

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



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COMMONWEALTH of VIRGINIA
Board of Juvenile Justice
BOARD MEETING

April 25, 2018

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

A G E N D A

9:30 a.m. Board Meeting

1. **CALL TO ORDER and INTRODUCTIONS**
2. **APPROVAL of January 9, 2018, MINUTES (Pages 3-20)**
3. **PUBLIC COMMENT**
4. **DIRECTOR'S CERTIFICATION ACTIONS (Pages 21-97)**
 - The Barry Robinson Center (Page 98 – letter only)
5. **OTHER BUSINESS**
 - A. **Juvenile Correctional Center Variance Request Regarding Security Staff in Juvenile Correctional Centers** – Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice (Pages 99-104)
 - B. **Overview of Juvenile Detention Centers** – Marilyn Brown, Director, Chesterfield County Juvenile Detention Home and Jason Houtz, Superintendent, Fairfax County Juvenile Detention Center (Pages 105-113)
 - C. **Review and Approval of Regulation Governing Juvenile Secure Detention Centers** – Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice (Pages 114-188)
 - D. **Legislative Update** – James Towey, Legislative & Regulatory Affairs Manager, Dept. of Juvenile Justice
6. **DIRECTOR REMARKS AND BOARD COMMENTS**
7. **NEXT MEETING DATE:** June 13 - 9:30 a.m. - Main Street Centre (600 East Main Street, 12th Floor Conference Room South)
8. **ADJOURNMENT**

GUIDELINES FOR PUBLIC COMMENT

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

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COMMONWEALTH OF VIRGINIA

Board of Juvenile Justice

DRAFT MEETING MINUTES

January 9, 2018

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

Board Members Present: Tyren Frazier, Michael Herring, Scott Kizner, Robyn McDougale, Quwanisha Roman, Robert "Tito" Vilchez, and Jennifer Woolard

Board Members Absent: David Hines and Dana Schrad

Department of Juvenile Justice (Department) Staff Present: Diane Abato (Attorney General's Office), Ken Bailey, Andrew "Andy" K. Block, Jr., Valerie Boykin, Deidre Davis, Lisa Floyd, Christina Hall, Wendy Hoffman, Joyce Holmon, Joanna Laws, Andrea McMahon, Leah Nelson, Kristen Peterson, Deron Phipps, Lara Todd, James Towey, and Angela Valentine. Representatives from Bon Air Juvenile Correctional Center and Student Government Association.

Guests Present: Kerry Chilton (disAbility Law Center of Virginia), Valerie Slater (Legal Aid Justice Center/RISE for Youth), and Amy Woolard (Legal Aid Justice Center)

CALL TO ORDER

Chairperson Jennifer Woolard called the meeting to order at 9:40 a.m.

INTRODUCTIONS

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

APPROVAL of November 8, 2017, MINUTES

The minutes of the November 8, 2017, Board meeting were provided for approval. On MOTION duly made by Robyn McDougale and seconded by Tyren Frazier, the Board approved the minutes as presented.

PUBLIC COMMENT PERIOD

On behalf of the disAbility Law Center of Virginia (dLCV), Kerry Chilton thanked the Department for taking the time to consider issues surrounding room confinement and its effects on the youth in its

care. The draft regulation governing juvenile correctional centers makes significant progress toward limiting the use of room confinement. Ms. Chilton went on to say that room confinement is a practice that has detrimental effects on both the mental and physical care of youth. The draft regulation also provides increased protections for youth in room confinement, including greater access to health care professionals. The dLCV appreciates the Department's commitment to including stakeholders such as the dLCV in the process and listening to their input. Ms. Chilton concluded by stating the dLCV looks forward to any future opportunities to collaborate with the Department.

STUDENT GOVERNMENT ASSOCIATION

Deputy Director of Residential Services Joyce Holmon introduced the President, Vice President, Governor for District One, and Governor for District Four from the Student Government Association (SGA). The SGA representatives delivered a presentation (attached) on the organization.

Opening comments by the SGA President

The SGA is a resident-led, self-governing organization that seeks to encourage a positive peer culture at Bon Air Juvenile Correctional Center (JCC). The SGA subscribes to the notion that resident role models are the most effective tool when trying to help young people get back on the right path. The SGA opened a channel of communication between residents and facility administrators that resulted in widespread cooperation and positive change. The SGA provided insight into the development of new vocational, educational, and other rehabilitative programs conducive to post-release success. The SGA encouraged residents to utilize the many opportunities offered by the Department. Department personnel have been attempting to accomplish this goal for decades, but this time the messenger is different; therefore, the message is more effective.

This presentation tells the story of their groundbreaking journey and adds to their credibility as a viable investment. The SGA thanked their advisors for their ardent belief in the organization and their indispensable support. They also thanked the Director, Deputy Directors, and the Residential Program Manager for recognizing the SGA as an asset to the Department.

