/Electronic	15	\$13,001	15	\$13,001
Halifax	Pro-Social Skills	8	\$11,522	8	\$11,522
Halifax	Pro-Social Skills	6	\$5,000	6	\$5,000
Hampton	Pro-Social Skills	120	\$40,800	120	\$40,800
Hampton	Individual, Group, Family	10	\$22,627	10	\$22,627
Hampton	Individual, Group, Family	20	\$12,000	20	\$12,000
Hampton	Outreach Detention/Electronic	166	\$124,500	166	\$124,500
Hampton	Outreach Detention/Electronic	70	\$52,500	70	\$52,500
Hampton	Substance Abuse Treatment	80	\$48,000	80	\$48,000
Hampton	Surveillance/Intensive Supervision	70	\$126,000	70	\$126,000
Hanover	Surveillance/Intensive Supervision	40	\$23,213	40	\$23,213
Hanover	Community Service	125	\$25,328	125	\$25,328
Hanover	Outreach Detention/Electronic	50	\$27,859	50	\$27,859
Hanover	Coordinator/Administrative	0	\$5,089	0	\$5,089
Hanover	Surveillance/Intensive Supervision	50	\$20,310	50	\$20,310
Henrico	Pro-Social Skills	180	\$30,416	180	\$30,416
Henrico	Pro-Social Skills	46	\$3,700	46	\$3,700
Henrico	Community Service	76	\$21,279	76	\$21,279
Henrico	Coordinator/Administrative	0	\$155,391	0	\$155,391
Henrico	Home-Based, In-Home Services	68	\$207,570	68	\$207,570
Henrico	Supervision Plan Services	36	\$52,000	36	\$52,000
Henrico	Outreach Detention/Electronic	330	\$292,138	330	\$292,138
Henrico	Outreach Detention/Electronic	120	\$17,400	120	\$17,400
Henrico	Parenting Skills	50	\$6,400	50	\$6,400
Henrico	Shoplifting Programs	190	\$26,192	190	\$26,192
Henrico	Case Management	140	\$64,162	140	\$64,162
Henrico	Case Management	50	\$20,400	50	\$20,400
Henrico	Coordinator/Administrative	0	\$155,391	0	\$155,391
Highland	Coordinator/Administrative	0	\$346	0	\$346
Highland	Surveillance/Intensive Supervision	13	\$6,239	13	\$6,239
Hopewell	Outreach Detention/Electronic	51	\$71,506	51	\$71,506
Hopewell	Supervision Plan Services	5	\$22,804	5	\$22,804
Hopewell	Home-Based, In-Home Services	2	\$7,500	2	\$7,500
Hopewell	Pro-Social Skills	40	\$13,550	40	\$13,550
Hopewell	Community Service	55	\$24,905	55	\$24,905
Hopewell	Case Management	7	\$2,198	7	\$2,198
Hopewell	Coordinator/Administrative	0	\$7,405	0	\$7,405
Hopewell	Law Related Education	27	\$11,350	27	\$11,350
Hopewell	Substance Abuse Education	21	\$7,930	21	\$7,930
King George	Outreach Detention/Electronic	30	\$7,000	30	\$7,000
King George	Community Service	20	\$4,298	20	\$4,298
King George	Supervision Plan Services	10	\$5,000	10	\$5,000
King William, Charles	Coordinator/Administrative	0	\$8,905	0	\$9,172
King William, Charles	Community Service	75	\$30,098	75	\$29,557
King William, Charles	Law Related Education	55	\$35,055	55	\$35,756
King William, Charles	Surveillance/Intensive Supervision	20	\$39,255	20	\$39,281
King William, Charles	Outreach Detention/Electronic	20	\$41,849	20	\$42,864

FY 2017-2018 VJCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
King William, Charles	Group Homes	0	\$0	0	\$0
King William, Charles	Supervision Plan Services	0	\$0	0	\$0
King William, Charles	Group Homes	0	\$0	0	\$0
King William, Charles	Substance Abuse Education	50	\$22,938	50	\$22,887
Lexington, Buena Vista,	Office on Youth	0	\$16,003	0	\$16,003
Lexington, Buena Vista,	Coordinator/Administrative	0	\$3,602	0	\$3,602
Lexington, Buena Vista,	Supervision Plan Services	2	\$1,000	2	\$1,000
Lexington, Buena Vista,	Surveillance/Intensive Supervision	40	\$59,420	40	\$59,420
Loudoun	Shelter Care and Less Secure	75	\$428,773	75	\$428,773
Loudoun	Life Skills	24	\$47,641	24	\$47,641
Louisa	Supervision Plan Services	10	\$10,933	10	\$10,933
Lynchburg	Shelter Care and Less Secure	46	\$197,543	0	\$197,543
Lynchburg	Shelter Care and Less Secure	87	\$197,543	0	\$197,543
Madison	Supervision Plan Services	10	\$8,079	10	\$8,079
Manassas/Manassas	Surveillance/Intensive Supervision	40	\$86,371	1 year plan renewal	
Manassas/Manassas	Case Management	40	\$107,888		
Martinsville, Henry,	Group Homes	23	\$221,515	1 year plan renewal	
Martinsville, Henry,	Outreach Detention/Electronic	50	\$56,143		
Martinsville, Henry,	Surveillance/Intensive Supervision	18	\$14,069		
Mecklenburg	Life Skills	10	\$19,998	10	\$19,998
Mecklenburg	Supervision Plan Services	8	\$5,000	10	\$5,000
Mecklenburg	Outreach Detention/Electronic	10	\$7,711	10	\$7,711
Montgomery	Community Service	100	\$30,841	100	\$30,841
Montgomery	Outreach Detention/Electronic	4	\$12,581	4	\$12,581
Montgomery	Supervision Plan Services	2	\$6,150	2	\$6,150
Nelson	Shelter Care and Less Secure	4	\$7,000	4	\$7,000
Nelson	Outreach Detention/Electronic	8	\$3,566	8	\$3,566
Newport News	Outreach Detention/Electronic	308	\$384,240	308	\$384,740
Newport News	Outreach Detention/Electronic	204	\$324,241	204	\$323,741
Norfolk	Outreach Detention/Electronic	240	\$416,415	240	\$416,960
Norfolk	Outreach Detention/Electronic	350	\$35,500	350	\$35,500
Norfolk	Group Homes	35	\$295,500	35	\$295,500
Norfolk	Group Homes	5	\$3,000	5	\$3,000
Norfolk	Group Homes	5	\$30,000	5	\$30,000
Norfolk	Law Related Education	200	\$22,000	200	\$22,000
Norfolk	Pro-Social Skills	250	\$100,000	250	\$100,000
Norfolk	Pro-Social Skills	75	\$47,500	75	\$47,500
Norfolk	Pro-Social Skills	150	\$63,200	150	\$63,200
Norfolk	Employment/Vocational	15	\$30,000	15	\$30,000
Norfolk	Substance Abuse Treatment	12	\$50,000	12	\$50,000
Norfolk	Parenting Skills	15	\$32,703	15	\$32,703
Norfolk	Alternative Day Services and Day	61	\$47,990	61	\$47,990
Norfolk	Supervision Plan Services	5	\$7,000	5	\$7,000
Norfolk	Restitution/Restorative Justice	15	\$5,000	15	\$5,000
Norfolk	Life Skills	10	\$10,000	10	\$10,000
Norfolk	Coordinator/Administrative	0	\$63,990	0	\$63,990
Norfolk	Alternative Day Services and Day	10	\$20,000	10	\$20,000
Nottoway	Community Service	0	\$10,676	0	\$10,676
Nottoway	Pro-Social Skills	0	\$9,340	0	\$9,340
Orange	Office on Youth	0	\$3,705	0	\$3,705
Orange	Coordinator/Administrative	0	\$1,000	0	\$1,000
Orange	Community Service	35	\$100	35	\$100
Orange	Pro-Social Skills	12	\$4,900	12	\$4,900

FY 2017-2018 VJCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Orange	Pro-Social Skills	12	\$1,000	12	\$1,000
Orange	Substance Abuse Treatment	10	\$4,800	10	\$4,800
Orange	Supervision Plan Services	10	\$8,404	10	\$8,404
Page	Surveillance/Intensive Supervision	8	\$5,500	8	\$5,500
Page	Pro-Social Skills	10	\$11,520	10	\$11,520
Page	Substance Abuse Treatment	25	\$9,000	25	\$9,000
Page	Supervision Plan Services	5	\$4,056	5	\$4,056
Petersburg	Community Service	80	\$31,412	80	\$31,412
Petersburg	Pro-Social Skills	30	\$27,519	30	\$27,519
Petersburg	Coordinator/Administrative	0	\$8,935	0	\$8,935
Petersburg	Surveillance/Intensive Supervision	50	\$28,894	50	\$28,894
Petersburg	Outreach Detention/Electronic	200	\$55,963	200	\$55,963
Petersburg	Law Related Education	50	\$7,927	50	\$7,927
Pittsylvania	Pro-Social Skills	27	\$7,782	27	\$7,782
Pittsylvania	Outreach Detention/Electronic	24	\$25,200	24	\$25,200
Pittsylvania	Outreach Detention/Electronic Moni	23	\$38,539	23	\$38,539
Powhatan	Community Service	30	\$5,262	30	\$5,262
Powhatan	Pro-Social Skills	20	\$5,262	20	\$5,262
Prince George	Community Service	70	\$50,577	70	\$50,577
Prince George	Individual, Group, Family	5	\$2,000	5	\$2,000
Prince George	Outreach Detention/Electronic	10	\$22,170	10	\$22,170
Prince William	Surveillance/Intensive Supervision	75	\$5,000	75	\$5,000
Prince William	Shelter Care and Less Secure	183	\$1,281,733	192	\$1,315,925
Prince William	Outreach Detention/Electronic	136	\$390,281	157	\$400,753
Pulaski	Outreach Detention/Electronic	12	\$7,939	12	\$7,939
Pulaski	Community Service	74	\$13,382	74	\$13,382
Radford	Community Service	20	\$7,650	20	\$7,650
Radford	Supervision Plan Services	6	\$2,549	6	\$2,549
Rappahannock	Home-Based, In-Home Services	4	\$2,500	4	\$2,500
Rappahannock	Surveillance/Intensive Supervision	2	\$1,000	2	\$1,000
Rappahannock	Pro-Social Skills	3	\$1,400	3	\$1,400
Rappahannock	Restitution/Restorative Justice	1	\$200	1	\$200
Rappahannock	Substance Abuse Treatment	3	\$1,389	3	\$1,389
Rappahannock	Individual, Group, Family	2	\$1,200	2	\$1,200
Rappahannock	Sex Offender Treatment	1	\$1,500	1	\$1,500
Rappahannock	Coordinator/Administrative	0	\$484	0	\$484
Richmond City	Community Service	140	\$117,108	130	\$103,780
Richmond City	Outreach Detention/Electronic	235	\$379,288	235	\$409,431
Richmond City	Outreach Detention/Electronic	40	\$8,000	40	\$12,080
Richmond City	Coordinator/Administrative	0	\$20,000	0	\$20,000
Richmond City	Surveillance/Intensive Supervision	60	\$207,420	120	\$173,098
Richmond City	Alternative Day Services and Day T	36	\$226,960	36	\$226,960
Richmond City	Supervision Plan Services	0	\$0	0	\$0
Richmond City	Home-Based, In-Home Services	50	\$189,223	50	\$197,906
Rockingham,	Community Service	32	\$6,400	1 year plan renewal	
Rockingham,	Surveillance/Intensive Supervision	40	\$3,898		
Rockingham,	Coordinator/Administrative	0	\$4,341		
Rockingham,	Coordinator/Administrative	45	\$49,117		
Rockingham,	Pro-Social Skills	20	\$4,000		
Rockingham,	Pro-Social Skills	50	\$4,675		
Rockingham,	Supervision Plan Services	10	\$12,900		
Rockingham,	Pro-Social Skills	20	\$1,500		
Roanoke City	Pro-Social Skills	30	\$9,506	30	\$9,506

FY 2017-2018 VJCCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Roanoke City	Community Service	70	\$79,239	70	\$79,239
Roanoke City	Life Skills	45	\$21,647	45	\$21,647
Roanoke City	Individual, Group, Family	30	\$25,000	30	\$25,000
Roanoke City	Parenting Skills	30	\$3,000	30	\$3,000
Roanoke City	Coordinator/Administrative	0	\$33,430	0	\$33,430
Roanoke City	Shelter Care and Less Secure	9	\$86,122	9	\$86,122
Roanoke City	Supervision Plan Services	9	\$5,000	9	\$5,000
Roanoke City	Outreach Detention/Electronic	120	\$147,736	120	\$143,040
Roanoke City	Outreach Detention/Electronic	45	\$61,161	45	\$61,161
Roanoke City	Substance Abuse Education	150	\$57,494	150	\$57,494
Roanoke City	Restitution/Restorative Justice	15	\$1,950	15	\$1,950
Roanoke City	Restitution/Restorative Justice	20	\$4,000	20	\$4,000
Roanoke City	Surveillance/Intensive Supervision	200	\$133,309	200	\$133,309
Roanoke County, Salem	Outreach Detention/Electronic	100	\$175,850	100	\$175,850
Roanoke County, Salem	Substance Abuse Assessment	175	\$25,000	175	\$25,000
Roanoke County, Salem	Community Service	150	\$27,000	150	\$27,000
Roanoke County, Salem	Restitution/Restorative Justice	20	\$25,600	20	\$25,600
Roanoke County, Salem	Coordinator/Administrative	0	\$13,445	0	\$13,445
Shenandoah	Supervision Plan Services	10	\$15,104	10	\$1,514
Shenandoah	Substance Abuse Assessment	25	\$4,500	25	\$4,500
Shenandoah	Pro-Social Skills	5	\$10,000	5	\$10,000
Shenandoah	Outreach Detention/Electronic	5	\$1,600	5	\$1,600
Spotsylvania	Restitution/Restorative Justice	10	\$1,000	10	\$1,000
Spotsylvania	Case Management	5	\$20,000	5	\$20,000
Spotsylvania	Community Service	40	\$37,431	40	\$37,431
Spotsylvania	Substance Abuse Treatment	6	\$4,000	6	\$4,000
Spotsylvania	Shelter Care and Less Secure	8	\$55,000	8	\$55,000
Spotsylvania	Substance Abuse Education	15	\$6,365	15	\$6,365
Spotsylvania	Supervision Plan Services	1	\$500	1	\$500
Stafford	Community Service	30	\$5,500	30	\$5,500
Stafford	Shelter Care and Less Secure	7	\$45,750	7	\$45,750
Stafford	Case Management	8	\$20,000	8	\$20,000
Stafford	Restitution/Restorative Justice	20	\$5,500	20	\$5,500
Stafford	Surveillance/Intensive Supervision	75	\$68,025	70	\$58,025
Stafford	Supervision Plan Services	10	\$5,000	10	\$10,000
Surry	Office on Youth	150	\$6,585	100	\$6,585
Surry	Supervision Plan Services	6	\$3,000	0	\$3,000
Surry	Law Related Education	15	\$3,275	15	\$3,275
Tidewater Youth	Shelter Care and Less Secure	191	\$567,929	191	\$567,929
Tidewater Youth	Shelter Care and Less Secure	64	\$191,825	64	\$191,825
Tidewater Youth	Shelter Care and Less Secure	151	\$448,565	151	\$448,565
Tidewater Youth	Life Skills	11	\$15,150	11	\$15,150
Tidewater Youth	Substance Abuse Treatment	170	\$353,741	170	\$353,741
Tidewater Youth	Outreach Detention/Electronic	285	\$410,189	285	\$410,189
Tidewater Youth	Outreach Detention/Electronic	222	\$63,633	222	\$63,633
Tidewater Youth	Pro-Social Skills	13	\$17,500	13	\$17,500
Tidewater Youth	Restitution/Restorative Justice	340	\$82,700	340	\$82,700
Tidewater Youth	Individual, Group, Family	18	\$39,406	18	\$39,406
Tidewater Youth	Community Service	200	\$28,462	143	\$28,462
Tidewater Youth	Home-Based, In-Home Services	30	\$49,544	30	\$49,544
Tidewater Youth	Individual, Group, Family	9	\$15,000	9	\$15,000
Tidewater Youth	Pro-Social Skills	48	\$63,154	48	\$63,154
Warren	Surveillance/Intensive Supervision	15	\$36,630	1 year plan renewal	

FY 2017-2018 VJCCA Plan Detail

Locality	Program Type	Year 1 Youth	Year 1 Budget	Year 2 Youth	Year 2 Budget
Washington, Bristol	Shoplifting Programs	25	\$1,000	1 year plan renewal	
Washington, Bristol	Community Service	275	\$80,689		
Washington, Bristol	Outreach Detention/Electronic	120	\$359,767		
Waynesboro, Augusta	Office on Youth	0	\$7,302	0	\$7,302
Waynesboro, Augusta	Shoplifting Programs	30	\$1,443	30	\$1,443
Waynesboro, Augusta	Pro-Social Skills	20	\$4,000	20	\$4,000
Waynesboro, Augusta	Supervision Plan Services	3	\$4,500	3	\$4,500
Waynesboro, Augusta	Outreach Detention/Electronic	15	\$10,200	15	\$10,200
Waynesboro, Augusta	Surveillance/Intensive Supervision	60	\$20,560	60	\$20,560
Waynesboro, Augusta	Employment/Vocational	5	\$9,086	5	\$9,086
Waynesboro, Augusta	Community Service	90	\$2,588	90	\$2,588
Waynesboro, Augusta	Case Management	165	\$17,804	165	\$17,804
Waynesboro, Augusta	Coordinator/Administrative	0	\$25,377	0	\$25,377
Waynesboro, Augusta	Parenting Skills	10	\$10,000	10	\$10,000
Waynesboro, Augusta	Life Skills	20	\$5,275	20	\$5,275
Westmoreland, Essex	Substance Abuse Education	15	\$5,000	10	\$5,000
Westmoreland, Essex	Community Service	65	\$84,051	65	\$85,051
Westmoreland, Essex	Outreach Detention/Electronic	35	\$57,000	35	\$56,000
Westmoreland, Essex	Supervision Plan Services	10	\$14,215	10	\$14,215
Westmoreland, Essex	Life Skills	15	\$5,000	15	\$5,000
Westmoreland, Essex	Life Skills	15	\$38,187	15	\$38,187
Wythe	Community Service	88	\$15,857	88	\$50,507
Wythe	Outreach Detention/Electronic	10	\$5,139	10	\$5,139
Wythe	Pro-Social Skills	20	\$12,160	20	\$12,160
York, Gloucester, James	Group Homes	11	\$277,808	recommending 1 yr plan renewal	
York, Gloucester, James	Shelter Care and Less Secure	17	\$117,280		
York, Gloucester, James	Surveillance/Intensive Supervision	25	\$47,707		
York, Gloucester, James	Outreach Detention/Electronic	35	\$70,708		
York, Gloucester, James	Community Service	125	\$45,004		
York, Gloucester, James	Law Related Education	150	\$35,195		
York, Gloucester, James	Substance Abuse Education	45	\$28,000		
York, Gloucester, James	Supervision Plan Services	5	\$2,000		

**Summary of FY 2017 - FY 2018 VJCCCA Programs
Number of Youth Projected / Projected Budgets**

Program Type	2017 Youth	2017 Budget	2018 Youth	2018 Budget
Case Management	740	\$490,087	510	\$273,764
Community Service	2836	\$1,135,649	2340	\$1,025,337
Coordinator/Administrative	45	\$569,856	0	\$516,665
Employment/Vocational	45	\$95,086	45	\$95,086
Group Homes	192	\$7,214,545	114	\$4,776,642
Home-Based, In-Home Services	172	\$486,337	172	\$495,020
Individual, Group, Family Counseling	164	\$276,352	197	\$377,662
Law Related Education	497	\$114,802	347	\$80,308
Life Skills	260	\$253,347	293	\$253,347
Office on Youth	150	\$71,095	100	\$71,095
Outreach Detention/Electronic Monitoring	4598	\$6,163,638	4414	\$5,717,579
Parenting Skills	123	\$59,115	117	\$58,115
Pro-Social Skills	1415	\$593,454	1278	\$579,279
Restitution/Restorative Justice	471	\$130,950	471	\$130,950
Sex Offender Treatment	21	\$57,300	18	\$52,300
Shoplifting Programs	494	\$44,067	469	\$43,067
Substance Abuse Assessment	200	\$29,500	200	\$29,500
Substance Abuse Education	383	\$134,327	308	\$105,276
Substance Abuse Treatment	361	\$503,356	331	\$491,856
Supervision Plan Services	275	\$329,730	246	\$299,982
Surveillance/Intensive Supervision	983	\$1,001,287	855	\$729,516
Shelter Care and Less Secure Detention	1203	\$5,384,782	1062	\$5,301,695
Alternative Day Services and Day Treatment	230	\$964,320	205	\$610,350
Grand Total	15858	\$26,102,981	14092	\$22,114,391

**Summary of FY 2017 - FY 2018 VJCCCA Programs
Number of Programs by Type**

Program Type	2017 Programs	2018 Programs
Case Management	12	11
Community Service	37	35
Coordinator/Administrative	23	21
Employment/Vocational	3	3
Group Homes	13	11
Home-Based, In-Home Services	6	6
Individual, Group, Family Counseling	9	9
Law Related Education	6	5
Life Skills	12	12
Office on Youth	5	5
Outreach Detention/Electronic Monitoring	55	52
Parenting Skills	7	6
Pro-Social Skills	37	33
Restitution/Restorative Justice	10	10
Sex Offender Treatment	4	3
Shoplifting Programs	6	6
Substance Abuse Assessment	2	2
Substance Abuse Education	10	8
Substance Abuse Treatment	10	9
Supervision Plan Services	37	34
Surveillance/Intensive Supervision	22	19
Shelter Care and Less Secure Detention	19	19
Grand Total	345	319

FY2017-FY2018 VJCCA Funding Distribution

Locality	FY2017 MOE	FY2017 State	FY2018 MOE	FY 2018 State	FIPS
Accomack	\$0.00	\$ 23,933.00	\$0.00	\$ 23,933.00	001
Albemarle	\$52,231.00	\$ 71,218.00	\$52,231.00	\$ 71,218.00	003
Alleghany	\$3,617.00	\$ 18,476.00	\$3,617.00	\$ 18,476.00	005
Amelia	\$2,729.00	\$ 9,913.00	\$2,729.00	\$ 9,913.00	007
Amherst	\$28,233.00	\$ 37,022.00	\$28,233.00	\$ 37,022.00	009
Appomattox	\$332.00	\$ 9,071.00	\$332.00	\$ 9,071.00	011
Arlington	\$ 475,383.00	\$ 270,059.00	\$ 475,383.00	\$ 270,059.00	013
Augusta	\$0.00	\$ 26,808.00	\$0.00	\$ 26,808.00	015
Bath	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	017
Bedford County	\$14,190.00	\$ 70,751.00	\$14,190.00	\$ 70,751.00	019
Bland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	021
Botetourt	\$3,300.00	\$ 13,138.00	\$3,300.00	\$ 13,138.00	023
Brunswick	\$635.00	\$ 11,703.00	\$635.00	\$ 11,703.00	025
Buchanan	\$809.00	\$ 67,453.00	\$809.00	\$ 67,453.00	027
Buckingham	\$287.00	\$ 8,798.00	\$287.00	\$ 8,798.00	029
Campbell	\$ 53,024.00	\$ 53,024.00	\$ 53,024.00	\$ 53,024.00	031
Caroline	\$8,460.00	\$ 14,869.00	\$8,460.00	\$ 14,869.00	033
Carroll	\$2,940.00	\$ 18,929.00	\$2,940.00	\$ 18,929.00	035
Charles City	\$9,400.00	\$ 6,585.00	\$9,400.00	\$ 6,585.00	036
Charlotte	\$268.00	\$ 12,976.00	\$268.00	\$ 12,976.00	037
Chesterfield	\$202,459.00	\$ 668,292.00	\$202,459.00	\$ 668,292.00	041
Clarke	\$0.00	\$ 8,990.00	\$0.00	\$ 8,990.00	043
Craig	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	045
Culpeper	\$1,119.00	\$ 51,802.00	\$1,119.00	\$ 51,802.00	047
Cumberland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	049
Dickenson	\$2,739.00	\$ 10,437.00	\$2,739.00	\$ 10,437.00	051
Dinwiddie	\$9,014.00	\$ 19,549.00	\$9,014.00	\$ 19,549.00	053
Essex	\$4,885.00	\$ 22,825.00	\$4,885.00	\$ 22,825.00	057
Fairfax County	\$1,431,099.00	\$ 600,996.00	\$1,431,099.00	\$ 600,996.00	059
Fauquier	\$2,886.00	\$ 36,836.00	\$2,886.00	\$ 36,836.00	061
Floyd	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	063
Fluvanna	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	065
Franklin County	\$10,124.00	\$ 21,332.00	\$10,124.00	\$ 21,332.00	067
Frederick	\$0.00	\$ 53,031.00	\$0.00	\$ 53,031.00	069
Giles	\$385.00	\$ 9,243.00	\$385.00	\$ 9,243.00	071
Gloucester	\$57,125.00	\$ 44,727.00	\$57,125.00	\$ 44,727.00	073
Goochland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	075
Grayson	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	077
Greene	\$0.00	\$ 7,596.00	\$0.00	\$ 7,596.00	079
Greensville	\$8,668.00	\$ 6,585.00	\$8,668.00	\$ 6,585.00	081
Halifax	\$10,476.00	\$ 63,762.00	\$10,476.00	\$ 63,762.00	083
Hanover	\$20,556.00	\$ 81,243.00	\$20,556.00	\$ 81,243.00	085
Henrico	\$209,620.00	\$ 390,110.00	\$209,620.00	\$ 390,110.00	087
Henry	\$34,009.00	\$ 131,661.00	\$34,009.00	\$ 131,661.00	089
Highland	\$0.00	\$ 6,585.00	\$0.00	\$ 6,585.00	091
Isle of Wight	\$10,716.00	\$ 23,984.00	\$10,716.00	\$ 23,984.00	093
James City	\$144,572.00	\$ 91,512.00	\$144,572.00	\$ 91,512.00	095
King & Queen	\$2,535.00	\$ 9,336.00	\$2,535.00	\$ 9,336.00	097
King George	\$1,040.00	\$ 15,258.00	\$1,040.00	\$ 15,258.00	099
King William	\$10,300.00	\$ 6,951.00	\$10,300.00	\$ 6,951.00	101
Lancaster	\$7,908.00	\$ 20,530.00	\$7,908.00	\$ 20,530.00	103
Lee	\$3,333.00	\$ 27,260.00	\$3,333.00	\$ 27,260.00	105
Loudoun	\$330,708.00	\$ 145,706.00	\$330,708.00	\$ 145,706.00	107
Louisa	\$1,028.00	\$ 9,905.00	\$1,028.00	\$ 9,905.00	109

FY2017-FY2018 VJCCCA Funding Distribution

Lunenburg	\$1,047.00	\$ 13,270.00	\$1,047.00	\$ 13,270.00	111
Madison	\$1,494.00	\$ 6,585.00	\$1,494.00	\$ 6,585.00	113
Mathews	\$10,651.00	\$ 22,790.00	\$10,651.00	\$ 22,790.00	115
Mecklenburg	\$1,349.00	\$ 31,360.00	\$1,349.00	\$ 31,360.00	117
Middlesex	\$3,241.00	\$ 6,585.00	\$3,241.00	\$ 6,585.00	119
Montgomery	\$179.00	\$ 49,393.00	\$179.00	\$ 49,393.00	121
Nelson	\$202.00	\$ 10,364.00	\$202.00	\$ 10,364.00	125
New Kent	\$14,391.00	\$ 10,557.00	\$14,391.00	\$ 10,557.00	127
Northampton	\$0.00	\$ 12,336.00	\$0.00	\$ 12,336.00	131
Northumberland	\$6,626.00	\$ 29,083.00	\$6,626.00	\$ 29,083.00	133
Nottoway	\$617.00	\$ 19,399.00	\$617.00	\$ 19,399.00	135
Orange	\$2,181.00	\$ 21,728.00	\$2,181.00	\$ 21,728.00	137
Page	\$0.00	\$ 30,076.00	\$0.00	\$ 30,076.00	139
Patrick	\$5,984.00	\$ 25,241.00	\$5,984.00	\$ 25,241.00	141
Pittsylvania	\$29,756.00	\$ 41,765.00	\$29,756.00	\$ 41,765.00	143
Powhatan	\$2,056.00	\$ 8,468.00	\$2,056.00	\$ 8,468.00	145
Prince Edward	\$0.00	\$ 10,840.00	\$0.00	\$ 10,840.00	147
Prince George	\$21,972.00	\$ 52,775.00	\$21,972.00	\$ 52,775.00	149
Prince William	\$509,171.00	\$ 394,413.00	\$509,171.00	\$ 394,413.00	153
Pulaski	\$0.00	\$ 21,321.00	\$0.00	\$ 21,321.00	155
Rappahannock	\$0.00	\$ 9,673.00	\$0.00	\$ 9,673.00	157
Richmond Cour	\$11,698.00	\$ 10,751.00	\$11,698.00	\$ 10,751.00	159
Roanoke Count	\$24,644.00	\$ 179,982.00	\$24,644.00	\$ 179,982.00	161
Rockbridge	\$0.00	\$ 14,600.00	\$0.00	\$ 14,600.00	163
Rockingham	\$0.00	\$ 44,867.00	\$0.00	\$ 44,867.00	165
Russell	\$411.00	\$ 28,355.00	\$411.00	\$ 28,355.00	167
Scott	\$35.00	\$ 23,096.00	\$35.00	\$ 23,096.00	169
Shenandoah	\$0.00	\$ 31,204.00	\$0.00	\$ 31,204.00	171
Smyth	\$4,392.00	\$ 29,786.00	\$4,392.00	\$ 29,786.00	173
Southampton	\$6,340.00	\$ 10,485.00	\$6,340.00	\$ 10,485.00	175
Spotsylvania	\$39,655.00	\$ 84,641.00	\$39,655.00	\$ 84,641.00	177
Stafford	\$37,265.00	\$ 107,510.00	\$37,265.00	\$ 107,510.00	179
Surry	\$6,275.00	\$ 6,585.00	\$6,275.00	\$ 6,585.00	181
Sussex	\$3,321.00	\$ 6,585.00	\$3,321.00	\$ 6,585.00	183
Tazewell	\$923.00	\$ 46,689.00	\$923.00	\$ 46,689.00	185
Warren	\$0.00	\$ 36,630.00	\$0.00	\$ 36,630.00	187
Washington	\$11,856.00	\$ 34,727.00	\$11,856.00	\$ 34,727.00	191
Westmoreland	\$30,339.00	\$ 58,808.00	\$30,339.00	\$ 58,808.00	193
Wise	\$6,815.00	\$ 54,899.00	\$6,815.00	\$ 54,899.00	195
Wythe	\$0.00	\$ 33,156.00	\$0.00	\$ 33,156.00	197
York	\$44,146.00	\$ 54,684.00	\$44,146.00	\$ 54,684.00	199
Alexandria	\$95,575.00	\$ 185,026.00	\$95,575.00	\$ 185,026.00	510
Bristol	\$9,828.00	\$ 28,057.00	\$9,828.00	\$ 28,057.00	520
Buena Vista	\$0.00	\$ 11,657.00	\$0.00	\$ 11,657.00	530
Charlottesville	\$108,415.00	\$ 220,840.00	\$108,415.00	\$ 220,840.00	540
Chesapeake	\$83,014.00	\$ 246,857.00	\$83,014.00	\$ 246,857.00	550
Colonial Heights	\$0.00	\$ 69,080.00	\$0.00	\$ 69,080.00	570
Covington	\$1,054.00	\$ 7,575.00	\$1,054.00	\$ 7,575.00	580
Danville	\$26,324.00	\$ 86,999.00	\$26,324.00	\$ 86,999.00	590
Emporia	\$8,917.00	\$ 63,101.00	\$8,917.00	\$ 63,101.00	595
Fairfax City	\$0.00	\$ 12,378.00	\$0.00	\$ 12,378.00	600
Falls Church	\$2,815.00	\$ 120,679.00	\$2,815.00	\$ 120,679.00	610
Franklin City	\$6,195.00	\$ 15,521.00	\$6,195.00	\$ 15,521.00	620
Fredericksburg	\$33,165.00	\$ 54,975.00	\$33,165.00	\$ 54,975.00	630
Galax	\$0.00	\$ 13,363.00	\$0.00	\$ 13,363.00	640

FY2017-FY2018 VJCCCA Funding Distribution

Hampton	\$110,724.00	\$ 315,703.00	\$110,724.00	\$ 315,703.00	650
Harrisonburg	\$0.00	\$ 41,964.00	\$0.00	\$ 41,964.00	660
Hopewell	\$42,913.00	\$ 105,185.00	\$42,913.00	\$ 105,185.00	670
Lexington	\$0.00	\$ 6,608.00	\$0.00	\$ 6,608.00	678
Lynchburg	\$147,370.00	\$ 247,716.00	\$147,370.00	\$ 247,716.00	680
Manassas	\$2,510.00	\$ 59,873.00	\$2,510.00	\$ 59,873.00	683
Manassas Park	\$0.00	\$ 20,794.00	\$0.00	\$ 20,794.00	685
Martinsville	\$22,756.00	\$ 72,076.00	\$22,756.00	\$ 72,076.00	690
Newport News	\$226,485.00	\$ 339,437.00	\$226,485.00	\$ 339,437.00	700
Norfolk	\$1,059,098.00	\$ 639,899.00	\$1,059,098.00	\$ 639,899.00	710
Norton	\$10.00	\$ 12,062.00	\$10.00	\$ 12,062.00	720
Petersburg	\$64,836.00	\$ 84,000.00	\$64,836.00	\$ 84,000.00	730
Poquoson	\$22,659.00	\$ 10,295.00	\$22,659.00	\$ 10,295.00	735
Portsmouth	\$45,877.00	\$ 184,000.00	\$45,877.00	\$ 184,000.00	740
Radford	\$0.00	\$ 10,199.00	\$0.00	\$ 10,199.00	750
Richmond City	\$459,084.00	\$ 347,683.00	\$459,084.00	\$ 347,683.00	760
Roanoke City	\$274,384.00	\$ 394,210.00	\$274,384.00	\$ 394,210.00	770
Salem	\$9,418.00	\$ 52,851.00	\$9,418.00	\$ 52,851.00	775
Staunton	\$0.00	\$ 35,093.00	\$0.00	\$ 35,093.00	790
Suffolk	\$57,855.00	\$ 124,169.00	\$57,855.00	\$ 124,169.00	800
Virginia Beach	\$662,505.00	\$ 869,280.00	\$662,505.00	\$ 869,280.00	810
Waynesboro	\$0.00	\$ 55,484.00	\$0.00	\$ 55,484.00	820
Williamsburg	\$31,908.00	\$ 39,383.00	\$31,908.00	\$ 39,383.00	830
Winchester	\$0.00	\$ 66,337.00	\$0.00	\$ 66,337.00	840
	\$7,634,873.00	\$10,379,921	\$7,634,873.00	\$10,379,921	



Andy K. Block, Jr.
Director

COMMONWEALTH OF VIRGINIA

Department of Juvenile Justice

MEMORANDUM

TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

DATE: June 15, 2016

SUBJECT: Legislative Summary, 2016 General Assembly Session

I. CRIMINAL / CIVIL PROCEDURE

- **HB 227 (Albo) / SB 358 (McDougle):** Hearsay Exception: admissibility of statements by children in certain cases
 - The bills create § 19.2-268.3 of the *Code of Virginia* to establish a hearsay exception for certain out of court statements made by a child who is under 13 years of age at the time of trial or hearing who is the alleged victim of an “offense against children” describing any act (i) directed against the child and (ii) relating to the offense against the child if certain conditions are met.
 - The conditions require that (i) there is “sufficient indicia of reliability so as to render it inherently trustworthy and (ii) the child testifies or is declared by the court to be unavailable as a witness (if unavailable, the statement may be admitted only if there is corroborative evidence of the act relating to the “offense against children”).
 - The bills list six factors the court *may* consider in determining trustworthiness: (i) the child’s personal knowledge of the event; (ii) the age, maturity, and mental state of the child; (iii) the credibility of the person testifying about the statement; (iv) any apparent motive the child may have to falsify or distort; (v) whether the child was suffering pain or distress when making the statement; and (vi) whether extrinsic evidence exists to show the defendant’s opportunity to commit the act.
 - In this section “offense against children” includes certain felony sexual offenses and certain felony offenses resulting in physical injury, specifically, alleged or attempted: Capital, first degree, and second degree murder; Voluntary manslaughter; Abduction by force, with the intent to extort money, or for immoral purposes; Shooting, stabbing, etc., with the intent to maim, kill, etc.; Aggravated malicious wounding or injury by means of caustic substance, fire, etc.; Strangulation;

Attempt to poison; Adulteration of food, etc.; Rape; Forcible sodomy; Object sexual penetration; Aggravated sexual battery; Soliciting a minor for the purpose of prostitution; Human trafficking; Certain prostitution offenses; Incest; Taking indecent liberties with a minor; Cruelty to children; and Other sexual offenses.

- **HB 671 (Peace) / SB 7 (Stanley):** Appointed counsel for parents or guardians; attorneys who qualify as guardian ad litem
 - The bills amend § 16.1-266.1 of the *Code of Virginia* to require court-appointed counsel for a parent or guardian of a child in cases of (i) alleged child abuse or neglect or (ii) termination of parental rights to be selected from the list of attorneys who qualify as guardians ad litem (GAL).
 - If a qualified GAL is reasonably not available or appropriate, considering the circumstances of the parent or case, the judge has the discretion to appoint any attorney authorized to practice law in Virginia.
- **HB 1213 (Albo):** Minors; certain education records as evidence
 - This bill creates § 16.1-274.2 of the *Code of Virginia* to allow the court to enter any previously created Individual Education Program, Section 504 plan, behavioral intervention plan, or functional behavioral assessment as evidence to whether the juvenile acted intentionally or willfully if: (i) the alleged delinquent offense would be a misdemeanor if committed by an adult; (ii) whether such act was intentional or willful is an element of the offense; and (iii) the act was committed during school hours and during school-related or school sponsored activities on the property of a school or child care center, or on a school bus for school activities.
 - The document must have been created prior to the alleged delinquent act.
 - The juvenile must give notice to the attorney for the Commonwealth at least 10 days prior to the proceeding of the intent to offer the document and must make copies available.
 - The record custodian or the person to whom the record custodian reports must authenticate the document to be true and accurate. Such authentication may be done through an affidavit.
 - Any such documents that are admitted in the proceedings may be placed under seal by the court.
- **SB 417 (Vogel):** Department of Social Services; unauthorized practice of law
 - This bill amends various sections of the *Code of Virginia* to allow designated nonattorney employees of a local department of social services to: (i) initiate a case on behalf of the local department by appearing before an intake officer; and (ii) complete, sign, and file with the clerk of the juvenile and domestic relations district court, on forms approved by the Supreme Court of Virginia, petitions for foster care review, petitions for permanency planning hearings, petitions to establish paternity, motions to establish or modify support, motions to amend or review an order, and motions for a rule to show cause.

- The bill also directs local social service directors to designate nonattorney employees to perform these tasks.
- The bill is intended to overturn a 2015 Virginia State Bar opinion declaring local social service officers to be engaging in the unauthorized practice of law when they file routine petitions with the juvenile and domestic relations court.

II. JUVENILE JUSTICE / DELINQUENCY

- **HB 541 (Watts):** Law enforcement records concerning juveniles; disclosure
 - The bill amends § 16.1-301 of the *Code of Virginia* and allows the disclosure of law-enforcement records concerning a juvenile who is referred to a court service unit-authorized diversion program and prohibits further disclosure of these records by the diversion program or participants in the program.
 - Law enforcement officers may prohibit disclosure to protect a criminal investigation or intelligence information.
 - The law-enforcement agencies would be permitted to provide diversion programs with juvenile arrest information.
- **HB 784 (Adams):** Firearms; possession by persons adjudicated delinquent, military service exception
 - The bill amends §§ 18.2-308.09 and 18.2-308.2 of the *Code of Virginia* and creates an exception to the prohibition against possessing or transporting a firearm, etc. or carrying a concealed weapon for certain individuals who were previously adjudicated delinquent for an act that would be a felony if committed by an adult. This exception to the prohibition applies if (i) the person completed a term of service of no less than two years in the Armed Forces of the United States, (ii) the person was honorably discharged from service, and (iii) the person is not otherwise prohibited from possession or transportation.
 - This exception to the prohibition does not apply to juveniles adjudicated delinquent of murder, kidnapping, use of a firearm in the commission of a felony, or rape.
 - If adjudicated delinquent as a juvenile 14 years of age or older at the time of the offense for murder, kidnapping, use of a firearm in the commission of a robbery or rape, the person has a lifetime prohibition from possessing or transporting firearms, etc. or carrying a concealed weapon. For all other felony offenses, the person is prohibited until the age of 29.
- **HB 1013 (Massie):** Threat assessment teams; dissemination of certain records and information
 - The bill amends several sections of the *Code of Virginia* relating to school threat assessment teams and allows threat assessment teams to obtain juvenile criminal history records as provided in § 19.2-389.1 governing the dissemination of Virginia State Police's Central Criminal Records Exchange (CCRE) and not juvenile court services units, DJJ, or juvenile and domestic relations district court records.