Slide Two: A Brief History of the SGA

In September 2016, a group of positive resident role models met with Governor McAuliffe and his cabinet at the Patrick Henry Building to propose the idea of a self-governing resident-led organization. Between October 2016 and April 2017, residents drafted a constitution to establish the SGA. In March 2017, residents presented the finalized constitution, which Governor McAuliffe signed, at the State Capitol. Between March 2017 and the present, SGA members have worked to cultivate a positive peer culture at Bon Air, coordinated with administrators to create an effective rehabilitation program, and served as representatives to their constituents.

Slide Three

This slide shows a picture of the initial meeting with Governor McAuliffe and his cabinet in September 2016.

Slide Four: Preamble to SGA Constitution

The SGA Governor of District Four recited the preamble, "We the people of the Virginia Department of Juvenile Justice Student Government Association shall create this government to ensure proper representation, solutions, and opportunity for the youth within the Department."

Slide Five: Ultimate Goals of the DJJ Youth Government

The SGA Vice President reviewed the following goals of the SGA:

- ☞ Provide a voice and proper representation for residents.
- ☞ Create a platform for residents to provide insight for new programs.
- ☞ Encourage residents to take ownership of their personal behavior and promote self-accountability.
- ☞ Raise peer expectations and improve the culture of the community as a whole.
- ☞ Maintain a safe and consistent living environment for all residents.
- ☞ Practice democracy and citizenship tangibly through a resident led model.
- ☞ Provide youth with vocational and education opportunities conducive to post-release success.

Slide Six

The SGA Governor for District One explained the pictures in slide six. The first picture captures Governor McAuliffe's attorney Carlos Hopkins and Director Block holding the first produced SGA shirts. The second picture is of the SGA constitution. The third picture shows Governor McAuliffe signing the SGA constitution. The last picture depicts the founding youth wearing the first SGA shirt displaying a hand that represents unity and diversity and the quote, "every great leader was once a follower."

Slide Seven

The SGA hierarchy consists of one president, one vice president, and four districts led by a governor and lieutenant governor representing 18 housing units. The SGA president represents one of the housing units with the other housing unit each represented by one mayor.

Slide Eight: 2017 Achievements

The SGA President reviewed the achievements of the SGA in 2017.

- ☞ Led facility tours for many organizations including the National Governors Association, judges, and legislators.
- ☞ Assisted with the peer-to-peer conflict resolution program.
- ☞ Participated on the family engagement subcommittee and brainstormed ideas pertaining to improvement of visitation. The subcommittee discussion included a new transportation system that has had a positive impact on DJJ families.
- ☞ Gave presentations at the Court Service Unit Summit, Portsmouth Summit, and Judicial Liaison Committee meeting.
- ☞ Provided input to the Division of Education on the new Positive Behavior and Interventions Support (PBIS) program.
- ☞ Held its first round of democratic elections as prescribed by the organization's constitution.
- ☞ Held routine staff appreciation socials and incentive events to recognize positive change in peer culture.
- ☞ Coordinated a Thanksgiving food drive and donated hygiene kits to the Salvation Army after Hurricanes Harvey and Irma.
- ☞ Held a holiday toy drive for residents with children.
- ☞ Provided suggestions to the Quality Monitoring Implementation Team (QMIT) committee pertaining to resident clothing and implementation of the community treatment model.
- ☞ Aided the grievance process transformation and provided insight regarding room confinement regulatory provisions and procedures.

The SGA President noted that an unofficial soccer league at the facility has brought together two rival gangs. This is an important development and highlights how extracurricular activities bring people together. The SGA hopes to develop new extracurricular activities and events for 2018.

The SGA President thanked Department personnel from central office, facility management, and direct care staff who are huge advocates for their organization. The SGA also worked with outside agencies such as the Annie E. Casey Foundation, the VERA Institute of Justice, and the Missouri Youth Services Institute. Each organization has been instrumental in the overall founding of their government.

The SGA President noted that the SGA is constantly developing new strategies in order to make positive changes in the lives of its constituents. It is also worth noting that the SGA is a sustainable organization and its mission will continue long after the current executive team is gone.

The SGA representatives thanked the Board for this opportunity.

Chairperson Woolard and other Board Members thanked the SGA members for their presentation and for their hard work in developing the governing strategy.

Board Member Michael Herring asked how the other residents have reacted to the formation of the SGA.

The Governor from District One responded that residents approach him frequently about the SGA, asking how to join and commenting on how much they like the organization. The SGA special events, such as the spoken word event, the harvest festival, and face painting, have been very popular with the residents. Some youth enter the facility with behavioral issues and an SGA representative works with them as they move forward. It is amazing to see the positive influence the SGA has on residents.

The SGA Vice President followed by describing his experiences helping residents with behavioral concerns and using peer-to-peer interventions. The SGA Vice President said he provides encouragement to residents and tells them about how he has changed for the better.

Board Member Scott Kizner asked how a resident becomes a member of the SGA.