- CCRE contains a Juvenile Virginia Criminal Information System (JVCIN) and has all juvenile delinquency information. One of the JVCIN requirements (also applicable to the adult VCIN) is that any information/records printed from the terminal must be destroyed after the information is obtained. Therefore the delinquency information may not be placed in a student's educational file. In fact, it is a crime to disseminate records/information outside of the scope of the accessing individual's criminal justice duties and responsibilities (see § 18.2-152 computer invasion of privacy and § 18.2-152.7 personal trespass by computer).
- **SB 454 (Stanley):** Juvenile court; retained jurisdiction, procedures in case of adults, penalties
 - This bill amends various sections of the Code of Virginia relating to the supervision of individuals on delinquency matters who are adults before the juvenile and domestic relations district courts (J&DR).
 - It specifies procedures to be used for adults under the age of 21 who are subject to retained jurisdiction of the juvenile court for delinquency matters. Specifically, that (i) a *capias* and not a detention order is issued if the individual requires secure confinement, (ii) the detainment is reviewed by a magistrate and not through a J&DR detention hearing, (iii) and on petitions for violation of court orders or probation that parents are not summoned to appear at the associated court hearings.
 - In cases where J&DR court proceedings were not initiated prior to the defendant reaching the age of majority, it requires the proceedings to be initiated on a petition with the same procedural requirements for process as for VCOs and VOPs. It also specifies the dispositional alternatives available to the court which are (i) a jail sentence not to exceed 36 continuous months; (ii) a total fine not to exceed \$2,500; (iii) deferred disposition with dismissal if the individual exhibits good behavior during the period of deferral; (iv) defer adjudication, place on probation, and, upon fulfillment of the conditions, discharge the case; (v) place on probation supervision; (vi) order public service; (vii) impose available traffic penalties for traffic violations; (viii) commit to DJJ for an indeterminate or determinate period of time; and (ix) order restitution.
 - Under current law the maximum jail sentence is 12 months for a single or multiple offenses.
 - This bill was a recommendation of the Virginia Criminal Justice Conference.

III. MISCELLANEOUS

- **HB 1117 (Loupassi):** Immunity of persons at public hearing; awarding of reasonable attorney fees and costs
 - The bill amends § 8.01-223.2 of the *Code of Virginia* and provides that any person who has a suit against him dismissed due to certain immunity from civil suit may be awarded reasonable attorney fees and costs.

- Immunity applicable to this bill attaches to individuals who testify at local public hearings or before boards, commissions, agencies, authorities, and other local governing bodies if the suit is based solely on this testimony and the suit alleges that the individual: (i) combined with one or more parties to injure another's reputation, trade, business, or profession or compelled another to do or perform an act against his will or (ii) tortiously interfered with an existing contract or contractual expectancy.
- The immunity does not apply to any statements made with knowledge that they are false or with reckless disregard for whether they are false.
- **HB 1348 (Pillion):** Smoking in motor vehicles; presence of minor under age of eight, civil penalty
 - The bill creates § 46.2-112.1 of the *Code of Virginia* to impose a \$100 civil penalty for any person who smokes a pipe, cigar, or cigarette or any other lighted smoking equipment in a motor vehicle, whether in motion or at rest, when a minor under the age of eight is in the motor vehicle
 - This is a secondary offense and may be charged on a uniform traffic summons
- **SB 294 (DeSteph):** State officers and employees; retaliatory actions against persons providing certain testimony
 - The bill amends § 2.2-309 and creates § 2.2-2832 of the *Code of Virginia* and prohibits any officer or employee of a state agency from using his public position to retaliate or threaten to retaliate against a person providing testimony before a committee or subcommittee of the General Assembly.
 - To be covered by the bill, the testifying person must provide the testimony (i) in good faith and (ii) upon a reasonable belief that the information is accurate. Testimony that is reckless or that the person knew or should have known was false, confidential, malicious, or otherwise prohibited by law or policy is excluded from the good faith requirement.
 - The bill further allows any person who believes that he is subject to retaliatory action by an officer or employee of a state agency to file a complaint with the Office of the State Inspector General (OSIG) and invests such investigative authority with the OSIG.
 - If the state agency officer or employee *intentionally* uses his public position to retaliate or threaten to retaliate against a person for testifying before a General Assembly committee or subcommittee, it constitutes malfeasance in office and will result in the officer or employee being suspended or removed from office (as prescribed in law for other cases of malfeasance).
- **Commission on Youth Study of SB 215 (Favola):** Isolation in Secure Juvenile Facilities
 - During the 2016 General Assembly Session, Senator Favola introduced Senate Bill 215. The substitute version of SB 215 requires the Board of Juvenile Justice to promulgate regulations on the use of room segregation in juvenile detention homes and juvenile correctional facilities that (i) include relevant definitions, criteria for use

of room segregation, frequency of required room checks, training requirements for staff, and follow-up requirements after using room segregation; (ii) allow the use of room segregation only when other less restrictive options have been exhausted and for certain purposes; (iii) allow the use of room segregation only for the minimum amount of time required to address the resident's behavior; (iv) provide to the resident a means of communication with staff during room segregation; (v) specify that if a resident in room segregation exhibits self-injurious behavior, when and under what conditions staff shall consult with a mental health professional; and (vi) detail the circumstances under which the director of the juvenile detention home or juvenile correctional facility shall develop a plan for improved behavioral outcomes for the resident.

- The House Courts of Justice Committee reviewed this legislation and it was laid on the table. The Commission on Youth received a letter from the Chair of the House Courts of Justice Committee requesting a review of the bill and the concept it addresses and to make recommendations prior to the 2017 General Assembly Session.

IV. BUDGET

- **DJJ Reinvestment – Budget (HB 30):** The Budget Bill does not reduce DJJ’s baseline budget and gives DJJ, in conjunction with the Department of Planning and Budget, the ability to reallocate to other services and programs savings derived from less reliance on secure custody in accordance with a DJJ Transformation Plan approved by the Secretary of Public Safety and Homeland Security.
- **DJJ Capital Funding – Bond Package (HB 30 and HB 1344):** The bills approve funding for DJJ to construct a new juvenile correctional center in Chesapeake, with certain requirements for reports from a Task Force on Juvenile Correctional Centers, which is chaired by the Secretary of Public Safety and Homeland Security and includes representatives from the Departments of Corrections and Behavioral Health and Developmental Services, Juvenile Justice, and Corrections and the Children’s Services Act. They further authorize future planning money for the construction or renovation of another juvenile correctional center.
- **Social Services Fostering Futures – Budget (HB 30):** The Budget Bill provides for a tiered extension of foster care (excluding congregate care) through the age of 21 (see bill language below)
- **State Employee Raises – Budget (HB 30):** 3% salary increase; 2% for teachers – Revenues contingent

Health and Human Resources
Department of Social Services Language**Language:**

Page 302, after "L." insert "1."

Page 302, after line 32 insert:

"2. In order to implement the Fostering Futures program, the Department of Social Services shall set out the requirements for program participation in accordance with 42 U.S.C. 675 (8) (B) (iv) and shall provide the format of an agreement to be signed by the local department of social services and the youth. The definition of a child for the purpose of the Fostering Futures program shall be any natural person who has reached the age of 18 years but has not reached the age of 21. The Department of Social Services shall develop guidance setting out the requirements for local implementation including a requirement for six-month reviews of each case and reasons for termination of participation by a youth. The guidance shall also include a definition of a supervised independent living arrangement which does not include group homes or residential facilities. Implementation of this program includes the extension of adoption assistance to age 21 for youth who were adopted at age 16 or older and who meet the program participation requirements set out in guidance by the Department of Social Services.

3. The Department of Social Services shall issue guidance for the program's eligibility requirements and shall be available, on a voluntary basis, to an individual upon reaching the age of 18 who:

(i) was in the custody of a local department of social services either:

(a) prior to reaching 18 years of age, remained in foster care upon turning 18 years of age; or

(b) immediately prior to commitment to the Department of Juvenile Justice and is transitioning from such commitment to self-sufficiency.

(ii) and who is:

(a) completing secondary education or an equivalent credential; or

(b) enrolled in an institution that provides post-secondary or vocational education; or

(c) employed for at least 80 hours per month; or

(d) participating in a program or activity designed to promote employment or remove barriers to employment; or

(e) incapable of doing any of the activities described in subdivisions (a) through (d) due to a medical condition, which incapability is supported by regularly updated information in the program participant's case plan.

4. Implementation of extended foster care services shall be available for those eligible youth reaching age 18 on or after July 1, 2016."

DIRECTOR'S CERTIFICATION ACTIONS
June 23, 2016

Beaumont Juvenile Correctional Center

Certified Beaumont Juvenile Correctional 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.

Bon Air Juvenile Correctional Center

Extended the current certification status of Bon Air Juvenile Correctional Center to January 31, 2017, with status reports every two months on areas currently in noncompliance.

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

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

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

Crossroads Community Youth Home

Certified Crossroads Community Youth Home for one year with a status report in January 2017 on the areas of noncompliance noted in the audit.

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.

Fairfax Shelter Care II

Certified Fairfax Shelter Care II for three years with a status report in January 2017 on the areas of noncompliance noted in the audit.

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.

New River Valley Juvenile Detention Home

Certified New River Valley Juvenile Detention Home and Post-dispositional Program for three years.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than

Beaumont Juvenile Correctional Center

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.

Richmond Juvenile Detention Center

Certified Richmond Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

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

Shenandoah Valley Juvenile Center

Certified Shenandoah Valley Juvenile 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.

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

PROGRAM AUDITED:

Beaumont Juvenile Correctional Center
P.O. Box 491
Beaumont, Virginia 23014
(804) 556-3316
Peggy Parrish, Superintendent
Peggy.Parrish@djj.virginia.gov

AUDIT DATES:

February 22-24, 2016

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

February 9, 2013 – February 8, 2016

REGULATIONS AUDITED:

6VAC35-71 – Regulations Governing Juvenile Correctional Centers

PREVIOUS AUDIT FINDINGS – September 10-12, 2012

98.5% Compliance

6VAC35-51-780.E – Structured Program of Care

6VAC35-51-790.A – (Mandatory) Health Care Procedures

6VAC35-51-810.E – (Mandatory) Medication

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

6VAC35-51-810.H – Medication

6VAC35-51-1060.H – (Mandatory) Emergency and Evacuation Procedures

CURRENT AUDIT FINDINGS – February 22-24, 2016:

97.8% Compliance Rating

6VAC35-71-70 (B) – Suspected child abuse or neglect CRITICAL

6VAC35-71-80 (A) – Grievance procedure

6VAC35-71-110 (B) – Organizational communications

6VAC35-71-790 (H) – Individual service plans

6VAC35-71-850 (A) – Facility work assignments

6VAC35-71-1070 (H) - Medication CRITICAL

6VAC35-71-1070 (J) – Medication CRITICAL

DEPARTMENT CERTIFICATION ACTION June 23, 2016: Certified Beaumont Juvenile Correctional 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 Lewis, Team Leader

Shelia Palmer, Central Office

Sean Milner, Central Office

Clarice Booker, Central Office

Deborah Hayes, Central Office

Beaumont Juvenile Correctional Center

Gregory Davy, Chesterfield JDC
Tommy Gaskin, Central Office
Lisa Rioux, Bon Air JCC
Katrina Brown, James River JDC
Spring Johnson, Piedmont JDC
John Adams, Central Office
Clarence Hayes, Bon Air JCC
Learna Harris, Training Unit
Bryan Reed, Chesterfield JDC
Alicia Maven, Richmond JDC
Cindy Hauschildt, New River Valley JDC

POPULATION SERVED:

Beaumont Juvenile Correctional Center (BJCC) is a 284-bed facility designated to house adjudicated males between the ages of 16 and 21 years of age. The center consists of 500 acres of land in Powhatan County, Virginia, with approximately 40 acres of open campus. The facility has one Maximum Security Living Unit which houses approximately 108 residents. It opened in January 1998 and has administrative offices, two living quarters for high risk residents, a self-contained school, dining hall, infirmary, and specialized program units. There are two medium security living units which house approximately 165 residents. A dining hall and school with vocational buildings occupies the remainder of the secure campus. A personnel and business office building, training and recreation department building, maintenance, wastewater plant, and storeroom are located outside the secure perimeter.

Original farm buildings and living units (cottages) remain on site. Bell-Ellis, Caskie, and Beattie cottages were renovated in 2007. Bell-Ellis contains staff offices, the REACH incentive rooms, and rooms for therapy sessions and meetings. Caskie and Beattie cottages were renovated for housing residents in a special transitional program and are not currently in use due to budget constraints.

SERVICES PROVIDED:

Beaumont Juvenile Correctional Center has treatment programs which includes a specialized Anger Management/Substance Abuse treatment program; a Sex Offender treatment program; and a behavioral management program (REACH). Recreation and volunteer programs are available to all residents.

DJJ operates an accredited educational program where youth can obtain a high school diploma or GED. Beaumont also offers an Alternative to School (ATS) program and vocational courses where youth are introduced to trades, including brick masonry, computer repair and janitorial services. There is also a Juvenile Industries Program offering printing, electrical, silk-screening and a very successful barbering program.

Beaumont has a fully staffed (24 hour) Infirmary with a full range of services including physicians, a dentist and a psychiatrist.

- Direct
 - Case Management Services
 - Individual and Group Counseling
 - Coping Skills
 - Release Planning
 - Behavior Services

- Sex Offender Program
- Anger Management/Substance Abuse Treatment Program

- Medical Services
 - Diagnostic
 - Continuous medical and dental care
- Education Program
 - Academic and Vocational Classes
 - GED Preparation
 - Work Programs
- Recreation and Leisure Time Activities

- Community
 - Volunteer activities
 - Bible Study

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

FACILITY/PROGRAM: Beaumont Juvenile Correctional Center

SUBMITTED BY: Peggy Parrish, Superintendent

CERTIFICATION AUDIT DATES: February 22-24, 2016

CERTIFICATION ANALYST: Mark Ivey Lewis

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

6VAC35-71-70 (B). Suspected child abuse or neglect. CRITICAL

B. Any case of suspected child abuse or neglect occurring at the juvenile correctional center (JCC), occurring on a JCC sponsored event or excursion, or involving JCC staff shall be reported within 24 hours, in accordance with written procedures, to (i) the director or his designee, (ii) the court services unit, and (iii) the resident's parent or legal guardian, as appropriate and applicable.

Audit Finding:

Two of five applicable suspected child abuse cases reviewed did not have documentation that the court service unit and/or the parent were notified of the incident.

Program Response

Cause:

Poor Documentation.

Effect on Program:

There was no adverse effect on the program as there was documentation to support notifications had been made; however, notifications were not made within the time limits.

Planned Corrective Action:

Both of these incidents occurred in 2013. A review of the other CPS cases pulled by the Certification Unit of incidents since then, indicates that all notifications have been properly made. However, all SIR's are being reviewed daily by the Security administrative assistant to ensure that appropriate notifications have been made. If the notifications have not been made, they will be passed on to the appropriate Community Manager who will either make the notification themselves or have the assigned counselor make the notifications. The appropriate notifications will be noted on the notification form.

Completion Date:

Immediate.

Person Responsible:

The Assistant Superintendent/designee and the Community Managers will be responsible for reviewing SIR's to ensure proper notification.

Current Status on April 27, 2016: Not Determined

Beaumont JCC did not have any suspected child abuse or neglect cases occur between March 1, 2016 and April 22, 2016.

6VAC35-71-80 (A). Grievance procedure.

A. The superintendent or designee shall ensure the facility's compliance with the department's grievance procedure. The grievance procedure shall provide for the following:

- 1. Resident participation in the grievance process, with assistance from staff upon request;**
- 2. Investigation of the grievance by an impartial and objective person who is not the subject of the grievance;**
- 3. Documented, timely responses to all grievances with the supporting reasons for the decision;**
- 4. At least one level of appeal;**
- 5. Administrative review of grievances;**
- 6. Protection of residents from retaliation or the threat of retaliation for filing a grievance; and**
- 7. Immediate review of emergency grievances with resolution as soon as practicable but no later than eight hours after the initial review.**

Audit Finding:

Three of three applicable grievances reviewed did not have any documentation that the resident's appeal was reviewed.

The administrative review on 13 of 15 grievances was not done within the one month time frame as outlined in SOP VOL IV-4.1-1.15 (Resident Grievance and Complaint/Request Procedure).

Four of four emergency grievances were either not responded to within eight hours or was not ruled as being a non-emergency grievance.

Program Response

Cause:

This exposed a real problem in this area. The grievance coordinators were not completing the steps required on the grievances and the person reviewing was not following up or reporting the problem with timeliness. The appeals and emergency grievances were all handled appropriately; however, the documentation was not there to support the actions or outcomes.

Effect on Program:

None.

Planned Corrective Action:

The grievance coordinator will submit all grievances to the Superintendent or the Assistant Superintendent for review no later than the 5th of each month. The Assistant Superintendent will again review at the monthly supervisors meeting the procedure for emergency grievances and the importance of filling out the form appropriately. If the grievance coordinator sees an emergency grievance not filled out properly, he will consult with the appropriate shift commander and inform the Assistant Superintendent. Grievance appeals will be brought to the Superintendent/Assistant Superintendent immediately for review. The Superintendent/Assistant Superintendent will immediately review the appeal and make a determination.

Completion Date:

March 15, 2016.

Person Responsible:

Grievance Coordinator, Superintendent, Assistant Superintendent/designee.

Current Status on April 27, 2016: Compliant

Ten grievance forms were reviewed. Each grievance had one level of appeal and all of them had documentation that the administrator reviewed the grievances within one month as outlined in SOP VOL IV-4.1-1.15 (Resident Grievance and Complaint/Request Procedure).

Three of four emergency grievances reviewed had documentation that they were either responded to within eight hours or was ruled as being a non-emergency grievance.

6VAC35-71-110 (B). Organizational communications.

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:

No documentation could be located in the log books indicating the superintendent had made visits to the living units and activity areas at least one time per month.

Program Response

Cause:

There were too many log books to review and find the information. Also, the Superintendent tends to get distracted by residents when going into a unit and this Superintendent is remiss in making sure she signs the log book. Often the unit staff log that the Superintendent is in the unit, but it's too difficult to locate later.

Effect on Program:

None.

Planned Corrective Action:

The Superintendent will document rounds in a special log book just for that purpose. This will eliminate having to search through various log books looking for the documentation.

Completion Date:

March 1, 2016.

Person Responsible:

Superintendent.

Current Status on April 27, 2016: Compliant

One log book reviewed had documentation of the visits the superintendent made to the units and activity areas during the months of March and April, 2016.

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

H. The individual service plan shall be updated annually and revised as necessary. Any changes to the plan shall be made in writing. All participants shall receive copies of the revised plan.

Audit Finding:

Three of eight applicable case files reviewed either did not have documentation that an annual update of the individual service plan had been conducted or it was not done within the required time frame.

Program Response

Cause:

There have been significant turn over and shortages in the counseling department in the last several years. This has caused cases to be transferred among supervisors and counselors too many times, which has increased the chances of reports being done late or missed.

Effect on Program:

None.

Planned Corrective Action:

Community Managers and Community Coordinators will more closely monitor and note in their monthly file reviews. Counselors will be required to complete the Case Transfer form and submit to their supervisor for review when a case is being transferred to another counselor. Once the form is completed and signed by the supervisor, the form will be placed in the resident's transfer file. The receiving counselor will immediately review any cases received from another counselor/facility and note any deficiencies in the file on the transfer form. The counselor will get with their immediate supervisor on the deficiencies and the sending and receiving supervisors will ensure that the work is completed and placed in the appropriate file.

Completion Date:

Immediate.

Person Responsible:

Community Managers and individual Community Coordinators.

Current Status on April 27, 2016: Compliant

Ten applicable case files reviewed had documentation that an annual update of the individual service plan had been conducted.

6VAC35-71-850 (A). Facility work assignments.

A. Work assignments, whether paid or unpaid, shall be in accordance with the age, health, ability, and service plan of the resident.

Audit Finding:

Thirteen of 13 service plans reviewed and signed by staff and residents did not have documentation that resident chores had been discussed. Six of eight residents interviewed stated their service plan did not address chores.

Program Response

Cause:

There has been a lot of confusion over this regulation. When the regulations first came out, we were told this was for paid work only, i.e, WERP residents, IWP residents, and WPP (apprenticeship) residents. The regulation is very vague in that it specifies facility work assignments. Chores were never considered facility work assignments as they were part of the living unit schedule. It was only recently that we found out that chores were supposed to be included. Furthermore, the CAP unit does the initial Comprehensive Reentry Case Plan (CRCP) since last year and they were also unaware of what this regulation included. Further, six of the thirteen files were prior to the regulation coming out and would not have had this on the initial CRCP anyway.

Effect on Program:

None.

Planned Corrective Action:

The skill has been added to the CRCP of all residents within the facility. All counselors have been instructed to review this in treatment teams during the month of March and have all residents sign off on it as a goal in the CRCP. The CAP counselor has been instructed by her immediate supervisor and the Beaumont Superintendent on the regulation and the need for it to be in the CRCP. All counselors have been instructed to confirm that the skill has been added to the initial CRCP upon a resident's transfer into the facility and will add it if it's not on the CRCP and have the resident sign off on it.

Completion Date:

March 31, 2016.

Person Responsible:

CAP counselor, Community Managers, Counselors.

Current Status on April 27, 2016: Compliant

Eighteen of 20 service plans reviewed which had been signed by staff and residents had documentation that resident chores had been discussed.

6VAC35-71-1070 (H). Medication. 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:

Four of four applicable medical records reviewed did not have any medication incident reports for residents whose medication was not administered as prescribed.

1. A resident was prescribed Motrin 400mg for five days and was only given medication for four days.
 2. A resident was not given Zoloft 50 mg on January 31, 2015, and was not given Cyproheptadine 4mg on March 4, 2015.
 3. A resident was given Naproxen 2230 mg on July 22, 2015; however, was prescribed to begin on July 15, 2015, and end on July 21, 2015.
 4. A resident was not given Clonidine 0.1mg on April 21, 2015, and was not given an unnamed medication on August 25, 2015.
-

Program Response

Cause:

Causes could include but are not limited to poor documentation practices, ineffective follow-up, poor staffing, and possible unit-related challenges, e.g. residents acting up.

Effect on Program:

This situation exposed a breakdown in documentation practices, the MAR peer-review process, and opportunity to educate nurses at all levels about the importance of vigilance in documentation of the medication administration process from medication delivery to final MAR check by Infirmiry leadership. Failure to improve could lead potentially to harm of residents.

Planned Corrective Action:

All nursing staff will review HSOP VOL IV – 4.3 – 3.02 Medication Orders, Refills, and Reorders as well as HSOP VOL IV – 4.3 – 3.07 Medication Administration with Infirmiry leadership at the next staff meeting scheduled for February 26, 2016. In addition, a Medication Incident Report will be completed for each occurrence. Finally, staff will be held accountable for peer-reviewing their MARs before leaving for the end of their respective shifts—MARs will be cross-checked between day-shift nurses and night-shift nurses or charge nurse before the nurses leave the facility to go home to ensure holes and comments are addressed within 24 hours. In addition, the RNs, Nursing Supervisors, and Nurse Manager will review the MARs three to five times per week—all nurses not completing their medication-related documentation within 24 hours will receive disciplinary action and a Medication Incident Report will be completed. Finally, the MARs will be reviewed one final time before they are filed at the end of each month by the assigned nursing supervisor.

Completion Date:

Ongoing.

Person Responsible:

Jason M. Vena, Nurse Manager/LHA.

Current Status on April 27, 2016: Compliant

One applicable medical file reviewed had a medication incident report for a resident whose medication had not been administered as prescribed.

6VAC35-71-1070 (J). Medication. CRITICAL

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

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

Audit Finding:

Six of 14 applicable medical records reviewed for medication refusals documentation did not include the action taken by staff:

- 1. A resident refused Clonidine 0.1mg on November 28, 2015;**
- 2. A resident refused Cetirizone HCL 10mg on August 14, 2015;**
- 3. A resident refused Naproxen SOD 220mg on December 12, 2015;**
- 4. A resident refused Bacitracin on November 27, 2015 and November 30, 2015;**
- 5. A resident refused Verapamil 80mg on February 1, 2015, and February 4, 2015; and**
- 6. A resident refused Miralax 7gm, Cyproheptadine 4mg, and Metamucil 0.52gm on September 4, 2015.**

Program Response

Cause:

Causes could include but are not limited to poor documentation practices, ineffective follow-up, poor staffing, and possible unit-related challenges, e.g. residents acting up.

Effect on Program:

This situation exposed a breakdown in documentation practices, the MAR peer-review process, and opportunity to educate nurses at all levels about the importance of vigilance in documentation of the medication administration process from medication delivery to final MAR check by Infirmiry leadership. Failure to improve could lead potentially to harm of residents and inefficient (or ineffective) medication regimen.

Planned Corrective Action:

All nursing staff will review HSOP VOL IV – 4.3 – 3.07 Medication Administration (specifically Medication Right #6 which instructs nurses to document at the time of medication administration) with Infirmiry leadership at the next staff meeting February 26, 2016. In addition, a Medication Incident Report will be completed for each occurrence. Finally, staff will be held accountable for peer-reviewing their MARs before leaving for the end of their respective shifts—MARs will be cross-checked between day-shift nurses and night-shift nurses or charge nurse before the nurses leave the facility to go home to ensure holes and comments are addressed within 24 hours. In addition, the RNs, Nursing Supervisors, and Nurse Manager will review the MARs three to five times per week—all nurses not completing their medication-related documentation within 24 hours will receive disciplinary action and a Medication Incident Report will be completed. Finally, the MARs will be reviewed one final time before they are filed at the end of each month by the assigned nursing supervisor.

Completion Date:

Ongoing.

Person Responsible:

Jason M. Vena, Nurse Manager/LHA.

Current Status on April 27, 2016: Compliant

Thirteen Medication Administration Records (MARs) reviewed had documentation when a resident refused their medication and the action taken by staff.

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

PROGRAM AUDITED:

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

AUDIT DATES:

February 8-11, 2016

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

April 13, 2013 – April 12, 2016

REGULATIONS AUDITED:

6VAC35-71 Regulation Governing Juvenile Correctional Centers

PREVIOUS AUDIT FINDINGS – November 29, 2012:

6VAC35-51-780.E - Structured Program of Care
6VAC35-51-790.A (Mandatory) - Health Care Procedures
6VAC35-51-800.D (Mandatory) – Medical Examinations and Treatment
6VAC35-51-800.G (Mandatory) – Medical Examinations and Treatment
6VAC35-51-810.E (Mandatory) – Medication
6VAC35-51-810.F (Mandatory) – Medication
6VAC35-140-530.A - Recreation

CURRENT AUDIT FINDINGS – February 11, 2016:

95.06% Compliance Rating
6VAC35-71-70 (A). Suspected child abuse or neglect.
6VAC35-71-70 (B). Suspected child abuse or neglect. CRITICAL
6VAC35-71-90 (A). Resident advisory committee.
6VAC35-71-170 (D). Retraining. CRITICAL
6VAC35-71-280 (B). Buildings and inspections. CRITICAL
6VAC35-71-290 (A). Equipment and systems inspections and maintenance.
6VAC35-71-460 (I). Emergency and evacuation procedures. CRITICAL
6VAC35-71-650 (B). Religion.
6VAC35-71-790 (F). Individual service plans.
6VAC35-71-850 (A). Facility work assignments.
6VAC35-71-1060 (B). Hospitalization and other outside medical treatment of residents.
6VAC35-71-1070 (F). Medication.
6VAC35-71-1070 (H). Medication. CRITICAL
6VAC35-71-1070 (J). Medication. CRITICAL
6VAC35-71-1140 (B). Room confinement.
6VAC35-71-1140 (E). Room confinement.

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

Bon Air Juvenile Correctional Center

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

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

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

TEAM MEMBERS:

Clarice T. Booker, Team Leader
John Adams, Central Office
Carlos Belfield, Chesterfield Juvenile Detention Center
Learna Harris, DJJ Training Unit
Cindy Hauschildt, New River Valley Juvenile Detention Center
Deborah Hayes, Central Office
Spring Johnson, Piedmont Juvenile Detention Center
Mark I. Lewis, Central Office
Sean Milner, Central Office
Byrne Nelson, Beaumont Juvenile Correctional Center
Guillermo Novo, DJJ Training Unit
Shelia Palmer, Central Office
Kimberly Walker, Prince William Juvenile Detention Center
Carla White, Rappahannock Juvenile Detention Center

POPULATION SERVED:

Bon Air Juvenile Correctional Center is a secure custody facility operated by the Commonwealth of Virginia. The facility serves a coed population of males, ages 14-18 and females, ages 11-20 who have been committed by the juvenile court. Residents placed at the facility have been convicted of crimes ranging from misdemeanors to felonies. Lengths of commitment may range from a minimum of 3-6 months to a maximum of 7 years or until the resident's 21st birthday. The licensed capacity is 270.

Bon Air Juvenile Correctional Center was established in 1910 and has been state owned and operated since that time. The facility is located on 75 acres of property four miles southwest of Richmond in Chesterfield County. Bon Air is classified as a medium security facility.

The physical plant at Bon Air includes two distinctly different housing designs on a campus surrounded by single fencing with razor wire. The older section of the facility is constructed in an open campus style with individual housing units. The housing units contain a combination of dorm-style and single bedrooms with updated cameras and generators. The open campus also contains the central infirmary for the Bon Air Complex, a school, administrative offices, and a recreation yard. The expanded campus, constructed in 1997, is a self-contained single story building with electronically controlled access to all areas and camera monitored. The building contains administrative offices, educational space, a dining hall, infirmary, and two housing units.

PROGRAMS AND SERVICES PROVIDED:

Residents placed in Bon Air Juvenile Correctional Center receive educational, vocational, mental health and rehabilitative counseling services. Specialized treatment programs include substance abuse, aggression management, sex offender, and intensive therapeutic programming. Academic and vocational training are provided on campus. Residents are able to earn a high school diploma or GED.

The behavior management program used at Bon Air involves the concepts of responsibility, empowerment, achievement, change, and hope (REACH). The program provides juveniles with the knowledge, skills, and abilities necessary for rehabilitation, positive growth, and behavioral change by focusing on reinforcing desired behaviors, tracking inappropriate behaviors, providing feedback, and using a system of phases through which juveniles can advance.

Beginning in May 2015, Bon Air JCC began implementing a new Community Treatment Model to promote juvenile rehabilitation while decreasing inappropriate behaviors during commitment. The main tenets of the model include highly structured, meaningful, therapeutic activities; consistent staffing in each housing unit; and consistent residents in each housing unit. Residents and staff have check-in meetings three times per day and can call additional 'circle-up meetings' as needed in order to address concerns or accomplishments of the unit. In doing so, the residents and staff can foster meaningful relationships and provide each other with mutual support and motivation.

In this new model, security staff positions were changed from correctional model titles and roles (e.g., Major, Sergeant, JCO) to community treatment model titles and roles (e.g., community manager, resident specialist) to reflect the change in responsibilities. The new resident specialists switched from a dress uniform with a badge to a more informal look incorporating cargo pants and polo shirt. Staff teams have received intensive training before starting the model team in their housing unit; as one unit is trained at a time to ensure fidelity to the program guidelines. The complete transformation of both JCCs is estimated to take approximately two years. As security staff transition to their new units, their work shifts are decreased from 12 hours to 8 hours per day.

Meanwhile, REACH continues to operate in those units that have not yet transformed to the new community treatment model.

DJJ partnered with the Annie E. Casey Foundation acquiring financial support for trainers from the Missouri Youth Services Institute to both train and coach each new team that will lead a converted unit in the new community model. The department also acquired other funds to support the new Dialogue Training efforts for administrators.

In addition to all mandated services Bon Air Juvenile Correctional Center interacts with the community in obtaining such services as:

- DJJ partnered with Pathways to provide workforce development training, academic interventions, mentoring and leadership opportunities to Bon Air residents.
- DJJ has also partnered with Caring Canines, an organization comprised of approximately 150 trained service dogs and their handlers. Six to eight dogs and their handlers usually come in on the second and fourth Saturday of each month to spend an hour with residents. The residents pet the dogs, speak with the handlers and sometimes the dogs do tricks. The residents then leave the meeting with a "calling card"—a picture of the dog to take back with them.
- A volunteer program with 21 volunteer groups. The groups include:
 - Bible Study groups.

Bon Air Juvenile Correctional Center

- Yoga
 - Sculpture
 - Hip hop/free expression
 - Leadership and goal setting
 - Tai chi/meditation
 - Safe sexual education
 - Mentors
 - Birthday parties
- The Virginia Department of Health and Centers for Disease Control offer a program called Vaccine for Children which provides free required vaccine to all residents.
 - The Virginia Department of Health also offers resources, education, and consultative services.
 - Westwood Pharmacy fills medication orders for residents; provide nurse medication education, medication audit services, quarterly reports, electronic computer ordering and report services, and consultations regarding new medications, effectiveness of medication, and new trends in pharmaceuticals.
-

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

FACILITY/PROGRAM: Bon Air Juvenile Correctional Center

SUBMITTED BY: Douglas R. Vargo. Superintendent

CERTIFICATION AUDIT DATES: February 8-11, 2016

CERTIFICATION ANALYST: Clarice T. Booker

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

6VAC35-71-70 (A). Suspected child abuse or neglect.

When there is reason to suspect that a resident is an abused or neglected child, the matter shall be reported immediately to the local department of social services as required by § 63.2-1509 of the Code of Virginia and in accordance with written procedures.

Audit Finding:

There was no documentation that the matter was reported to the Department of Social Services in 10 out of 10 suspected child protective services incidents.

Program Response

Cause:

This issue was caused by a misapplication of procedure. There were insufficient checks and balances to address the deficiencies within a 24-hour period.

Effect on Program:

Timely notification to Child Protective Services (CPS) of alleged abuse or neglect is critical. Not notifying CPS in a timely manner could potentially lead to the inconsistent implementation of protective measures for residents.

Planned Corrective Action:

- In cases of suspected child abuse and neglect, the Administrator on Call (AOC) will notify CPS within 24 hours.
- The AOC will complete the *Child Protective Services/State Police Form*, notate the notification in BADGE on the SIR, and forward to the appropriate entities listed on the form. This form will be filed in the CPS notebook along with a copy of the serious incident report.
- On March 1, 2016, a SIR Checklist was developed and implemented to aid staff in properly completing the SIR to include notifications to the CPS.
- On March 1, 2016, the superintendent submitted a request to the SOP Committee through the regional program manager to ask that SOP VOL IV 4.-1-1.02, Child Abuse Reporting, be finalized and distributed to the JCCs.
- On March 14, 2016, training was conducted with department heads and administrators serving in an on-call role.

Completion Date:

Corrective action shall be implemented no later than March 14, 2016.

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Compliant

Four applicable child protective service incidents were reviewed and were compliant.

6VAC35-71-70 (B). Suspected child abuse or neglect. CRITICAL

Any case of suspected child abuse or neglect occurring at the JCC, occurring on a JCC sponsored event or excursion, or involving JCC staff shall be reported within 24 hours, in accordance with written procedures, to (i) the director or his designee, (ii) the court services unit, and (iii) the resident's parent or legal guardian, as appropriate and applicable.

Audit Finding:

There was no documentation that a case of suspected child abuse or neglect was reported to the court services unit and the resident's parent or legal guardian within 24 hours in one out of 10 applicable incidents reviewed.

Program Response

Cause:

This issue was caused by a misapplication of procedure. There were insufficient checks and balances to address the deficiencies within a 24-hour period.

Effect on Program:

Timely notification to the court services unit and the resident's parent or legal guardian of alleged abuse or neglect is critical. Not notifying the resident's parole officer or legal guardian in a timely manner impedes the department's goal of keeping all involved parties informed which aids in the care and treatment of the residents.

Planned Corrective Action:

- The administrator on call (AOC) who is the superintendent's designee is responsible for ensuring that all notifications are completed timely.
- All notifications and attempts to notify the parole officer and guardian will be documented on the *Family/Court Notification Form (DIS 044)* by the parties making the contact. The form will be attached to the SIR report and copied to the master and transfer file.
- In incidences where notifications to the resident's parent or legal guardian have not occurred, the executive secretary will notify the superintendent and the assistant superintendent who will take immediate action to contact the court services unit and the legal guardian.
- If the reporting of the suspected case of child abuse or neglect is occurring over the weekend, the AOC will verify through email to the assistant superintendent and superintendent that the successful notification to the court services unit and the resident's parent or legal guardian has occurred within 24 hours.
- Monthly, the community managers will randomly audit SIRs that their direct reports have completed. Community managers will conduct remedial training with staff when issues arise.
- On March 1, 2016, a SIR Checklist was developed and implemented to aid staff in properly completing the SIR to include notifications to the court services unit and guardian.
- On March 1, 2016, the superintendent submitted a request to the SOP Committee through the regional program manager to ask that SOP VOL IV 4.-1-1.02, Child Abuse Reporting, be finalized and distributed to the JCCs.
- On March 14, 2016, training was conducted with department heads and administrators serving in an on-call role.

Completion Date:

Corrective action shall be implemented no later than March 14, 2016.

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Compliant

Four child protective service incidents were reviewed and the facility was compliant.

6VAC35-71-90 (A). Resident advisory committee.

Each JCC, except RDC, shall have a resident advisory committee that (i) is representative of the facility's population and (ii) shall meet monthly with the superintendent or designees during which time the residents shall be given the opportunity to raise matters of concern to the residents and the opportunity to have input into planning, problem-solving, and decision-making in areas of the residential program that affect their lives.

Audit Finding:

There were no resident advisory committee meetings held in five out of nine randomly selected months during the audit period.

Program Response

Cause:

The resident council meetings are scheduled and facilitated by the assigned grievance coordinators through the Ombudsman Office. The responsibility for facilitating the resident

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council meetings should not be delegated to a person outside the authority of the superintendent.

Additionally, the facility had a slow transition to the new community approach due to staff changes in leadership. SOP VOL IV-4.1-4.07, Resident Council dated December 29, 2014 had not been fully implemented at the time the deficiencies occurred.

Effect on Program:

Not holding monthly meeting gives the appearance that residents were not given the opportunity to raise matters of concern in a forum with the superintendent and other departments; and that residents did not have an opportunity to have input into planning, problem-solving, and decision-making in areas of the residential program that affected their lives.

Planned Corrective Action:

- The principles of SOP VOL IV-4.1-4.07, Resident Council, will be implemented by holding monthly meetings with the superintendent or designee. Department head and designees are invited to participate in this meeting.
- The resident council meetings are scheduled monthly generally occurring on the third Wednesday of each month. This event has been placed on the facility's master calendar to allow for ample attendance by department heads.
- The superintendent's executive secretary will send out a meeting reminder to department heads.
- The community coordinator or designee will ensure that a resident from their unit is in attendance at the meeting.
- In the event the scheduled facilitator is unable to attend, the meeting will still be held. Any request to cancel the resident council meeting along with the reason will be submitted in writing to the superintendent's office for approval. An alternate date will be proposed and the meeting will be rescheduled and held no later than the end of the month.
- On March 14, 2016, the superintendent advised department heads of these corrective actions and their responsibility to implement.
- Additionally, on March 1, 2016, a request to change the procedure was submitted to the SOP Committee through the regional program manager.
 - The change reads: "The superintendent or designee will facilitate the resident advisory council." It is recommended that the grievance coordinator serve as an advocate for the residents providing an excellent opportunity to integrate this role change into the community model.
 - When this change occurs, the superintendent's office will begin developing the agenda and facilitating the meetings allowing for greater opportunity to engage residents and get firsthand input into planning, problem-solving, and decision-making in areas of the residential program that affect their lives.

Completion Date:

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

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Compliant

Resident Advisory Committee meetings were held in March and April 2016.

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

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

Audit Finding:

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

Program Response

Cause:

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

Effect on Program:

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

Planned Corrective Action:

- The facility has developed a supervisor's checklist to ensure that supervisor responsibilities such as mandated training are completed timely and can be tracked during and after an employee's extended leave. Full implementation will occur by March 31, 2016.
- Beginning March 1, 2016, supervisors will utilize the department's training spreadsheet on the shared drive to assist with planning and tracking certifications for first aid and cardiopulmonary resuscitation (CPR).
- The superintendent has designated one staff to coordinate training and to track hours/requirements for direct care staff needing first aid and CPR. The designated person will work with supervisors to ensure direct care staff receive training before the certification expiration date.
- In the event, that the direct care staff is on extended leave (e.g. military leave, FMLA, VSDP) or their approved modified work status prevents them from completing first aid and CPR, the supervisor will use the supervisor checklist to track compliance of this issue until the employee returns to full duty.
- In the event of a direct care staff not attending the training (i.e. call-out, no/show), the supervisor will address the absent with the employee. This incident will be formally documented. The facility designated training staff will work with the supervisor to reschedule that staff member.
- The facility will continue to consult and utilize the designated instructor at the DJJ Training Academy to assist with scheduling and training needs.
- Staff will be trained in *SOP VOL IV-4.1-1.09, Orientation and Training*, by March 31, 2016. The training confirmation will be filed in the employee's fact file and will be forwarded to the compliance office.
- On March 14, 2016, the superintendent advised department heads of these corrective actions.