The SGA President explained that initially representatives were appointed to the SGA by advisors to ensure a proper example was set. Recently, the SGA held its first round of democratic elections. Article 2 of the SGA constitution details the process for membership in the SGA. The resident must: 1) epitomize a role model resident, 2) be free of behavior charges for 90 days, and 3) have a good standing in school. The criteria to vote are also strict.

Board Member Robyn McDougle thought it would be great if the SGA representatives could share their message. The SGA serves as the voice for other residents and is achieving an impact that is unbelievable.

The SGA President remarked that the group has credibility with the residents struggling at the facilities. The SGA President went on to say this has been a second chance for him and many other residents,

who could have ended up in prison. The SGA President said he is fortunate to have gotten into trouble early and had this opportunity, his second chance.

Board Member Tyren Frazier predicted that at some point the SGA will be recognized by other states and they might even have the opportunity to serve on the Board. Board Member Frazier expressed his appreciation of the group's candor and willingness to show their vulnerability. The group is making the very best of their situation by creating this opportunity and hopefully will transition back to the community to continue to be role models and productive citizens. Board Member Frazier congratulated the group as the founding mothers and fathers of the SGA.

Director Block asked how many SGA presidents have served.

The SGA President responded he was the third president. The two past presidents were founders and are back in the community doing well in college.

Director Block noted the SGA's first president was a young woman who has since left the facility and is currently in welding school.

Board Member Tito Vilchez said he appreciated the diversity of this organization and asked for more information on the unofficial soccer league.

The SGA President said there are about 30 kids in the unofficial soccer league. The two gangs involved have called a truce in order to participate in this extracurricular activity. This is a tangible example of how effective extracurricular activities are in the facility.

Director Block remarked on how helpful it is to have a representative body of young people to tap into their feedback in areas such as positive behavior incentive programs and room confinement. This helps inform the work of the Department in the institutions, and it is incredibly useful for the SGA to participate in the conversations on family engagement or building resilience as a response to childhood trauma. The SGA sets a high bar in terms of behavior and performance expectations and is an incentive for other young people to do well.

The Director asked the group to discuss the SGA debate and the Vice Presidential election.

The SGA Vice President described the debate as a friendly competition between two candidates for vice president. Residents who were eligible to vote, advisors, and staff attended the debate. The candidates campaigned for three days using posters to spread the word. During the debate, a facilitator posed questions about the candidates' positions, and both candidates argued good points. It was a great experience.

The Governor from District One said all authorized voters from each housing unit were able to cast their ballot, and votes were counted over several days.

The SGA President noted that the population of Bon Air is approximately 230, and about 180 residents are eligible to participate. The SGA adds to the credibility of the community treatment model,

statistically; the number of incidents have decreased, and the peer culture has changed. The community treatment model has made a positive impact.

Board Member Herring said that he hopes the SGA members will continue to have an interest in government long after their connection with the Department has ended.

Director Block said the SGA is interested in connecting with peers and hoped the Board's college associates could help with this initiative.

Board Member McDougle said she has a "to do" list started with VCU's soccer team, and political science is at the top.

Board Member Kizner encouraged the representatives to pursue teaching, noting that their personalities and experiences could benefit many young people in the school system.

Chairperson Woolard welcomed the SGA members to visit Georgetown University in Washington, D.C. and thanked them for an outstanding presentation. Chairperson Woolard went on to say the SGA leadership skills should serve them incredibly well as they transition back into the community and go on to higher education or different kinds of employment.

REQUEST AUTHORIZATION TO INCORPORATE ADDITIONAL AMENDMENTS TO PROPOSED REGULATORY FILING OF THE REGULATION GOVERNING JUVENILE CORRECTIONAL CENTERS (6VAC35-71)

Kristen Peterson, Regulatory and Policy Coordinator, Department

The proposed revisions to the Regulation Governing Juvenile Correctional Centers, set out in Chapter 71 of the Department's regulations, were presented at the November 8, 2017, Board meeting. Room confinement provisions were intentionally omitted from the proposed revisions to the regulations presented at that meeting in order to give the Department additional time to review the input from stakeholder meetings and study the issue longer.

Ms. Peterson reviewed documents found on pages 25 and 33 of the Board packet.

◆Section 10 - Definitions◆

The Department defines room confinement as a resident placed in a locked room for an extended period, typically in order to address resident behavior or facility security or safety. The resident can serve room confinement in his or her room or in another room designated for room confinement purposes.

The Department recommended adding a provision that distinguishes between lockdown and room confinement. Lockdowns are usually imposed to search for contraband or respond to tensions in or a threat to the facility and may be served in the resident's room or elsewhere in the facility. The Department has added language to define lockdowns and explicitly indicate that lockdowns are excluded from the definition of room confinement.

◆Section 545 - Lockdown◆

A number of the provisions for lockdown mirror the room confinement provisions. The Department is recommending changing the frequency of visual checks of residents confined during lockdown from every 30 minutes to every 15 minutes. In addition, if residents exhibit self-injurious behavior during lockdown, the Department is recommending language to clarify that staff must *first* respond to try to abate the incident before contacting the qualified mental health professional.

◆Section 1150 - Isolation◆

The Department refers to isolation as disciplinary segregation. Generally, staff imposes disciplinary segregation after a resident has received a formal charge, is afforded due process, and is determined guilty of the particular charge. Under the existing regulation, the Department may impose disciplinary room confinement for up to five days. The Department's goal is to abolish room confinement as a disciplinary sanction in the next few years using a gradual approach. The Department recommended adding language to the regulation that specifically repeals the isolation provision.

◆Section 1110 – Disciplinary Process◆

The Department is not proposing to do away with room confinement in its entirety and will continue authorizing room confinement in order to address the following situations: (a) if a resident's actions threaten facility security, (b) to protect the safety and security of residents, staff, or others in the facility, and (c) in order to prevent property damage. Property damage consists of threats to facility security or the safety of residents. For example, if a resident smashes a window and uses the shards to self-injure, staff would address this incident through room confinement due to the need to separate the resident from the situation in order to protect the resident or others. The resident would be released from room confinement and returned to a less restrictive environment once the threat is eliminated.

◆Delayed Effective Date for Room Confinement Provisions◆

In recent years, the Department has made strides in reducing disciplinary segregation. In 2017, the Department amended its procedure to reduce the types of infractions that result in disciplinary room confinement. The Department will need time to phase out room confinement as a disciplinary measure and to implement the other provisions of the regulation related to room confinement. A section in the regulation speaks to a delayed effective date.

The Department cannot predict when the regulation will take effect. An executive level review will take place after the Board approves the regulation and it advances to the Proposed Stage of the regulatory process. This review includes several steps: the Governor's office has the opportunity to review and propose revisions with no time limit, the Department of Planning and Budget has 45 days to conduct an economic impact analysis, and the Cabinet secretary has fourteen-days to review the regulation. There is uncertainty built into the process and it is difficult to determine the effective date for the regulation.

The Department recommends delaying the effective date for the room confinement provisions in order to give the facility staff additional time to implement the provisions. When the Chapter 71 regulatory package completes the entire process and the regulatory package takes effect, the room confinement provisions will be delayed until the first day of January that falls at least nine months after the remainder of the regulation takes effect.

◆Section 1140 - Room Confinement◆

Next, Ms. Peterson focused on additional proposed language that would seek to further enhance safety and security in the facility while residents are in room confinement. The Department wants to ensure staff are conducting frequent visual checks to monitor residents in room confinement. The existing regulation requires staff to conduct visual checks every 30 minutes. The Department proposed changing the requirement to every 15 minutes. This is consistent with the Department's current operational procedures and the American Correctional Association's (ACA) minimum standards.

The workgroup also recommended required daily visits from a qualified mental health professional or qualified medical professional for residents in room confinement. This is consistent with the requirement set out in the ACA standards.

The Department believes residents in room confinement need additional meaningful opportunities for engagement with staff. Under the existing regulation, the Superintendent is the only staff required to make daily visits to residents in room confinement. One of the concerns with residents in room confinement for long periods is that the resident does not interact with others. The Department proposed new language requiring additional staff to conduct visits. One designated staff member will visit a confined resident within three hours of the resident's assignment to room confinement to discuss release from confinement, facility expectations, and reasons the resident is serving confinement. The Department is also recommending an additional employee visit to residents confined six or fewer hours in order to interact with the resident and at least two daily visits if the resident is confined for more than six hours.

Under the existing regulation, facility staff must notify the Superintendent if the confinement period extends beyond 24 hours. If the confinement extends beyond 72 hours, notice must be provided to the Residential Program Manager, a position one level above the Superintendent. The Department recommended changing these requirements to mandate that the Superintendent be notified and provide written approval for residents confined beyond 24 hours. If the confinement period extends for 48 hours, required notification and written approval by the Residential Program Manager is needed. If the confinement period for a resident extends beyond 72 hours, a written report is required by the resident's treatment team, along with written approval by the administrator two positions above the Superintendent. The written report will explain if the resident needs to be confined for that additional period.

The existing regulation addresses residents confined for 72 hours but does not speak to any review process beyond that 72-hour period. The Department is recommending a case management review by the Department's Institutional Classification Review Committee (ICRC) and the Central Classification Review Committee (CCRC). Once a resident has been confined for five-days, this will generate a facility-level review by the ICRC. The ICRC meets weekly to determine if residents should remain in confinement and what interventions are needed. After the ICRC conducts their initial analysis to determine if the resident remains in confinement after a five-day period, then the CCRC looks at the issues and determines if the resident needs to stay confined.