Completion Date:

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

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Not Compliant

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

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

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

Audit Finding:

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

Program Response

Cause:

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

Effect on Program:

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

Planned Corrective Action:

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

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safety officer along with his supervisor, the operations manager, is responsible for monitoring all follow up activities.

Completion Date:

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

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Not Determinable:

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

6VAC35-71-290 (A). Equipment and systems inspections and maintenance.

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

- 1. The facility shall maintain a listing of all safety, emergency, and communications equipment and systems and the schedule established for inspections and testing.**

Testing of such equipment and systems shall, at a minimum, be conducted quarterly.

Audit Finding:

Fire extinguishers in the buildings were last inspected in 2014, and one had not been inspected since 2012. There were no inspections in 2015 and at the time of the audit in 2016.

Program Response

Cause:

The facility's practice lacked adequate checks and balances. The current SOP is outdated and has not been revised to reflect the mandated regulations dated January 1, 2014.

Effect on Program:

Department policy requires that the facility meet and conform to appropriate federal, state, and local fire, sanitation, safety, and health codes. Periodic inspections and monitoring ensures a high standard of sanitation and safety inside the facility. Not adhering to departmental procedure undermines this goal.

Planned Corrective Action:

- The facility will secure a licensed contractor to inspect and certify facility fire extinguishers by March 15, 2016.
- The facility developed a system of regular inspections for fire, safety, and sanitation areas. An inspection schedule for 2016 has been developed and communicated to department heads by the superintendent. Training was conducted on 2/16/16.
- The safety officer is responsible for verifying that all fire extinguishers have been checked. The safety officer will initial to confirm that inspections have occurred and no infractions exist. This form will be submitted to the compliance manager by the 5th day of the following month.

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- On an annual basis, the safety officer will ensure that all fire extinguishers are checked by an approved licensed vendor. This is indicative by a new inspection ticket and tamper seal.
 - By the tenth month from the last inspection, the safety officer will place a request to the approved vendor to conduct an annual inspection and maintenance of all fire extinguishers.
 - All requests will be documented in writing and a copy shall be forwarded to the operations manager.
 - If the vendor fails to inspect by the 5th day in the twelfth month, the safety officer will notify the operations manager and assistant superintendent of this delay. Measures will be taken to either secure an alternate vendor or work with the existing vendor to have the extinguishers inspected within 10 business days.
 - By the end of the twelfth month from the last inspection, the superintendent will be notified by the operations manager on the status of the annual inspection and the resolution.

Completion Date:

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

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Compliant

A vendor was contracted to inspect all fire extinguishers in the facility and the facility spent over \$6500.00 to replace fire extinguishers. Forty-five (45) out of 98 fire extinguishers were randomly selected for this review and were all compliant.

6VAC35-71-460 (I). Emergency and evacuation procedures. CRITICAL

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

Audit Finding:

There was no evacuation drills conducted at the facility on any shift during February, October or November of 2015. There were no evacuation drills conducted on the A Break night shift between May and August 2015, and between October and December 2015. There were no evacuation drills conducted on the B Break night shift between August and December 2015. There were no evacuation drills conducted on the A Break day shift between June and December 2015. There were no evacuation drills conducted on the B Break day shift between September and December 2015.

Program Response

Cause:

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

Effect on Program:

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

Planned Corrective Action:

- The assistant superintendent instructed all security managers to ensure fire drills for each break/shift for the months of January and February 2016, be conducted and logged.
- The assistant superintendent held a mandatory training on February 24, 2016, for staff responsible for conducting evacuation drills (e.g. security managers, safety officer, and community coordinators).
- Beginning in March 2016, security managers will hold evacuation drills in conjunction with community coordinators.
- Completed reports will be submitted to the operations manager by the 28th of each month. The original copy of the fire drill reports will be forwarded quarterly to the compliance manager for audit purposes.

Completion Date:

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

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Compliant

Evacuation drills were conducted on all shifts in February, March and April 2016, and the facility is compliant.

6VAC35-71-650 (B). Religion.

Residents shall be informed of their rights relating to religious participation during orientation as provided in 6VAC35-71-680 (admission and orientation).

Audit Finding:

There was no documentation that residents were oriented to their rights relating to religious participation in nine out of 15 case records reviewed.

Program Response

Cause:

This issue was caused by staff using the wrong form.

Effect on Program:

To successfully assist a resident in their transition to a secure residential settings and services, at each admission the goal is to advise residents of facility rules and regulations, expectations for behavior and related consequences for failing to meet those expectations and their rights within 24 hours of a resident being admitted into the facility. Not ensuring residents receive all required orientation to facility rules, rights, and responsibilities, could potentially undermine this goal.

Planned Corrective Action:

- Staff has been instructed to access the department's policy and procedures directory on the shared drive to download the current form before conducting orientations for a resident.
- Within 24 hours of each resident's admission to the facility in accordance with VOL IV-4.1-1.12 (*Resident Admission*), staff will conduct an orientation to include informing residents of their rights relating to accessing religious services and participation in such services. The

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completion of the orientation will be documented on the Intake Orientation Form (DIS-008) and filed in the transfer and master file.

- To ensure that this process is conducted, the community coordinator assigned to the intake unit will closely monitor operations by reviewing the orientation process while in progress. A supervisor will review the Intake Orientation Form before the close of business on each intake day to ensure that all residents have received orientation to the facility and services and the correct form is being utilized.

Completion Date:

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

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Compliant

Fourteen (14) applicable case files were reviewed and were compliant.

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

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

Audit Finding:

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

Program Response

Cause:

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

Effect on Program:

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

Planned Corrective Action:

- The initial comprehensive reentry case plan (CRCP) will be mailed by the CAP counselor to the parent or legal guardian (or social worker, if applicable) and PO within 30 days of admission. The intake community coordinator will verify that a copy has been mailed to applicable parties.
- Annually, the assigned counselor will mail the plan to the parent or legal guardian (or social worker, if applicable) and PO. The community coordinator will verify that a copy has been mailed to applicable parties. The community manager will assist with any issues to ensure the prompt mailing of the CRCP.
- During the month of February, the assigned counselor will bring their assigned caseload into compliance by addressing any previously identified deficiencies such as mailing the individual service plans to the parent or legal guardian (or social worker, if applicable) and PO.
- Beginning in March and each month thereafter resident files will be audited by the assigned community coordinator using the approved audit form.

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- Quarterly, resident files will be audited by the assigned community manager using the approved audit form. This effort will be conducted in conjunction with the counselor. Remedial training will be conducted and documented in instances of noncompliance.
- On March 11, 2016, case management staff and administrators were formally trained on the department's new procedures as outlined in the Reentry and Intervention Manual for Committed and Paroled Juveniles.

Completion Date:

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

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Not Compliant

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

6VAC35-71-850 (A). Facility work assignments.

Work assignments, whether paid or unpaid, shall be in accordance with the age, health, ability, and service plan of the resident.

Audit Finding:

There was no documentation of work assignments in the service plans of 14 out of 14 applicable case records reviewed.

Program Response

Cause:

This issue was caused by a misapplication of procedure as nonpaid work assignments had not been included in the resident's service plan.

Effect on Program:

Residents must have a clear understanding of the goals that they are expected to achieve. If residents are not fully aware of the goals as it relates to work assignments, whether paid or unpaid, this could potentially impede their progress.

Planned Corrective Action:

- Beginning March 1, 2016, the counselor has included in the comprehensive reentry case plan (CRCP) an individualized action step to address nonpaid work assignments which will be in accordance with the age, health, ability, and service plan of the resident. For instance, under Goals - Employment/Free Time, the following reference will be made, "Resident will complete assigned chores on a daily basis to include sweeping, trash collection, laundry, mopping, dusting, cleaning unit's common areas, and keeping his/her room clean by making bed."
- During the month of February, the assigned counselor will bring their assigned caseload into compliance by addressing any previously identified deficiencies such as nonpaid work assignments in the service plans.
- Beginning in March and each month thereafter resident files will be audited by the assigned community coordinator using the approved audit form.

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- Quarterly, resident files will be audited by the assigned community manager using the approved audit form. This effort will be conducted in conjunction with the counselor. Remedial training will be conducted and documented in all instances of noncompliance.
- On March 11, 2016, case management staff and administrators were formally trained on the department's new procedures as outlined in the Reentry and Intervention Manual for Committed and Paroled Juveniles.

Completion Date:

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

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Compliant

Fourteen applicable case files were reviewed and the facility was compliant.

6VAC35-71-1060 (B). Hospitalization and other outside medical treatment of residents. In accordance with applicable laws and regulations, the parent or legal guardian, as appropriate and applicable, shall be informed that the resident was taken outside the facility for medical attention as soon as is practicable.

Audit Finding:

There was no documentation that the parent or legal guardian was informed that the resident was taken outside the facility for medical attention in five out of 10 applicable medical files reviewed.

Program Response

Cause:

This incident was caused because notification for outside treatments was not in procedures and therefore not routinely completed.

Effect on Program:

If the parent or legal guardian is not informed that the resident is taken outside the facility for medical attention, this could potentially have an impact on the resident's continuity of care upon transitioning back into the community.

Planned Corrective Action:

- The local health authority or designee will notify the parent or legal guardian as soon as is practicable in instances when a resident is taken outside the facility for outside medical treatment.
- The notification will be documented in the progress notes in the resident's medical file.
- Phone calls to the parent/guardian will begin immediately. Letters for parents/guardians who are unable to be reached by phone will be in place and implemented by March 16, 2016.
- On March 16, 2016, the medical department forwarded a request to the health services administrator to formalize the procedure for notification of parents and legal guardians for other outside medical treatment of residents.

Completion Date:

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

Person Responsible:

Nurse Manager, Jessica Dawson, MPH, RN, BSN

Current Status on May 11, 2016: Compliant

One applicable medical record was reviewed and was compliant.

6VAC35-71-1070 (F). Medication.

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

Audit Finding:

There was no documentation that medication was administered as prescribed in seven out of 13 applicable medical files reviewed.

Program Response

Cause:

The cause of medication errors is due to the need for additional education to prevent documentation errors, staff shortages, usage of agency nurses, and need for more accountability.

Effect on Program:

While Bon Air DJJ's error rate is 0.017% (7 errors out of 42,120 doses -the number of doses in the 13 charts audited), it is far below the standard medication error rate in the community which is 15% (IOM, 2006). We respect and honor that DJJ has a higher standard and the Medical Department strives to reach this standard in order to reduce any potential safety risks.

Planned Corrective Action:

- Supervisors will re-educate nurses on the topic of medication administration and documentation through various media.
- Medical staff, peer reviewers, and nurse supervisors will conduct daily MAR checks.
- Nurses will be held accountable for both holes in the MAR and failure to identify holes in the MAR when serving as a reviewer through standards of conduct.
- The medical department is discussing the procurement and use of an electronic medical record system to help prevent errors.

Completion Date:

- Education-staff meeting with education on February 25, 2016; Westwood Pharmacy training on February 25, 2016, and ongoing.
- First draft of plan and templates-February 15, 2016, and February 16, 2016.

Person Responsible:

Nurse Manager, Jessica Dawson, MPH, RN, BSN

Current Status on May 11, 2016: Compliant

Thirteen (13) applicable medical records were reviewed and were compliant.

6VAC35-71-1070 (H). Medication. CRITICAL

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 were no medication incident reports documenting action taken by staff when medications were not administered as prescribed in six out of 10 applicable medical files reviewed.

Program Response

Cause:

This incident was caused because the Medical Department was short two out of three nurse supervisors and one nurse manager for several months during this audit cycle. The shortage did not allow the current staff to check MAR's frequently enough to find all errors; therefore 100% of Incident Reports were not created.

Effect on Program:

The unidentified errors lead to a lack of staff nurse accountability and could potentially cause increased medication errors.

Planned Corrective Action:

MAR's will be reviewed on a daily basis and nurse supervisors will write Incident Reports for errors that are not corrected in a timely fashion (in accordance with procedure). The nurse manager, chief nurse, and executive director will review MAR's on a regular basis to ensure compliance.

Completion Date:

- Education- staff meeting with education on February 25, 2016.
- First draft of plan and templates-February 15, 2016, and February 16, 2016.
- Implemented- immediately and will continue

Person Responsible:

Nurse Manager, Jessica Dawson, MPH, RN, BSN.

Current Status on May 11, 2016: Compliant

Three applicable medical records were reviewed and were compliant.

6VAC35-71-1070 (J). Medication. CRITICAL

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

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

Audit Finding:

There was no documentation of medication refusals and action taken by staff in three out of 11 applicable medical files reviewed.

Program Response

Cause:

The cause of documentation errors stems from the need for additional education, staff shortages, usage of agency nurses, and need for more accountability.

Effect on Program:

While Bon Air DJJ's error rate is 0.017% (7 errors out of 42,120 doses (the number of doses in the 13 charts audited)), it is far below the standard medication error rate in the community which is 15% (IOM, 2006). We respect and honor that DJJ has a higher standard and the Medical Department strives to reach this standard in order to reduce any potential safety risks.

Planned Corrective Action:

- Supervisors will re-educate nurses on the topic of medication administration and documentation through various media.
- Medical staff, peer reviewers, and nurse supervisors will conduct daily MAR checks.
- Nurses will be held accountable for both holes in the MAR and failure to identify holes in the MAR when serving as a reviewer through standards of conduct.
- Nurses will be held accountable for referring frequent medication refusals to the provider, as evident by the use of the stamp and the medication codes on the back of the MAR.
- The medical department is discussing the procurement and use of an electronic medical record system to help prevent errors.

Completion Date:

- Education- staff meeting with education on February 25, 2016; Westwood Pharmacy Training on March 9-10, 2016.
- First draft of plan and templates – February 15-16, 2016.
- Implemented- immediately and will continue

Person Responsible:

Nurse Manager, Jessica Dawson, MPH, RN, BSN

Current Status on May 11, 2016: Compliant

Eight applicable medical records were reviewed and were compliant.

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

Whenever a resident is confined to a locked room, including but not limited to being placed in isolation, staff shall check the resident visually at least every 30 minutes and more frequently if indicated by the circumstances.

Audit Finding:

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

Program Response

Cause:

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

Effect on Program:

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

Planned Corrective Action:

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

Completion Date:

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

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Not Compliant

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

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

If the confinement extends to more than 72 hours, the (i) confinement and (ii) the steps being taken or planned to resolve the situation shall be immediately reported to the department staff, in a position above the level of superintendent, as designated in written procedures. If this report is made verbally, it shall be followed immediately with a written, faxed, or secure email report in accordance with written procedures.

Audit Finding:

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

Program Response

Cause:

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

Effect on Program:

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

Planned Corrective Action:

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

Completion Date:

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

Person Responsible:

Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Not Determinable

There were no applicable incidents reported.

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

PROGRAM AUDITED:

Crossroads Community Youth Home
5684 Mooretown Road
Williamsburg, VA 23188
757-258-5106
Carolyn W. Radcliffe, Program Manager III
radcliffec@yorkcounty.gov

AUDIT DATES:

December 1-2, 2015

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

May 9, 2013 – May 8, 2016

REGULATIONS AUDITED:

6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS December 4-5, 2012:

6VAC35-140 – 70 Grievance Procedures
6 VAC35-140-190 Health Screening (Mandatory)
6VAC35-51- 310 B. Annual Training
6VAC35-51 -740 F. Discharge
6VAC35-51-790 B Medical Information (Mandatory)
6VAC35-51- 810 E. Administration of Medication (Mandatory)
6VAC35-51 - 810 F. Medication Administration Record (Mandatory)
6VAC35-51 - 810 G. Medication Errors (Mandatory)

CURRENT AUDIT FINDINGS – December 1-2, 2015:

95.81% Compliance Rating

*One non-compliance from previous audit.

6VAC35-41-165 (A). Employee tuberculosis screening and follow-up
6VAC35-41-180 (A). Employee and volunteer background checks (Critical)
6VAC35-41-190 (A). Required initial orientation
6VAC35-41-200 (A). Required initial training
6VAC35-41-650 (B). Nutrition (Critical)
6VAC35-41-650 (D). Nutrition.
6VAC35-41-850 (B). Daily log.
6VAC35-41-870 (A). Quarterly reports.
6VAC35-41-870 (C). Quarterly reports.
6VAC35-41-1210 (A). Tuberculosis screening (Critical)
*6VAC35-41-1280 (E). Medication (Critical)

DEPARTMENT CERTIFICATION ACTION June 23, 2016: Certified Crossroads Community Youth Home for one year with a status report in January 2017 on the areas of noncompliance noted in the audit.

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

Crossroads Community Youth Home

certification action, finds 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
John Adams, DJJ Central Office
Clarice Booker, DJJ Central Office
Deborah Hayes, DJJ Central Office
Tom Keating, Chaplin Youth Center
Mark Lewis, DJJ Central Office
Shamika Massenburg, Henrico Juvenile Detention Home
Sean Milner, DJJ Central Office

POPULATION SERVED:

Crossroads Community Youth Home is a community-based group home for at-risk adolescent males and females between the ages of 14 and 17. It has a capacity of 16 residents. The facility is operated by Colonial Group Home Commission and serves the 9th Judicial District residents and families from that jurisdiction.

PROGRAMS AND SERVICES PROVIDED:

The program emphasizes personal accountability, competency development, and positive functioning in the community. In order to achieve the objectives stated above, the program includes building life skills competencies, rehabilitating socially unacceptable behavior, enabling insight into problematic behavior, reinforcing appropriate limits and boundaries, facilitating positive life choices, and promoting appropriate self-confidence.

In addition to all mandated services, Crossroads Community Youth Home provides the following at the facility:

- Education
- Social Skills
- Decision Making
- Anger Management
- Baby Think It Over
- Law Related Education
- Active Daily Living Skills
- Study Hall and Tutoring

Crossroads Community Youth Home interacts with the community in obtaining such services as:

- Professional counseling services through Colonial Behavioral Health
 - York County Juvenile Psychological Services and Substance Abuse Programs
 - Education through York County Public Schools
-

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

FACILITY/PROGRAM: Crossroads Community Youth Home
SUBMITTED BY: Carolyn W. Radcliffe, Program Manager III
CERTIFICATION AUDIT DATES: December 1-2, 2015
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 regulation cited. 4) Action that will be taken to ensure that the problem does not recur.

6VAC35-41-165 (A). Employee tuberculosis screening and follow-up.
On or before the employee's start date at the facility each employee shall submit evidence of freedom from tuberculosis in a communicable form that is no older than 30 days. The documentation shall indicate the screening results as to whether there is an absence of tuberculosis in a communicable form.

Audit Finding:

Four of five applicable case files reviewed did not have documentation that the employee had submitted, prior to their start date, evidence of freedom from tuberculosis in a communicable form that is no older than 30 days.

Program Response

Cause:

For the four cases in question, there was no documentation that the employee submitted prior to their start date evidence of freedom from tuberculosis in a communicable form that was no older than 30 days. The primary cause was staff lack of attention-to-detail regarding the completeness of the testing form and no administrative follow-up was conducted close to the 30-day mark from start date.

Effect on Program:

This could have potentially led to the employees in question being positive for tuberculosis and transmitting the disease to co-workers and the residents on site. Though there was no direct impact on any of the resident's or other staff's health, certainly the potential still existed.

Planned Corrective Action:

Employee personnel files will include a face sheet checklist detailing procedures requiring completion after new employee hire. Required tuberculosis testing will be included on the checklist. At the time of a new employee hire, the Program Manager will discuss the required process for obtaining tuberculosis screening and follow-up. The documentation will be no older than 30 days from the hire date. Once the test is given and the proper documentation detailing results are recorded, the Program Manager will discuss the results with the new employee,

place a copy in the employee's personnel file and provide a copy to the employee for personal records.

Completion Date:

Effective immediately

Person Responsible:

Program Manager, Carolyn W. Radcliffe, or designee, shall insure that each employee has tuberculosis screening and follow-up in accordance with this regulation.

Current Status on January 21, 2015: Not Determined

The facility has not hired any new employees since the December 1-2, 2015, audit.

Current Status on April 20, 2016: Not Determined

The facility has not hired any new employees since the audit, December 1-2, 2015.

6VAC35-41-180 (A). Employee and volunteer background checks. CRITICAL

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

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

Audit Finding:

One of five new employees files reviewed did not have documentation that references were checked.