◆Section 1160 – Administrative Segregation◆

Historically, the Department has used administrative segregation units to house residents with maladaptive issues or who need additional interventions because they are not able to function in the

general population. Given the consolidation, the Department is no longer able to operate these special units, and there is no expectation that the Department will use these units in the near future. As a result, the Department recommends repealing this language.

◆Section 1110 – Disciplinary Process◆

Under the existing regulation, the Department is authorized to place residents in pre-hearing detention (detention while the resident awaits a due process hearing) for a period up to 24 hours. Confinement for longer than 24 hours requires certain approvals. The Department recommends striking the existing subsection E in its entirety because of the proposed removal of room confinement as a disciplinary sanction.

Chairperson Woolard acknowledged the Department's hard work on room confinement issues. Chairperson Woolard stated she participated in stakeholder meetings, and continued to be impressed with the process. The procedure was well done, and staff at all levels of the facility were open to hearing comments, concerns, and questions from those not employed by the Department. Chairperson Woolard commented that, in her opinion, the proposed changes are incredibly positive and responsive to the concerns of the stakeholders and consistent with, if not better than, the national best practice standards. Chairperson Woolard believes by the time the disciplinary confinement regulation goes into effect, the issue will be moot because the Department is moving away from that practice. Chairperson Woolard concluded that she is supportive of the proposed changes.

SUMMARY OF OUTSTANDING ISSUES FROM NOVEMBER 8, 2017, BOARD MEETING

Kristen Peterson, Regulatory and Policy Coordinator, Department

Ms. Peterson reviewed issues that were outstanding from the November 8, 2017, Board meeting.

◆Sleeping Areas◆

The original recommendation of the workgroup was to remove the language that male and female residents are required to have separate sleeping areas. The Prison Rape Elimination Act (PREA) contains a provision requiring a separate case-by-case analysis be conducted for transgender and intersex residents to determine whether the placement would ensure the resident's safety and security or pose other security problems. The Department brought this to the Board at the November 8 meeting and proposed to strike the language. However, at that meeting, the Board conveyed concern that if the language was deleted without imposing any limitations or restrictions, the Department would be perceived as having authority to allow male and female residents to reside together, which was not the intention. The Department proposed to add language indicating male and female residents are required to have separate sleeping areas; however, that does not preclude the Department from conducting the PREA's case-by-case analysis. This is already a requirement in Section 555 (vulnerable population) of the regulation. The fact that males and females sleep in separate areas does not preclude the Department from conducting the case-by-case analysis and making different determinations based upon whether a resident is assessed as vulnerable.

◆Searches of Residents◆

At the November 8 Board meeting, the Department recommended that JCCs not conduct body cavity searches in the JCC facilities. Rather, the Department recommended these types of searches be conducted by a local medical facility off campus. However, Board Member Herring raised concerns with

exigent circumstances that create the need for the Department to conduct the searches in house. The Department has added language that authorizes the Department to perform the search in house for exigent circumstances that might involve a threat to the resident and has removed the language from the proposed regulation that required search warrants for these searches.

On MOTION duly made by Michael Herring and seconded by Scott Kizner, the Board of Juvenile Justice approved the proposed amendments to Sections 10, 360, 480, 1110, 1140, 1150, and 1160 and the proposed addition of Section 545, as agreed upon at the January 9, 2018, meeting and granted the Department of Juvenile Justice permission to incorporate these amendments into the comprehensive amendments to Chapter 71 of 6VAC35, as originally approved at the November 8, 2017, meeting, for submission to the Proposed Stage in the standard regulatory process.

DIRECTOR'S COMMENTS

Andrew K. Block, Jr. Director, Department

It is important to remember that Bon Air is down to 213 residents doing incredible things. It is easy to assume that these residents are the worst of the worst, but the Department is doing everything it can to give them an opportunity to be successful. When you do not have a ceiling on growth and success, you see what happens and how capable these residents are of presenting, communicating, and leading and how seriously they take the work. As the Department focuses on better rehabilitation, the cost per resident has grown and is now more than \$200,000 per resident. Some legislators have concerns about this increase. The Department believes that if you make big investments, you get better returns on residents and staff. The Department's investment on the residential side has decreased overall since the closure of Beaumont, but the costs per resident have increased due to additional staff and expanded treatment.

The Board will review the Juvenile Detention Center regulations at the next Board meeting. Those regulations will have some parallel to what the Department is doing, but will vary in some ways as detention centers operate differently than JCCs.

Governor Northam has reappointed the Director and Chief Deputy Director of the Department. This has not been the case in the Department's history, but continuity of leadership is incredibly helpful and has a big impact on the Department's work and on staff retention.