Program Response

Cause:

For the one case in question, there was no documentation that the employee references were checked. The primary cause was staff lack of attention-to-detail regarding the completeness of the files and no administrative follow-up was conducted.

Effect on Program:

The employee could have had a negative working relationship with co-workers and/or the residents. This could have been detrimental to the safety and well-being of staff and residents at the facility.

Planned Corrective Action:

Employee personnel files will include a checklist detailing procedures requiring completion after new employee hire. Employee and/or volunteer background reference checks will be included

on the checklist. Immediately, at the time of hire, reference checks on all new employees will be completed regarding the individual. The Program Manager, or designee, will insure all new hires undergo the following background checks:

- Reference check;
- A criminal history check;
- A fingerprint check with Virginia State Police and FBI;
- A central registry Child Protective Services check; and,
- A Driving Record check (if applicable to the individual's job)

Completion Date:

Effective immediately

Person Responsible:

Program Manager, Carolyn W. Radcliffe, or designee, will insure that each new employee has undergone appropriate background checks in accordance with this prescribed regulation. Upon receipt of all required background check documentation, the Program Manager will discuss the reference check results with each new employee and file all related documents in their personnel files.

Current Status on January 21, 2015: Not Determined

The facility has not hired any new employees since the December 1-2, 2015, audit.

Current Status on April 20, 2016: Not Determined

The facility has not hired any new employees since the December 1-2, 2015, audit.

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

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

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

Audit Finding:

Two of five employee files reviewed did not have documentation that the required orientation was conducted.

Program Response

Cause:

For the two new employee's files in question, there was no documentation that the required initial training was conducted. The primary cause was staff lack of attention-to-detail regarding the completeness of the files and no administrative follow-up was conducted.

Effect on Program:

The date on the initial training documents is very important in terms of the employee learning the correct elements of the program from the start of employment in order to meet the needs of the residents on site.

Planned Corrective Action:

Employee personnel files will include a checklist detailing procedures requiring completion after new employee hire. Required Initial Orientation will be included on the checklist. In order to insure compliance with all new employee initial training, all new employees will meet one-on-one with the Program Manager, or designee, for basic orientation regarding the following documents:

- The facility;
- The population served;
- The basic objectives of the program;
- The facility's organizational structure;
- Security, population, emergency preparedness;
- The practice of confidentiality; and
- The resident's rights; and
- The basic requirements of and competencies necessary to perform in the positions.

Completion Date:

Effective immediately

Person Responsible:

Program Manager, Carolyn W. Radcliffe, or designee shall insure that each employee has completed basic orientation and the signed/dated documents will be placed in personnel files and a copy provided to the employee.

Current Status on January 21, 2015: Not Determined

The facility has not hired any new employees since the December 1-2, 2015, audit.

Current Status on April 20, 2016: Not Determined

The facility has not hired any new employees since the December 1-2, 2015, audit.

6VAC35-41-200 (A). Required initial training.

A. Each full-time and part-time employee and relief staff shall complete initial, comprehensive training that is specific to the individual's occupational class, is based on the needs of the population served, and ensures that the individual has the competencies to perform in the position.

- 1. Direct care staff shall receive at least 40 hours of training, inclusive of all training required by this section, in their first year of employment.**
- 2. Contractors shall receive training required to perform their position responsibilities in a juvenile residential facility.**

Audit Finding:

Two of five new employee files reviewed did not have documentation that the required initial training was conducted within 30 days following the employee's start date.

Program Response

Cause:

For the two new employee's files in question, there was no documentation that the required initial training was conducted within 30 days following the employee's start date. The primary cause was staff lack of attention-to-detail regarding the completeness of the training files and no administrative follow-up was conducted.

Effect on Program:

The date on the initial training documents is very important in terms of the employee learning the correct elements of the program from the start in order to meet the needs of the residents in the program. Therefore, training needs to be conducted within 30 days.

Planned Corrective Action:

Employee personnel files will include a checklist detailing procedures requiring completion after new employee hire. Required initial and continuous training will be included on the checklist. In order to insure compliance, all new employees will be provided a list of 40 hours of required training, certifications, and/or renewals that will occur within 30 days of hire, as well as during the year. Training areas are as follows:

1. Emergency preparedness and response;
2. CPR/ First Aid/AED training;
3. Facility's behavior management program;
4. Residents behavior rules of conduct and rationale for rules;
5. Facilities behavior intervention procedures with physical and mechanical restraint training (Handle with Care);
6. Child abuse and neglect;
7. Mandatory reporting;
8. Maintaining appropriate professional relationships;
9. Interaction among staff and residents;
10. Suicide prevention;
11. Resident rights including, but not limited to, prohibitive action;
12. Standard precautions; and
13. Procedures applicable to employee's position and consistent with work profiles.

Completion Date:

Effective immediately.

Person Responsible:

Program Manager, Carolyn W. Radcliffe, or designee, shall insure that each employee has completed initial training requirement. All new employees will sign/date the signature page and it will be placed in their personnel files.

Current Status on January 21, 2015: Not Determined

The facility has not hired any new employees since the December 1-2, 2015, audit.

Current Status on April 20, 2016: Not Determined

The facility has not hired any new employees since the December 1-2, 2015, audit.

6VAC35-41-650 (B). Nutrition. CRITICAL

B. Special diets or alternative dietary schedules, as applicable, shall be provided in the following circumstances: (i) when prescribed by a physician or (ii) when necessary to observe the established religious dietary practices of the resident. In such circumstances, the meals shall meet the minimum nutritional requirements of the U.S. Dietary Guidelines.

Audit Finding:

One of one case file reviewed had documentation that the resident had an allergy toward seafood and shellfish which was not communicated to the direct care staff or the kitchen staff.

Program Response

Cause:

Regarding the one case file in question, there was documentation that the resident had an allergy toward seafood and shellfish which was not communicated to the dietician or counselors on staff. The primary cause was staff lack of attention-to-detail regarding the transfer of the file information from the social worker and juvenile correction center.

Effect on Program:

This could have potentially led to the resident getting extremely ill and needing immediate medical attention. This could have resulted in a serious incident required by DJJ regulation.

Planned Corrective Action:

The Medical Health Screening Checklist has been amended to reflect "MEDICAL ALLERGIES" as well as "DAILY ALLERGIES". The resident's "Red" medical file is documented to reflect all allergies. Each MAR will be documented to reflect all allergies. The initial Medical Screening will reflect all allergies as well. The Casework Specialist will follow-up with residents and parents to make sure that all allergies are identified and duly noted on all required documents. Any "DAILY ALLERGIES", especially food allergies, will be communicated immediately to the direct care staff and the kitchen staff in writing.

Person Responsible:

Casework Specialist, Lorraine Speller, or Program Manager, Carolyn W. Radcliffe will insure that each resident is thoroughly screened for allergies upon their admission to the program.

Current Status on January 21, 2015: Not Determined

Two of two case files reviewed had documentation that the resident did not have a food allergy.

Current Status on April 20, 2016: Compliant

One of one case file reviewed had documentation that the resident had an allergy toward mangoes which was communicated to the direct care staff or the kitchen staff.

6VAC35-41-650 (D). Nutrition.

D. Staff who eat in the presence of the residents shall be served the same meals as the residents unless a special diet has been prescribed by a physician for the staff or residents or the staff or residents are observing established religious dietary practices.

Audit Finding:

Two of three residents interviewed indicated that occasionally, when staff ate in the presence of the residents, they would not eat the same meal as the residents.

Program Response

Cause:

Regarding the two residents in question, there were complaints that occasionally, staff would bring in outside food and eat it out in the common day area; whereas, residents had to eat the meal prepared by the kitchen staff. The primary cause was that staff disregarded directives and program policy.

Effect on Program:

Behavior of this nature could be noted as unfair treatment toward the residents and could have caused a morale issue or cause the residents to act out.

Planned Corrective Action:

In order to insure compliance, staff that eats in the presence of the residents shall be served the same meal. Staff also has the option of bringing food from the outside; however, they must eat it in the closed break room, away from the residents.

Completion Date:

Effective immediately

Person Responsible:

Program Manager, Carolyn W. Radcliffe and Dietician, Malissa Fenton will insure that all staff follows the written policy in accordance with this prescribed standard.

Current Status on January 21, 2015: Compliant

One of one resident interviewed indicated when staff ate in the presence of the residents they would eat the same meal as the residents.

Current Status on April 20, 2016: Compliant

One of one resident interviewed indicated when staff ate in the presence of the residents, they would eat the same meal as the residents.

6VAC35-41-850 (B). Daily log.

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

Audit Finding:

Four of nine logbooks dates reviewed had entries that did not have the identity of the individual making the entry.

Program Response

Cause:

Regarding the Daily Logbooks in question, pages did not have the identity of the individual making the entry. The primary cause was staff lack of attention-to-detail regarding the

completeness of the logbook entries, and no administrative follow-up was conducted.

Effect on Program:

This could have potentially led to being unable to identify the correct staff on duty at that time. If documentation noted is uncertain or illegible, the correct staff person may not be identifiable for proper clarification. The logbooks are considered to be a court document that could be court ordered at any time.

Planned Corrective Action:

In order to insure compliance, all staff will record date/time and identify themselves by placing their initials after each entry. Also, each night the Counselor on Duty (COD) during the midnight shift will be responsible for reviewing the logbook for completeness. The Program Manager will also double check the logbook.

Completion Date:

Effective immediately

Person Responsible:

The nightshift Counselor-on-Duty and the Program Manager, Carolyn W. Radcliffe will have the responsibility of checking the logbook for proper identification.

Current Status on January 21, 2015: Compliant

Two of two logbooks dates reviewed had entries of the identity of the individual making the entry.

Current Status on April 29, 2016: Compliant

Four of four logbooks dates reviewed had entries of the identity of the individual making the entry.

6VAC35-41-870 (A). Quarterly Progress Reports.

A. Except when a resident is placed in a shelter care program, the resident's progress toward meeting his individual service plan goals shall be reviewed and a progress report shall be prepared within 60 days of the development of the plan and within each 90-day period thereafter and shall review the status of the following:

1. Resident's progress toward meeting the plan's objectives;
2. Family's involvement;
3. Continuing needs of the resident;
4. Resident's progress towards discharge; and
5. Status of discharge planning.

Audit Finding:

Two of three quarterly progress reports reviewed were not completed within 60 days of the development of the plan.

Program Response

Cause:

Regarding the two Quarterly Progress Reports in question, there was no documentation that progress reports were reviewed within 60 days. The primary cause was staff lack of attention-to-

Crossroads Community Youth Home

detail regarding the completeness of the progress reports within 60 days of the development of the plan and no administrative follow-up was conducted.

Effect on Program:

Quarterly progress reporting is essential to maintaining effective communications to all concerned parties. Though there was no direct impact on the resident, the potential still exists for any miscommunication and any delay in coordinating with other agencies for services needed.

Planned Corrective Action:

In order to insure compliance, all Quarterly Progress Reports will be audited on a monthly basis during the Treatment Team meeting facilitated by the Casework Specialist.

Completion Date:

Effective immediately

Person Responsible:

Casework Specialist, Lorraine Speller.

Current Status on January 21, 2015: Compliant

One of one quarterly progress report reviewed had documentation that quarterly progress report was completed within 60 days of the development of the plan.

Current Status on April 20, 2016: Compliant

One of one applicable case file reviewed had documentation that the quarterly progress report was completed within 60 days of the development of the plan.

6VAC35-41-870 (C). Quarterly reports.

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

Audit Finding:

Three of three quarterly progress reports were missing documentation that quarterly progress reports were being distributed to the resident, resident's family and placing agency.

Program Response

Cause:

Regarding the three Quarterly Progress Reports in question, there was no documentation showing that the resident, resident's family and placing agency received a copy during the Treatment Team meeting. The primary cause was staff lack of attention-to-detail and follow-up regarding the required distribution of the progress reports.

Effect on Program:

Quarterly Progress Reports are vitally important in terms of conveying communication for wrap-around services for a resident. While there was no direct impact on any resident, the potential still existed for delay in services received by a resident.

Planned Corrective Action:

In order to insure compliance, all participants will receive copies before leaving the monthly Treatment Team meeting. The Casework Specialist will insure the timely distribution of the Quarterly Progress Reports to the concerned parties involved with the case.

Completion Date:

Effective Immediately

Person Responsible:

Casework Specialist, Lorraine Speller will audit all reports during the monthly Treatment Team meetings and distribute accordingly as prescribed by this standard.

Current Status on January 21, 2015: Compliant

One of one quarterly progress report had documentation that the quarterly progress report had been distributed to the resident, resident's family and placing agency.

Current Status on April 20, 2016: Compliant

One of one applicable case file reviewed had documentation that the quarterly progress report had been distributed to the resident, resident's family and placing agency.

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

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

Audit Finding:

Three of 15 applicable case files reviewed were missing documentation of tuberculosis screening within 7 days of placement.

Program Response

Cause:

Regarding the three case files in question, there was no documentation that the resident received a tuberculosis screening within 7 days of placement in the facility.

Effect on Program:

The date on the tuberculosis screening is very important in terms of the resident's need for immediate medical attention or follow-up care. This situation could have had a severe adverse impact upon the youth's health, other residents, and the staff well-being as it relates to contagious diseases.

Planned Corrective Action:

In order to insure compliance, all Tuberculosis Screening Forms will be reviewed by the Casework Specialist for completion within 24 hours of a youth's admission to the facility. Screening forms will also be reviewed by the Program Manager within 72 hours of the resident's arrival. The Program Manager is responsible for contacting Mr. Thomas Moore, LPN and Ms. Rita Daniels, LPN to administer a skin test if needed. The test will be read within 48-72 hours. Final results will be placed in resident's "red" medical folder and the binder.

Completion Date:

Effective Immediately

Person Responsible:

Casework Specialist, Lorraine Speller and Program Manager, Carolyn W. Radcliffe.

Current Status on January 21, 2015: Compliant

One of one applicable case file reviewed had documentation of tuberculosis screening within 7 days of placement.

Current Status on April 20, 2016: Compliant

Three of three applicable case files reviewed had documentation of tuberculosis screening within 7 days of placement but no older than 30 days.

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

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

Audit Finding:

Five of eight applicable medical case files reviewed documented residents were given two 200 mg of Ibuprofen without a prescription or standing orders.

Program Response

Cause:

Regarding the five cases in question, the root cause for this critical deficiency was that the Crossroads staff did not maintain an updated version of the Physician's Standing Orders.

Effect on Program:

The effect on the program is that the staff did not administer the proper dosage of ibuprofen. This may have resulted in an inappropriate amount of OTC medication to a resident.

Planned Corrective Action:

The supporting licensed physician who signed the document will be contacted to discuss an updated Standing Orders form. This Physician's Standing Orders form will be updated at least annually and as necessary.

Completion Date:

An updated Physician's Standing Orders form was received on January 14, 2016. The revised orders were updated by the licensed physician September 2015. Unfortunately, we did not have it on file for use during the audit.

Person Responsible:

Program Manager, Carolyn W. Radcliffe, or her designee.

Current Status on January 21, 2015: Not Determined

Two of two case files reviewed the resident did not receive over-the-counter medication.

Current Status on April 20, 2016: Not Determined

Four of four case files reviewed the resident did not receive over-the-counter medication.

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

PROGRAM AUDITED:

Fairfax Shelter Care II
10670 Page Avenue
Fairfax, VA 22030
(703) 246-2900
Marlon Murphy, Director
Marlon.Murphy@fairfaxcounty.gov

AUDIT DATES:

December 7-8, 2015

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

May 10, 2013 – May 9, 2016

REGULATION AUDITED:

6VAC35-41 Regulations Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS December 12, 2012:

99.7% Compliance Rating
6VAC35-51-310.A (Mandatory) – Staff Development

CURRENT AUDIT FINDINGS – December 8, 2015:

99.05% Compliance Rating
6VAC35-41-300 (A). Orientation and training for volunteers or interns
6VAC35-41-850 (B). Daily log
6VAC35-41-1320 (D). Physical restraint

DEPARTMENT CERTIFICATION ACTION June 23, 2016: Certified Fairfax Shelter Care II for three years with a status report in January 2017 on the areas of noncompliance noted in the audit.

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 T. Booker, Team Leader
John Adams, Central Office
Donna Ahart, Aurora House
Deborah Hayes, Central Office
Thomas Gaskins, Central Office
Mark Lewis, Central Office
Sean Milner, Central Office
Shelia Palmer, Central Office

POPULATION SERVED:

Fairfax Shelter Care II is a co-ed residential group home under the administration of the Fairfax

Fairfax Shelter Care II

County Juvenile and Domestic Relations District Court, serving juveniles between the ages of 10 and 17. It has a capacity of 12 residents. All youth are placed in the facility by order of the court.

PROGRAMS AND SERVICES PROVIDED:

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

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

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

- Community service work
- Meals prepared by the food service staff of the Juvenile Detention Center
- On-site education through Fairfax County Public Schools
- Religious services
- The Shiloh Project (a therapeutic non-profit organization that uses rescue dogs in conjunction with hands on experiential weekly sessions to assist the residents with increasing their capacity for empathy and to prevent future animal abuse.)
- Polaris Project (a non-profit organization that conducts weekly sessions to provide prevention and intervention for juveniles who are at risk for sex trafficking.)
- Medical services
- Psychiatric services

CORRECTIVE ACTION PLAN DEPARTMENT OF JUVENILE JUSTICE

FACILITY/PROGRAM:	Fairfax Shelter Care II
SUBMITTED BY:	Marlon Murphy, Director
CERTIFICATION AUDIT DATES:	December 7-8, 2015
CERTIFICATION ANALYST:	Clarice T. Booker

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

6VAC35-41-300 (A). Orientation and training for volunteers or interns.

A. Volunteers and interns shall be provided with a basic orientation on the following:

1. The facility;
2. The population served;
3. The basic objectives of the facility;
4. The facility's organizational structure;
5. Security, population control, emergency, emergency preparedness, and evacuation procedures;
6. The practices of confidentiality;
7. The residents' rights including, but not limited to the prohibited actions provided for in 6VAC35-41-560 (prohibited actions); and
8. The basic requirements of and competencies necessary to perform their duties and responsibilities.

Audit Finding:

There was no documentation that volunteers were oriented to all of the required elements in two out of three volunteer files reviewed.

Program Response

Cause:

The initial action was the result of a late implementation of the new regulation that went into effect January 1, 2014.

Effect on Program:

No adverse effect on the program

Planned Corrective Action:

All volunteers or interns are provided a structured orientation to the program that addresses all of the elements included in 35-41-190. All volunteers and interns are trained within 30 days from their start date at the facility in any procedures that are applicable to their duties and responsibilities as well as their duties and responsibilities in the event of a facility evacuation.

Before the expiration of the employee's 7th work day at the facility, each employee shall be provided with a basic orientation on the following:

1. The facility;
2. The population served;
3. The basic objectives of the program;
4. The facility's organizational structure;
5. Security, population control, emergency preparedness, and evacuation procedures in accordance with 6VAC 35-41-490;
6. The practices of confidentiality;
7. The residents' rights; and
8. The basic requirements of and competencies necessary to perform in the positions.

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

1. The facility's program philosophy and services;
2. The facility's behavior management program;
3. The facility's behavior intervention procedures and techniques, including the use of least restrictive interventions and physical restraint;

Fairfax Shelter Care II

4. The residents' rules of conduct and responsibilities;
5. The residents' disciplinary and grievance procedures;
6. Child abuse and neglect and mandatory reporting;
7. Standard Precautions; and
8. Documentation requirements as applicable to the position's duties

Completion Date:

March 15, 2016

Person Responsible:

Marlon Murphy, Director

Current Status on April 6, 2016: Not Determinable

There were no new volunteers at the facility since the audit.

6VAC35-41-850 (B). Daily log.

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

Audit Finding:

The time of the entry and identity of the individual making each entry was missing in six entries in eight randomly selected dates in logbooks.

Program Response

Cause:

A failure to implement the new regulation that requires both date and time on each log entry. In addition the corrective plan for oversight proved to be inadequate and required a greater level of scrutiny.

Effect on Program:

No adverse effect on the program.

Planned Corrective Action:

A daily communication log shall be maintained by the program staff as an essential means of communicating with each other and documenting the activities and events that take place in the program. The log is to be written in black ink or red ink when appropriate and is to record significant happenings or problems experienced by the residents. **All daily log entries will include the date and time as well as the identity of the staff person making the entry.** Any serious incident is to be documented in this log, recorded in the youth's Individual Case Record, and on a Serious Incident Report form.