One way to sustain the Department's work is to ensure that it is the right kind of work. State money is now funding non-state entities, whether local detention programs or treatment programs. It is important that the Department remain a good steward of the Commonwealth's money. As part of the transformation, the Department has created a Quality Assurance Unit to monitor all the programs in which the Department has invested money. Director Block introduced the Quality Assurance Unit, which consists of Andrea McMahon, the team leader, Christina Hall, Deidre Davis, Leah Nelson, and Nina Joyner (who was not present at today's meeting). The Director explained that the Department is responsible for 126 youth in local detention centers. The Department's Certification Team ensures the health and safety requirements are met in the detention centers, and the Quality Assurance Unit ensures other requirements are satisfied, such as availability of evidence-based programs, family engagement, and additional educational programs.

Chairperson Woolard expressed her delight in having this team in place and hoped that this will allow for data assessment over time that can help the Department and help the providers determine what is working, what is not, and what needs to be aligned.

The Director invited the Board to offer issues and topics that they would like discussed at future meetings.

Board Member Kizner would like to have opportunities to participate in stakeholder meetings. This will allow the Board to gain a better understanding of what people are thinking to help in the Board's decision-making. The Director agreed to provide a list of opportunities and will be mindful of the FOIA notices.

BOARD COMMENTS

There were no comments by the Board.

NEXT MEETING

The next Board meeting is scheduled for April 25 at the Main Street Centre, 600 East Main Street, Richmond.

ADJOURNMENT

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

Student Government Association

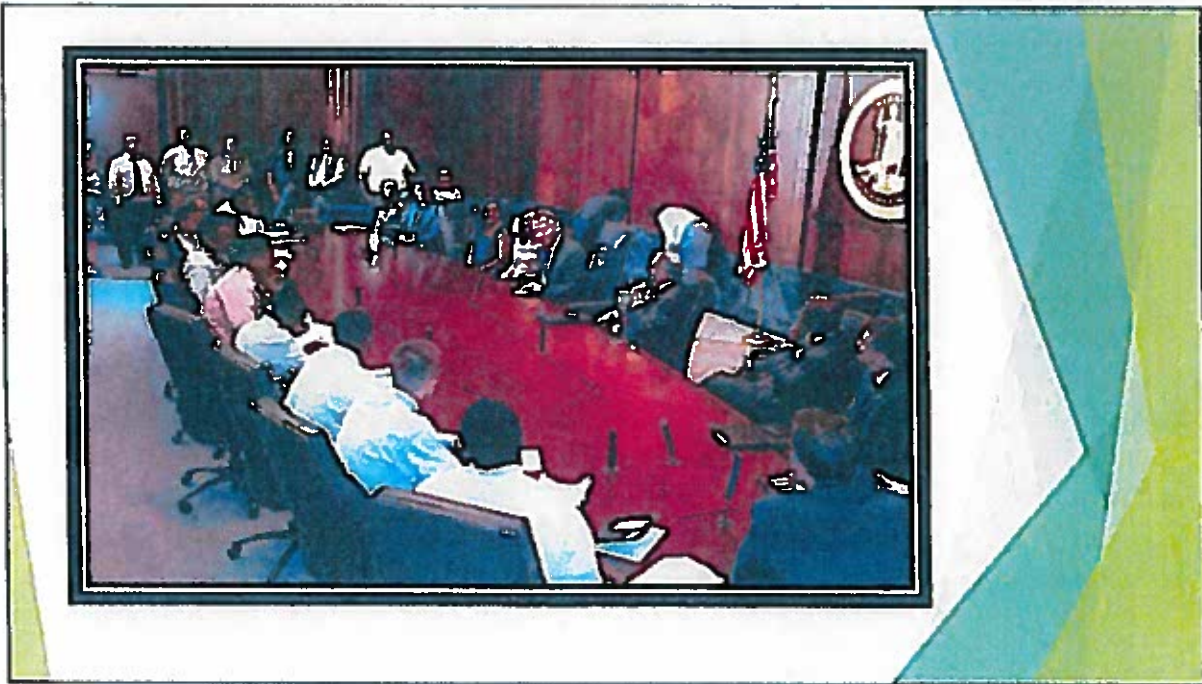
Department of Juvenile Justice



**DJJ Board Meeting
Tuesday, January 9, 2018**

A brief history of the SGA

- ▶ **(September 2016)** A group of handpicked positive role model residents met with Governor McAuliffe and his cabinet at the Patrick Henry Building to propose the idea of a self-governing, resident-led organization.
- ▶ **(October 2016 - April 2017)** Residents drafted a constitution to establish a DJJ Student Government Association.
- ▶ **(March 2017)** Residents presented a finalized constitution at the Capitol Building; Governor McAuliffe signs.
- ▶ **(March 2017 - Present)** SGA Members work to cultivate positive peer culture at Bon Air JCC, coordinate with administrators to create effective rehabilitation programs, and serve as representatives of their constituents.

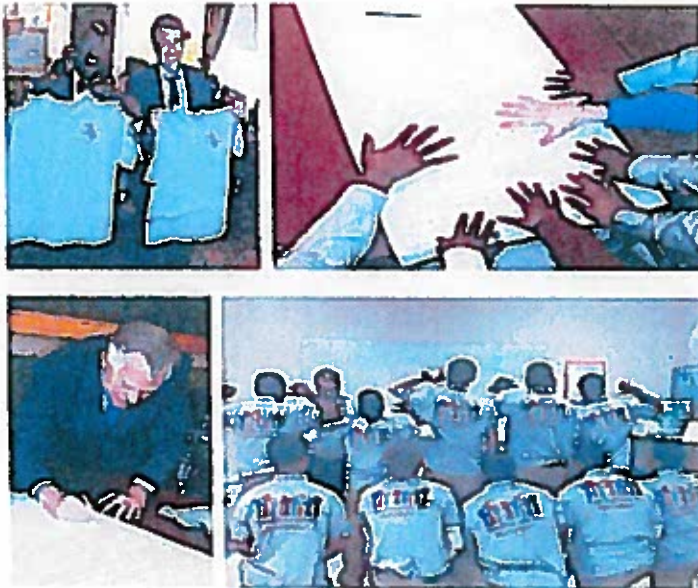


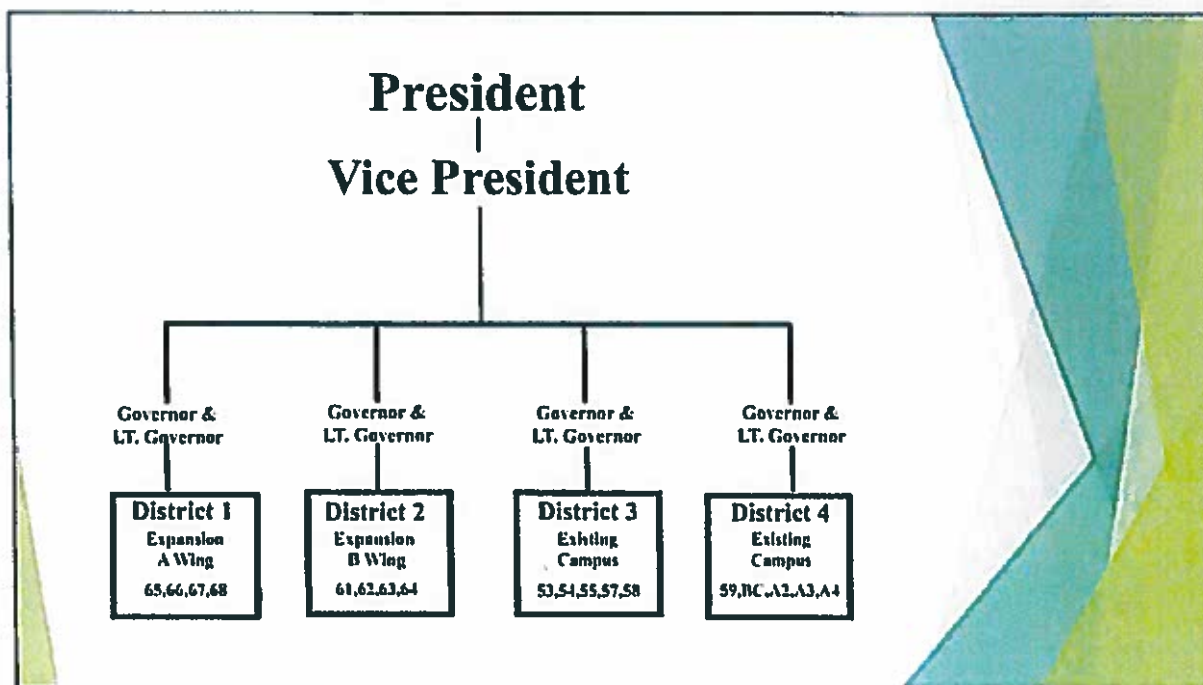
Preamble to SGA Constitution

- ▶ We the people of the Virginia Department of Juvenile Justice Student Government Association shall create this government to ensure proper representation, solutions, and opportunity for the youth within the Department.

► **Ultimate Goals of the DJJ Youth Government:**

- Provide a voice and proper representation for DJJ Residents
- Create a platform for residents to provide insight for new programs
- Encourage residents to take ownership of their personal behavior and promote self-accountability
- Raise peer expectations, improve the culture of the community as a whole
- Maintain a safe and consistent living environment for all residents
- Tangible practice of democracy and citizenship through resident led model
- Provide youth with vocational and educational opportunities conducive to post-release success.