Specifically, the daily log is to include:

- Name, date, and time of staff reporting for duty and leaving;
- Name, date and time of staff on duty and making log entries;
- The full name of all residents (*the initial morning shift only*);
- A population count;
- Out of facility activities;
- In program activities;
- Resident's visitors;
- Serious incidents or events;

Fairfax Shelter Care II

- Documentation of information being exchanged between incoming and outgoing staff including Red Flag status; and
- Admissions and discharges.

All other information which pertains to an individual resident(s) shall be documented in the appropriate individual case record.

Staff meeting notes shall be maintained in the "Staff Meeting Notes" Binder. It is the responsibility of any staff member absent from staff meeting to review the notes upon their return to work.

The daily log is the legal document of the program. It shall be treated and maintained as such. The daily log is kept at the respective staff work station or in the counselor's office.

Daily Log book regulation compliance shall occur as follows:

- All staff entering log entries shall identify themselves as the author of each respective entry made. Each will also include the time of the entry made. It is the responsibility of all staff members read the Daily Log Book at the beginning of their shift. Furthermore, all staff should be supportive to one another by bringing any deficient entries to the attention of a colleague following the reading of the Daily Log Book.
- All Probation Counselor II's (POII) shall review the log book entries documented for that day prior to the conclusion of their work day and their departure from the facility. They shall document their review by writing the time of the review and, "Daily Log Book Compliance Review Completed" followed by their personal identifier. If a deficiency is identified the POII shall immediately inform the staff member responsible for the deficiency, informing that staff member of their responsibility to correct the deficiency immediately. The POII will inform the Assistant Director via email and copying the Director; informing them of the staff member responsible for the deficient entry and the individual's response to the deficiency notification.
- One overnight shift staff member shall review the log book at the beginning of their shift to determine if a POII worked that day, and completed a Daily Log Book Compliance Review. If the overnight staff member determines that a Daily Log Book Compliance Review must be conducted, then they shall complete the review. They shall document their review by writing the time of the review and, "Daily Log Book Compliance Review Completed" followed by their personal identifier. If a deficiency is identified the overnight staff shall immediately inform the staff member responsible for the deficiency and the Assistant Director via email.
- The Assistant Director shall review the daily log book to confirm that the Daily Log Book Compliance Review was conducted the previous day. This verification shall include an examination of the log entries entered that day for confirmation of compliance with 6VAC35-41-850 (B). The Assistant Director shall review any email notifications to schedule a staff member's correction of a deficient entry and to determine a disciplinary response. The Assistant Director shall document their review confirmation by writing the time of the review and, "Daily Log Book Compliance Review Confirmed" followed by their identifier in the log book.
- The Director shall complete reviews of the Daily Log Book each week. The Director shall document their review confirmation by writing the time of the review and, "Daily Log

Fairfax Shelter Care II

Book Compliance Review Weekly Confirmation" followed by their identifier in the log book. The Director shall determine if disciplinary action is warranted.

Completion Date:

April 11, 2016

Person Responsible:

Marlon Murphy, Director

Current Status on April 6, 2016: Not Compliant

The time of the entry and/or identity of the person making each entry were missing in 11 entries in nine randomly selected dates in logbooks. As a result of the continued non-compliance the facility was required to submit the above corrective action for 850B.

6VAC35-41-1320 (D). Physical restraint.

Each application of physical restraint shall be fully documented in the resident's record including:

1. Date and time of the incident;
2. Staff involved;
3. Justification for the restraint;
4. Less restrictive behavior interventions that were unsuccessfully attempted prior to using physical restraint;
5. Duration;
6. Description of method or methods of physical restraint techniques used;
7. Signature of the person completing the report and date; and
8. Reviewer's signature and date.

Audit Finding:

There was no documentation of the duration of the physical restraint in three out of four incidents reviewed. There was no documentation of the signature of the person completing the report in four out of four incidents reviewed.

Program Response

Cause:

Program did not implement the use of a physical restraint form to standardize the collection, documentation, and reporting of an incident involving a physical restraint.

Effect on Program:

No adverse effect on the program

Planned Corrective Action:

Restraint of a resident shall not be used at the Shelter Care II except in an emergency situation and after less intrusive interventions or measures permitted by other applicable state regulation prove unsuccessful in calming and moderating the resident's behavior. An emergency situation would involve a situation or instance of justifiable self-protection, protection of others and/or protection of property. If physical restraint is deemed necessary, only the amount of restraint that is minimally necessary to protect the resident, others, or property will be utilized. If a physical restraint is unsuccessful in calming a youth's behavior, the police should be contacted by program staff at the first available opportunity.

Fairfax Shelter Care II

The staff is expected to utilize the skills and techniques received in the sanctioned training endorsed by the Department of Juvenile Justice as well as Fairfax County. Every new staff member responsible for the supervision of youth at Shelter Care II will receive basic orientation to the physical restraint procedures and techniques and less intrusive interventions within seven (7) days of their employment and prior to assuming sole responsibility for the supervision of any residents. Only staff trained as above can restrain residents. All Shelter Care II staff shall review the Handle with Care physical restraint techniques and less intrusive interventions annually.

All incidents involving a physical restraint shall be documented through the completion of the Physical Restraint Report and a notation entered into the youth's program record. The staff who performed the restraint shall author the report and submit to the Director by the end of the shift via email and a hard copy placed in the Director's box. The same counselor will contact the AOC to report the incident. The report will include:

1. Name of resident;
2. Date;
3. Time;
4. Staff involved;
5. Duration of the restraint;
6. Witnesses;
7. Primary Reason for Restraint;
8. Incident Description ((Justification for restraint. Include less restrictive interventions that were attempted.);
9. Health Care provider contact;
10. Mental Health provider contact;
11. Parent/Guardian contact;
12. Probation Officer contact;
13. Signature of the person completing the report and date; and
14. Reviewer's signature and date.

All restraint forms will be reviewed by a Program Administrator the next business day. The Program Administrator will contact DJJ and submit a completed DJJ Incident Notification Form for Non-Secure Residential Facilities if deemed necessary. It is also the policy of Shelter Care II to review all physical restraint incidents with all staff as a way to enhance staff development and professional performance.

Completion Date:

March 17, 2016

Person Responsible:

Marlon Murphy, Director

Current Status on April 6, 2016: Not Determinable

The new form for physical restraints was developed to document physical restraints, but there were no incidents reported since the audit.

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

PROGRAM AUDITED:

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

AUDIT DATES:

January 11-12, 2016

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

June 11, 2013 – June 10, 2016

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS January 8-9, 2013:

96.8% Compliance Rating
6VAC35-51-800.B – Medical Examination and Treatment
6VAC35-51-810.B – Medication (Mandatory)
6VAC35-51-810.E – Medication (Mandatory)
6VAC35-51-810.F – Medication (Mandatory)

CURRENT AUDIT FINDINGS – January 11-12, 2016:

99.28% Compliance Rating
6VAC35-101-340 (A) – Face sheet
6VAC35-101-800 (B) – Admission and orientation

DEPARTMENT CERTIFICATION ACTION June 23, 2016: Certified New River Valley Juvenile Detention Home and Post-dispositional Program for three years.

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

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Shelia Palmer, Central Office
Clarice Booker, Central Office
Tommy Gaskin, Central Office
Michelle Johnson, WW Moore JDC
Pam Jeffries, Lynchburg JDC
Bryan Henry, Roanoke Valley JDC
Neil Bramlette, Highlands JDC Juvenile Detention Center
John Adams, Central Office

POPULATION SERVED:

New River Valley Juvenile Detention Home (NRVJDH), a small 24-bed secure facility located in

New River Valley Juvenile Detention Home

Christiansburg, VA, detains male and female residents between the ages of 7 and 18. The facility is owned and operated by a Commission whose members are appointed by the governing bodies of Giles County, Montgomery County, Pulaski County and the City of Radford.

The building itself has changed very little since 1974, with the only additions being classrooms and a gymnasium. There are two dormitory wings located on either side of a central day room. The boys' wing has 14 beds and the girls' wing has 10 beds. All rooms are single occupancy. Though designated as a girls' wing, the hall is partitioned to allow for both sexes to occupy the space. Primarily, girls are housed in rooms at the end of the hall which are separated by a locked door from the boys' rooms. Door flaps are used to ensure privacy for both genders.

The facility has three classrooms. Two are located off of the dayroom parallel to the boys' wing. The third classroom was added as part of the gymnasium addition. Remedial instruction and library time occurs in the cafeteria section of the dayroom.

The New River Valley Juvenile Detention Commission has contracted with Moseley Architects to complete a planning study. The intention is to renovate the existing structure to enhance safety and security and to modernize the facility. The planning study was completed in 2014. The project is currently on hold indefinitely.

PROGRAMS AND SERVICES PROVIDED:

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

The NRVJDH School Program is operated by Montgomery County Public Schools (MCSP). There are three full time teachers, one part time reading specialist and one part time administrative assistant. Classes in Math, Science, English, Reading, Social Studies, and Career/Life Skills are taught on weekdays 11 months of the year. The Career/Life Skills teacher doubles as the Post-disposition Program Teacher. MCPS provides an administrator to oversee the program at the Detention Home

NRVJDH has a Post-dispositional Detention Program called GOALS. Residents sentenced to the GOALS Program receive routine services as well as additional mental health support, vocational instruction, transitional and independent living skills classes. They are also taken into the community to complete court ordered community service. One example is the Trails Project in which residents work with a retired Forestry Service Volunteer to maintain and clear paths on the Huckleberry Trail. The GOALS Program has a modified 90 day track, which is called GOALS-90. This track is designed for detention-eligible youth aged 14-15 years who are in need of strong academic enrichment and a secure place to stay while services in the community are arranged.

Mental health support for residents is provided by a Mental Health Clinician and a Case Manager. These two individuals are employed by New River Valley Community Services Board and are stationed at the Detention Home. New River Valley Community Services also provides a Psychiatrist who sees residents at the facility twice monthly. The mental health workers

provide individual and group therapy as well as educational groups.

SERVICES PROVIDED:

- Direct
 - Psycho-educational Groups
 - Anger Management
 - Substance Abuse Educational
 - Moral Reconation (MRT)
 - Post-dispositional Program
 - Medical Services
 - Recreational Programs

- Community:
 - Educational Program to include GED program
 - Mental Health Services

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

FACILITY/PROGRAM: New River Valley Juvenile Detention Center

SUBMITTED BY: Joe Young, Superintendent

CERTIFICATION AUDIT DATES: January 11-12, 2016

CERTIFICATION ANALYST: Mark Ivey Lewis

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

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

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

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

Audit Finding:

Eight of 20 face sheets reviewed did not have the applicable court service unit's address. Two of 20 face sheets reviewed did not have the applicable court service unit's name.

Program Response

Cause:

Oversight – not updating face sheet procedures from old standards to new regulations.

Effect on Program:

Minimal

Planned Corrective Action:

On September 8, 2014, (16 months ago) we updated all face sheets to include the names, addresses, and telephone numbers of the applicable court service units. Staff then only needs to circle the appropriate CSU for the intake.

Completion Date:

September 8, 2014 (16 months ago)

Person Responsible:

Joseph W. Young, Jr.

Current Status on April 13, 2016: Compliant

Ten of ten case file face sheets reviewed had the applicable court service unit's name and address.

6VAC35-101-800 (B). Admission and orientation.

B. The resident shall receive an orientation to the following:

1. The behavior management program as required by 6VAC35-101-1070 (behavior management);
 - a. During the orientation, residents shall be given written information describing rules of conduct, the sanctions for rule violations, and the disciplinary process. These shall be explained to the resident and documented by the dated signature of resident and staff.
 - b. Where a language or literacy problem exists that can lead to a resident misunderstanding the rules of conduct and related regulations, staff or a qualified person under the supervision of staff shall assist the resident.
2. The grievance procedure as required by 6VAC35-101-100 (grievance procedure);
3. The disciplinary process as required by 6VAC35-101-1080 (disciplinary process);
4. The resident's responsibilities in implementing the emergency procedures as required by 6VAC35-101-510 (emergency and evacuation procedures); and
5. The resident's rights, including, but not limited to, the prohibited actions provided for in 6VAC35-101-650 (prohibited actions).

Audit Finding:

Twenty of 20 case files reviewed were missing documentation that the resident had been orientated to the disciplinary process as required by 6VAC35-101-1080 (disciplinary process).

Program Response

Cause:

Oversight and thinking (unconsciously) that behavior management and disciplinary process are the same thing.

Effect on Program:

Minimal

Planned Corrective Action:

Our disciplinary process has been added to the intake orientation packet and we orientated the current detainees on our process. It has also been posted in the day room. Staff have been notified about the new procedure.

Completion Date:

January 12, 2016 (while audit team was on-site)

Person Responsible:

Joseph W. Young, Jr.

Current Status on April 13, 2016: Compliant

Ten of ten case files reviewed had documentation that the resident had been orientated to the disciplinary process as required by 6VAC35-101-1080 (disciplinary process).

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

PROGRAM AUDITED:

Richmond Juvenile Detention Center
1700 Oliver Hill Way
Richmond, Virginia 23219
(804) 646-2937
Rodney Baskerville, Superintendent
Rodney.baskerville@richmondgov.com

AUDIT DATES:

February 1-2, 2016

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

June 12, 2013 – June 13, 2016

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS – April 29-30, 2013:

100% Compliance

CURRENT AUDIT FINDINGS – February 1-2, 2016:

100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION June 23, 2016: Certified Richmond Juvenile Detention Center and Post-dispositional Program for three years with a letter of congratulations for 100% compliance.

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

TEAM MEMBERS:

Shelia Palmer, Central Office
Sean Milner, Central Office
Clarice Booker, Central Office
Deborah Hayes, Central Office
Carlos Belfield, Chesterfield JDC
Tommy Gaskin, Central Office
Diane Leiter, Beaumont JCC
Katrina Brown, James River JDC
Spring Johnson, Piedmont JDC
John Adams, Central Office

POPULATION SERVED:

The Richmond Juvenile Detention Center is a 60-bed facility designated to provide temporary and safe custody to male and female juvenile offenders between the ages of 10 and 17. The age range for residents admitted to the Post-dispositional Program is 14-17 and for the RE-Entry Program the approved age range is 16-19.

The structure, which is approximately 17 years old, is divided into six 10-bed pods. The facility

Richmond Juvenile Detention Center

contains an intake and medical area, several classrooms, a library/computer lab, an arts fenced and there are security cameras scanning the interior and exterior perimeter of the building.

PROGRAMS AND SERVICES PROVIDED:

The Richmond Juvenile Detention Center is a pre-dispositional secure facility. The facility has a behavior management program which provides a system of rewards for positive behavior and teaches residents to be accountable for their behavior. Recreation is incorporated into the academic program and also occurs during leisure time. Residents participate in psycho-educational groups five days a week and life skills twice a week. Programs are designed to ensure residents have a more productive transition when they return home or are transferred to other facilities.

The Richmond Juvenile Detention Center Re-Entry Program provides services for residents transitioning from a Juvenile Correctional Center to detention up to 120 days prior to discharge from commitment onto parole. The Richmond Juvenile Detention Center will provide bed space for male/female juveniles from ages 16-19. The goal is to provide quality Detention Re-Entry services in a structured yet nurturing environment. The program is strength-based and will help each young male and female with maladaptive behaviors replacing those behaviors with socially appropriate skills to enhance self-esteem, develop competency skills and build character through individual, group and family therapy. The target date for implementation is March of 2014.

The Richmond Juvenile Detention Center's Post-dispositional Program is governed by the Code of Virginia and certified through the Department of Juvenile Justice. It provides the 13th Court Service Unit a secure residential alternative to commitment to DJJ for City of Richmond youths. These non-violent juvenile offenders from ages 14 to 17 years of age are on suspended commitments to DJJ and can spend up to six months in the Post-dispositional Program. The program is designed to meet their individual, behavioral, educational and treatment needs. The participation of parents and/or legal guardian's is an integral component of the program as they take part in the treatment and progress of the youth through their transition back home.
*The Post-dispositional Program capacity of 15 is included in the capacity of 60.

Residents receive medical and mental health services as needed. Three nutritious meals and one snack are provided daily by the facility food services in accordance with USDA requirements.

The Dr. Virgie Binford Education Center, operated by the Richmond Public School system, is an eleven month academic program. Arrays of services are provided to include GED preparation, remedial courses, social skills and basic reading, writing, and math lessons. The facility education program is operated by a principal, and several teachers and support staff. When a resident is released, all their grades and testing results are communicated to the resident's designated school.

SERVICES PROVIDED:

- Direct:
 - Medical and mental health services
 - Educational enrichment
 - Emergency and medical transportation
 - Food service
 - Social and recreational services
 - Psycho-Educational groups
 - Life skills group

Richmond Juvenile Detention Center

- Volunteer Services
- Services accessed in the community:
 - Community service task
 - Community monitoring program
 - Psychiatric and mental health services

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

PROGRAM AUDITED:

Shenandoah Valley Juvenile Center
300 Technology Drive
Staunton, Virginia 24401-3968
Phone # (540) 886-0729
Timothy J. Smith, Executive Director
tsmith@svjc.org

AUDIT DATES:

January 26-27, 2016

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

June 9, 2013-June 8, 2016

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS January 15, 2013:

99% Compliance Rating
6VAC35-51-800B - Screening Assessment for Tuberculosis
6VAC35-51-420C - Annual Fire Inspection (Mandatory)

CURRENT AUDIT FINDINGS – January 26-27, 2016:

99.31% Compliance Rating
6VAC35-101-530 (A). Control of perimeter.
6VAC35-101-770 (A). Recreation.

DEPARTMENT CERTIFICATION ACTION June 23, 2016: Certified Shenandoah Valley Juvenile 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:

Shelia L. Palmer, Team Leader
Clarice Booker, Central Office
Mark Lewis, Central Office
John Adams, Central Office
Thomas Gaskins, Central Office
Cindy Hauschildt, New River Valley JDC
Criss Capozza, Blue Ridge JDC

POPULATION SERVED:

Shenandoah Valley Juvenile Center (SVJC) is a 58 bed licensed secure detention center operated by the Shenandoah Valley Juvenile Center Commission. The members of the Commission include the Counties of Augusta, Rockbridge, and Rockingham and Cities of Lexington, Harrisonburg, Staunton, and Waynesboro. The facility serves male and female residents ages 7 through 17. The facility serves a pre-dispositional population, Re-entry youths

Richmond Juvenile Detention Center

and Community Placement Program (CPP-8 beds). The Shenandoah Valley Juvenile Center is designed around 5 ten-room pods (one pod accommodates 15-beds). The detention center has seven classrooms, a computer lab, and a gymnasium. Current admissions are by court order only. The program offers a highly structured environment that promotes safety and accountability, while offering skill development and a wide range of services to instill positive attitudes and competencies.

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

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

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

In June 2009, the facility began to accept federal residents from the Office of Refugee Resettlement (ORR), Division of Children Services (DCS). There are on average 20 Federal residents in the detention program. There are four fulltime case managers and three clinicians assigned to this group. They are paid with Federal grant money. All are fluent in Spanish.

PROGRAMS AND SERVICES PROVIDED:

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

Facility Provided:

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

Richmond Juvenile Detention Center

Community (services offered by community agencies and resources):

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

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

FACILITY/PROGRAM: Shenandoah Valley Juvenile Center
SUBMITTED BY: Timothy J. Smith, Executive Director
CERTIFICATION AUDIT DATES: January 26-27, 2016
CERTIFICATION ANALYST: Shelia L. Palmer

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

6VAC35-101-530 (A). Control of perimeter.

A. In accordance with a written plan, the detention center's perimeter shall be controlled by appropriate means to provide that residents remain within the perimeter and to prevent unauthorized access by the public

Audit Finding:

The facility could not provide documentations that perimeter checks were being completed. The supervisor/administrator states perimeter checks were stopped August 2015 and as of January 2015 no documentation could be produced.

Program Response

Cause:

Employees did not conduct and document facility perimeters checks.

Effect on Program:

There was no effect on program operations.

Planned Corrective Action:

Individual employees were made aware of the violation and additional preventive measures were put in place to manage compliance to include daily log entry and video monitoring review.

Completion Date:

Individual employees were made aware of the violation and additional preventive measures were put in place to manage compliance to include daily log entry and video monitoring review.

Person Responsible:

Jason Klingensmith, Program Manager

Current Status on March 23, 2016: Compliant

The facility provided documentation of daily log entries and video monitoring review that perimeter checks were being completed.

6VAC35-101-770 (A). Recreation.

A. The detention center shall have a written description of its recreation program that describes activities that are consistent with the detention center's total program to include ages, developmental levels, interests, and needs of the residents:

- 1. Opportunities for individual and group activities;**
- 2. Opportunity for large muscle exercise daily;**
- 3. Scheduling so that activities do not conflict with meals, religious services, educational programs, or other regular events;**
- 4. Provision of a variety of equipment for each indoor and outdoor recreation period; and**
- 5. Regularly scheduled indoor and outdoor recreational activities. Outdoor recreation will be available whenever practicable in accordance with the facility's recreation program. Staff shall document any adverse weather conditions, threat to facility security, or other circumstances preventing outdoor recreation.**

Audit Finding:

Residents have not received outdoor recreation since August 2015.

Program Response

Cause:

Outdoor recreation facilities were closed pending hiring contractors and completion of perimeter upgrades as a response to our escape in 2015. No contractors have been identified to complete the needed upgrades.

Effect on Program:

There was no effect on program operations

Planned Corrective Action:

The outdoor recreation facilities were reopened and additional staff will be made available during outdoor recreation

Completion Date:

February 1, 2016

Person Responsible:

Jason Skeens, Deputy Director

Current Status on March 23, 2016: Compliant

The facility provided documentation of daily log entries and video monitoring review that the residents are receiving recreation.



Andy K. Block, Jr.
Director

COMMONWEALTH OF VIRGINIA

Department of Juvenile Justice

MEMORANDUM

TO: Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

DATE: September 19, 2016

SUBJECT: Variance – Request to Extend Variance for Local Juvenile Detention Centers Retraining Requirement

I. Summary of Action Requested

The Department of Juvenile Justice (DJJ) respectfully requests the Board of Juvenile Justice (Board) to consider the extension of a blanket variance issued on September 10, 2014, pursuant to 6VAC35-20-92 of the *Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities*. This request is being made by the Virginia Juvenile Detention Association (VJDA) on behalf of the twenty-four local and regional juvenile secure detention centers throughout the Commonwealth. The VJDA seeks an extension of the variance to the regulatory requirement set out in 6VAC35-101-200(C) of the *Regulation Governing Juvenile Secure Detention Centers*, which requires all direct care staff employed in juvenile secure detention facilities to receive at least 40 hours of refresher training annually on seven enumerated topics. The VJDA requests that the Board grant part-time direct care staff an exemption from the 40 hour refresher training requirement, but that these part-time employees remain obligated to complete annual retraining in the specific areas enumerated in 6VAC35-101-200(C).

On September 10, 2014, the Board issued a blanket variance for a two-year¹ period to the VJDA exempting part-time direct care staff from the 40-hour annual retraining requirement.² The variance applied to part-time employees working 29 or fewer hours per week in local and regional juvenile secure detention centers across the Commonwealth. Under the variance, part-time juvenile secure detention center employees had to satisfy the mandate to receive annual refresher training in the specifically enumerated areas of: 1) suicide prevention; 2) standard precautions; 3) professional relationships; 4) staff and resident interaction; 5) residents' rights; 6) child abuse, neglect, and mandatory reporting; and 7) behavior intervention procedures. The variance expired on September 10, 2016.

¹ Note: The VJDA requested the variance to be issued for five years or until the governing regulation was amended, whichever occurs first.

² Note: The Board conducted a roll call vote in which three members voted Aye (Bosher, Bailey, and Abbott) and two members voted Nay (Neo and Holland).

It is requested that the Board consider whether to extend the terms of the original variance, issued September 10, 2014, for an additional period, to remain in effect until such time as the *Regulation Governing Juvenile Secure Detention Centers* (6VAC35-101) is amended or for five years, whichever occurs first. A Notice of Intended Regulatory Action has already been authorized and submitted for a comprehensive review of the regulation.

II. Background

The Board's *Regulation Governing Juvenile Secure Detention Centers* contains two sections addressing training requirements for staff employed in a local juvenile secure detention center. Under 6VAC35-101-190, all direct care staff, including full-time, part-time, and relief staff must receive at least 40 hours of initial training in the first year of employment, inclusive of certain specified topics, including, for example, emergency preparedness, residents' rules of conduct, and suicide prevention. With respect to retraining, 6VAC35-101-200 mandates that all direct care staff receive a minimum of 40 hours of annual refresher training on certain specified topics. The applicable regulation provides:

6VAC35-101-200. Retraining:

... (C) - All direct care staff shall receive at least 40 hours of training annually that shall include training on the following:

1. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);
2. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases);
3. Maintaining appropriate professional relationships;
4. Interaction among staff and residents;
5. Residents' rights, including but not limited to the prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
6. Child abuse and neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect); and
7. Behavior intervention procedures. ...

... (H) - Staff who have not timely completed required retraining shall not be allowed to have direct care responsibilities pending completion of the retraining requirements.

These regulatory requirements took effect on January 1, 2014, as a result of a comprehensive overhaul of the residential regulations. Before the 2014 revisions, the regulation required full-time staff providing direct services or supervision to residents or facilities to receive 40 hours of annual refresher training. Part-time direct care employees were not subject to this mandate.

III. Rationale

The VJDA contends that the 40-hour refresher training requirement for part-time staff presents a logistical and financial burden for local juvenile secure detention facilities. While this training can be built in for full-time staff as part of their scheduled work week, it is much more challenging to coordinate with part-time employees who frequently work other full-time jobs outside of the juvenile detention facility. Furthermore, although the proposed variance would exempt juvenile secure detention centers from the 40-hour annual refresher training requirement for its part-time direct care staff, affected part-time employees would remain obligated to receive annual training in the essential topics of suicide prevention, standard precautions, appropriate professional relationships, staff and resident interaction, residents' rights, child abuse, neglect, and mandatory reporting and behavior intervention procedures, as well as any additional applicable areas specified in 6VAC35-101-200. DJJ does not believe the safety of the residents, staff, or the general public will be compromised if this variance is granted.

IV. Proposed Variance

The proposed blanket variance would allow juvenile secure detention centers to continue to exclude part-time direct care staff from the 40-hour annual refresher training mandate. Part-time direct care employees would remain obligated to obtain 40 hours of initial training in their first year of employment, as required in 6VAC35-101-190, as well as a non-specified duration of training annually in the topics enumerated in 6VAC35-101-200(C).

The terms of the proposed variance are set out below.

6VAC35-101-200(C) –

All full-time direct care staff shall receive at least 40 hours of training annually. All direct care staff, whether full-time or part-time, shall include receive annual training on the following:

1. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);
2. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases);
3. Maintaining appropriate professional relationships;
4. Interaction among staff and residents;
5. Residents' rights, including but not limited to the prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
6. Child abuse and neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect); and
7. Behavior intervention procedures.

V. Outcome Requested

DJJ respectfully requests the Board to consider whether to extend the blanket variance issued on September 10, 2014, pursuant to 6VAC35-20-92 of the *Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities*, to allow the twenty-four local and regional juvenile secure detention centers throughout the Commonwealth to exempt part-time direct care

employees from meeting the 40 hours of annual retraining mandate set out in 6VAC35-101-200(C) of the *Regulation Governing Juvenile Secure Detention Centers*. DJJ requests, if the extension is granted, that part-time direct care staff remain obligated to: 1) receive the initial 40 hours of training, inclusive of the enumerated topics in their first year of employment, and 2) complete annual retraining in the seven areas enumerated in 6VAC35-101-200(C), including suicide prevention; standard precautions; maintaining appropriate professional relationships; staff and resident interaction; residents' rights; child abuse, neglect, and mandatory reporting; and behavior intervention procedures.

VI. Duration of Variance

The VJDA requests that the variance be granted and remain in effect until such time as 6VAC35-101 is amended or for five years, whichever occurs first.



Established 1968

VIRGINIA JUVENILE DETENTION ASSOCIATION

www.vcjd.org

August 9, 2016

Ms. Heidi Abbott, Esq., Chair
Virginia Board of Juvenile Justice
PO Box 1110
Richmond, VA 23219

Dear Ms. Abbott:

On behalf of the Virginia Juvenile Detention Association (VJDA), representing the twenty-four local and regional juvenile detention centers throughout the Commonwealth, I am respectfully requesting an extension of the blanket variance to 6VAC35-101-200 (C) of the Regulation Governing Juvenile Secure Detention Centers which requires that "all direct care staff receive at least 40 hours of training annually". Specifically, VJDA is requesting that part-time direct care staff be exempt from the 40 hours of annual training requirement but not exempt from annual retraining on the seven areas enumerated in 6VAC35-101-200 (C). We thank you for granting our request in September of 2014, and as we work with DJJ officials to review all of the regulations specific to juvenile detention facilities, we respectfully request an extension of the variance until that work is completed.

As we are doing currently, members of our organization served on the subcommittee several years ago that worked on the development of these regulations specific to juvenile detention, and we are very appreciative for the Department of Juvenile Justice's collaborative approach. We recognize the hard work and long hours that went into this endeavor, and we feel that the finished product was a good one. However, the subcommittee's discussion surrounding the 40 hours of annual training requirement centered around the existing standards at the time which clearly specified that full-time staff were to receive 40 hours of annual training. At no time in years past were part-time staff required to have a specified number of annual training hours. The requirement for all direct care staff, to include part-time staff, to receive 40 hours is now an additional logistical and financial burden to local juvenile detention facilities.

Facilities utilize part-time staff on an as-needed basis, and the number of hours that they may work can vary greatly. Most facilities have "built-in" training days, as part of the shift rotations, for full-time staff to ensure they receive their 40 hours. Those days are part of the full-time staff's scheduled work week. Coordinating the opportunity for part-time staff would be unrealistic as many part-time staff work full-time jobs elsewhere which prevents many of them from attending facility scheduled trainings. Scheduling them for training days (to fulfill the somewhat arbitrary requirement of 40 hours) is difficult to coordinate and manage given their schedules.

VJDA recognizes the importance of the training topics that are required annually of all staff, as enumerated in 6VAC35-101-200 (C) (i.e., suicide prevention, maintaining appropriate relationships), and we are not asking for a variance regarding that portion of the standard. We recognize and value the need for annual refresher training of all staff in these critical areas. In addition, it is important to note that standards always required and continue to require that newly hired part-time staff receive 40 hours of initial training, providing an in-depth overview of what is required as a direct care staff in a secure juvenile detention facility. We support the need for initial and ongoing training for part-time staff, but we feel the 40 hour requirement for part-time staff is an additional, new burden for our facilities.

When we requested the variance in 2014, we corresponded with staff from the Department of Juvenile Justice in regards to this request, and in response to the questions they posed, we want to assure you that we are looking for the variance to be applicable to part time staff who are also direct care staff and the exception is only applicable to the 40 hours and not the seven subject areas on which there must be annual retraining (as specified in items 1-7 of 6VAC35-101-200 (C), which includes the annual retraining on emergency response). Training to cover the mandatory topics can vary from facility to facility as curricula vary and delivery systems vary (i.e., self-paced, classroom instructor-led, computerized) and does not equate to forty hours. The remaining hours to meet the forty hour requirement usually include self-identified development and elective topics, team-building activities, or locally-offered training classes. All part-time direct care staff would be required to receive annual training on the use of physical and mechanical restraints as specified in 6VAC35-101-200 (D) and (E).

By granting our request, once again, we do not feel that there would be any negative impact on our operations or the children we serve. Please note that we are only asking, again, for a variance on the 40 hour annual requirement for part-time staff; we are not asking for a variance in regard to requiring the mandatory topics that are to be covered annually.

We appreciate your consideration, and should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,



Tim Smith, President
Virginia Juvenile Detention Association

C: Janet Van Cuyk, Legislative and Research Manager, DJJ
Kenneth E. Bailey, Certification Manager, DJJ

To: The Board of Juvenile Justice

From: The Department of Juvenile Justice

Re: Variance Request – Security Staff Providing Supervision When Transporting Residents

Date: September 19, 2016

I. Action Requested:

The Department of Juvenile Justice (DJJ) respectfully requests the Board of Juvenile Justice (Board) to issue a variance, pursuant to 6VAC35-20-92 of the *Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities*, to the regulatory requirement that staff classified as “direct care staff” actively supervise residents during routine and emergency transportation as provided in the *Regulation Governing Juvenile Correctional Centers* (6VAC35-71). DJJ requests that, during routine and emergency transportation, either “direct care staff” or “security staff” supervise the juvenile correctional center (JCC) residents.

“Security staff” would be defined as “staff who are responsible for maintaining the safety, care, and well-being of residents and the safety and security of the facility to provide residents and staff with a safe living and work environment” and would include security specialists, security coordinators, and security managers. *Security staff receive 120 hours of training prior to working with residents, including training in security, restraint, and transportation*; however, their primary job function does not include implementing the structured program of care and the behavior management program which is one of the three primary job function required by the regulation of direct care staff. Without a regulatory change, security staff would not be able to transport JCC residents.

It is requested that this variance remain in effect until such time as the *Regulation Governing Juvenile Correctional Centers* (6VAC35-71) is amended or for five years, whichever occurs first. A notice of intended regulatory action has already been authorized and submitted for a comprehensive review of the regulation.

II. Background:

The Board of Juvenile Justice’s *Regulation Governing Juvenile Correctional Centers* defines “direct care staff” as a person whose primary responsibilities are caring for residents, implementing the behavior management program, and maintaining the security of the facility (6VAC35-71-10). Direct care staff are responsible for “actively supervising residents at all times” which includes routine and emergency transportation.

The applicable regulations are:

6VAC35-71-10. Definitions

... "Direct care staff" means the staff whose primary job responsibilities are for (i) maintaining the safety, care, and well-being of residents; (ii) implementing the structured program of care and the behavior management program; and (iii) maintaining the security of the facility.

"Direct supervision" means the act of working with residents who are not in the presence of direct care staff. Staff members who provide direct supervision are responsible for maintaining the safety, care, and well-being of the residents in addition to providing services or performing the primary responsibilities of that position....

6VAC35-71-540. Transportation.

- A. Each JCC shall have transportation available or make the necessary arrangements for routine and emergency transportation.
- B. There shall be written safety rules for transportation of residents and for the use and maintenance of vehicles.
- C. Written procedure shall provide for the verification of appropriate licensure for staff whose duties involve transporting residents.

6VAC35-71-830. Staffing Pattern.

- A. During the hours that residents are scheduled to be awake, there shall be at least one direct care staff member awake, on duty, and responsible for supervision of every 10 residents, or portion thereof, on the premises or participating in off-campus, facility-sponsored activities.
- B. During the hours that residents are scheduled to sleep, there shall be no less than one direct care staff member on duty and responsible for supervision of every 16 residents, or portion thereof, on the premises.
- C. There shall be at least one direct care staff member on duty and responsible for the supervision of residents in each building or living unit where residents are sleeping.

These regulatory requirements became effective on January 1, 2014.

III. Rationale:

DJJ is moving forward with implementing the community treatment model (CTM) in the JCCs. This model involves all individuals involved in the care of residents sharing supervision and intervention responsibilities. In order to effectively implement the CTM, DJJ

reclassified the majority of the direct care staff (the former juvenile correctional officer) positions by adding enhanced programmatic responsibilities and changing the title to Resident Specialists I and II. DJJ also reclassified some of the juvenile correctional officer positions to have the primary responsibility of maintaining the security of the JCC (e.g., perimeter checks, operating the central control center, conducting searches at the facility entrance) and changed their titles to Security Specialists, Security Coordinators, and Security Managers (collectively, security staff).

DJJ's procedure for JCC transportation (Standard Operating Procedure 233) requires (i) a minimum of two juvenile correctional officers to be present, on a 1-4 ratio of staff to residents; (ii) residents, with the exception of pregnant residents and medical emergencies, to wear handcuffs and leg irons; and (iii) the transporting officers to maintain communication during the trip with the sending facility, receiving institution, and/or other institutions when en route. The transporting officers are not expected to implement the behavior management program.

In completing the reclassifications for implementation of the CTM, it was envisioned that the security staff would provide all routine (e.g., driving to work release) and emergency (unexpected medical appointment) transportation for JCC residents. Unfortunately, given the definition of direct care staff in the regulation and the primary job functions of security staff, the security staff will be unable to transport residents without the issuance of a variance as proposed herein.

IV. Proposed Variance:

The effect of the variance would allow staff defined as "security staff" to supervise residents during routine and emergency transportation.

6VAC35-71-10. Definitions

"Security staff" means staff who are responsible for maintaining the safety, care, and well-being of residents and the safety and security of the facility to provide residents and staff with a safe living and work environment. Security staff include security specialists, security coordinators, and security managers.

6VAC35-71-540. Transportation.

- A. Each JCC shall have transportation available or make the necessary arrangements for routine and emergency transportation.
- B. There shall be written safety rules for transportation of residents and for the use and maintenance of vehicles.

C. Written procedure shall provide for the verification of appropriate licensure for staff whose duties involve transporting residents.

D. Residents shall be supervised by security staff or direct care staff during routine and emergency transportation.

6VAC35-71-830. Staffing pattern.

A. During the hours that residents are scheduled to be awake, there shall be at least one direct care staff member awake, on duty, and responsible for supervision of every ten residents, or portion thereof, on the premises or participating in off-campus, facility-sponsored activities, excluding routine and emergency transportation.

B. During the hours that residents are scheduled to sleep, there shall be no less than one direct care staff member on duty and responsible for supervision of every 16 residents, or portion thereof, on the premises.

C. There shall be at least one direct care staff member on duty and responsible for the supervision of residents in each building or living unit where residents are

V. Outcome Requested:

The Department of Juvenile Justice (DJJ) respectfully requests the Board of Juvenile Justice (Board) to issue a variance, pursuant to 6VAC35-20-92 of the *Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities*, to the regulatory requirement that staff classified as “direct care staff” actively supervise residents during routine and emergency transportation as provided in the *Regulation Governing Juvenile Correctional Centers* (6VAC35-71). DJJ requests that, during routine and emergency transportation, either “direct care staff” or “security staff” supervise the JCC residents.

VI. Duration of Variance:

DJJ requests the variance to be granted and to remain in effect until 6VAC35-71 is amended or for five years, whichever occurs first.

**DEPARTMENT OF JUVENILE JUSTICE
REGULATORY UPDATE**

September 19, 2016

CURRENT ACTIONS:

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

Stage: Proposed (Standard Regulatory Process).

Status: This regulation became effective on August 16, 2004. This action involves a comprehensive review of the regulatory requirements. The Notice of Intended Regulatory Action (NOIRA) was published in the *Virginia Register* on December 14, 2015. At the NOIRA stage, no public comments were submitted. The Proposed regulation has been approved by the Department of Planning and Budget (DPB) and is currently being reviewed by the Secretary of Public Safety and Homeland Security, as part of the Executive Branch review process.

Next step: Once the Governor reviews and approves the Proposed Action and the Executive Branch review is complete, the Proposed regulation will be published in the *Virginia Register*, followed by a 60-day public comment period.

6VAC35-170 Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice

Stage: Final (Standard Regulatory Process).

Status: This regulation became effective on February 1, 2005. This action involves a comprehensive review of the regulatory requirements. At the NOIRA stage, no public comments were submitted. The Proposed Regulatory Action was published in the *Virginia Register* on December 28, 2015. The public comment period ended on February 28, 2016. No public comments were received during the comment period. The regulation has advanced to the Final stage of the process, where it has been approved by the DPB and the Secretary of Public Safety and Homeland Security. The proposed regulation is currently under review by the Governor.

Next step: Once the Governor reviews and approves the Final Action and the Executive Branch review is completed, the Final regulation will be published in the *Virginia Register*, followed by a 30-day final adoption and public comment period. Thereafter, it will become effective.

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

Stage: NOIRA (Standard Regulatory Process).

Status: The last comprehensive review of this regulation took effect on January 1, 2014. At the June 15, 2016 Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The NOIRA is in the initial stage of Executive Branch review, and DPB will complete its review on September 19, 2016.

Next Step: Once DPB completes its review, the Secretary of Public Safety and Homeland Security will review the regulation for a maximum 14-day period, followed by the Governor's review. Once Executive Branch review is complete, the NOIRA will be published in the *Virginia Register*.

6VAC35-71

Regulation Governing Juvenile Correctional Centers

Stage: NOIRA (Standard Regulatory Process).

Status: The last comprehensive review of this regulation took effect on January 1, 2014. At the June 15, 2016 Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The NOIRA completed Executive Branch review on September 2, 2016 and was submitted to the *Virginia Register* on September 6, 2016.

Next Step:

After publication in the *Virginia Register* on October 3, 2016, there will be a thirty-day public comment period.

6VAC35-101

Regulation Governing Juvenile Secure Detention Centers

Stage: NOIRA (Standard Regulatory Process).

Status: The last comprehensive review of this regulation took effect on January 1, 2014. At the June 15, 2016 Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The NOIRA has been approved by DPB and the Secretary of Public Safety and Homeland Security, and is currently being reviewed in the Governor's office.

Next Step:

Once the Governor completes his review and the Executive Branch review process is completed, the NOIRA will be published in the *Virginia Register*, followed by a 30-day public comment period.