2017 Achievements

- ▶ Led host of facility tours with National Governors Association, Judges, and Legislators.
- ▶ Assisted with peer-to-peer conflict resolution program
- ▶ Participated in Family Engagement Sub-Committee
- ▶ Presentation at CSU Summit, Portsmouth Summit, and Judicial Liaison Meeting.
- ▶ Solicited ideas for PBIS Incentive program
- ▶ Held debate and elections for vacant offices
- ▶ Held staff appreciation popcorn social
- ▶ Held numerous incentive events to recognize positive changes in peer culture
- ▶ Held Thanksgiving food drive
- ▶ Donated hygiene kits to Salvation Army after Hurricanes Harvey and Irma
- ▶ Held Toy Drive for residents with children
- ▶ Provided suggestions to QMIT Committee
- ▶ Aided grievance process transformation
- ▶ Provided insight pertaining to isolation procedure

Student Government Association

Department of Juvenile Justice



**DJJ Board Meeting
Tuesday, January 9, 2018**



Consideration

We the people of the Virginia Department of Juvenile Justice Services Government Association shall create this government to ensure proper representation solutions and opportunity for the youth within the Department.

Article I

The name of this body shall be the Student Government Association (SGA) of the Virginia Department of Juvenile Justice (DJJ).

This government will be created by DJJ youth to provide representation solutions and opportunity for the youth under its authority. This government is approved by the following resolutions (SOP VOL. IV-4.1-07) Statutory Authority (Title 66 code of Virginia)

Article II

Membership within the SGA will be determined through a voting process. However, the initial youth representatives will be appointed by the founders of this government. This will ensure that the proper example will be set and all articles and policies are carried out.

The voting process will be carried out by the Executive Team. The Executive Team shall produce a ballot to be distributed to all youth with voting rights. The ballot shall contain information on each eligible candidate.

This information shall include the following:

- Vote*
- Regional Office*
- Campaign slogan/pitches*

Upon the release of a youth who holds office and was appointed by the founders, an election will be held to fill the open position. A Lieutenant Governor or Vice President shall temporarily maintain the office until a proper election is held.

A governor shall temporarily fill the office of vice president in the event they are released, impeached, or is unable to fulfill their duties and therefore resigns.

Any resident with voting rights may participate in the election. Voting rights are based on behavior standing.

Behavior Standing is defined as maintaining a 35 day charge defense free record and holding a 2 or higher phase level.

Candidate eligibility is based on both behavior standing and academic performance.

Academic Performance is defined as maintaining a minimum of a "C" average letter grade. Candidates must maintain a 90 day charge/defense free record. Candidates who have retained a Federal Equivalency Diploma or standard high school diploma are exempt from the academic requirement.

Article III

The SGA Executive Team shall meet weekly for a minimum of one hour. The Executive Team shall meet with DJJ Administrators monthly. Mayors shall meet monthly with the Executive Team every third Thursday at 5:00pm.

SGA Executive Team:

- President
- Vice President
- District Governors

Officers and their Duties

The President shall represent the Department at all events, functions, meetings, and official visits. They shall provide leadership, representation, and solutions to the best of their ability. The president may serve for a term of one year, with the opportunity to be re-elected for an additional two terms.

The Vice President shall represent the President in their absence. They shall support and shadow the President in carrying out their duties effectively as possible. The Vice President may serve for a term of one year, with the opportunity to be re-elected for an additional two terms.

Governors shall represent their districts and provide leadership, solutions, and voice any issues and concerns within the districts they govern. Governors may serve for a term of one year, with the opportunity to be re-elected for an additional two terms.

Liaison Governors shall shadow and support their Governors. They shall represent their district in the absence of the Governor. Liaison Governors may serve for a term of one year, with the opportunity to be re-elected for an additional two terms.

Mayors shall represent their units and express any issues or concerns to their District's Governor. Mayors may serve for a term of 6 months, with the opportunity to be re-elected for an additional three terms.

Youth members of the Executive Team may not hold the position of Mayor simultaneously with the duties of their primary office. Each and every unit will be represented by the President.

Article II

Resignation

Youth may resign from their office at any time. They must first notify the President by letter prior to the weekly SGA Executive Team Meeting.

Refuses

Youth in a Vice or Liaison Position shall fill the position they shadow on the event that youth is refused.

Impediment and Removal from Office

If a youth is exhibiting their duties and/or has exceeded more than one major infraction throughout the course of their term, they shall stand before the Executive Honor Council. A majority vote (two-thirds) will remove the youth from their office. They may not run for office again until a period of 90 days has passed without any infractions.

Article I

The Honor Council shall act as the Supreme Court within the SGA. It shall make recommendations regarding behavioral issues and discipline. All decisions will be decided by a two-thirds majority vote.

Each district shall maintain an Honor Council to serve the youth within that district. This will include Peer Intermediaries approved by the youth's Liaison team. Peer Intermediaries shall not breach the confidentiality of the youth. District Honor Councils that fail to reach a proper recommendation or solution by two-thirds majority vote will then forward the case to the Executive Honor Council. The youth may choose their representative.

District Honor Councils shall have the following officials present:

- Governor
- Liaison Governor
- Mayors within that district
- Representative of the youth

The Executive Honor Council shall receive cases that are not closed by the District Honor Councils. Youth who hold office shall be received by the Executive Honor Council.

Executive Honor Councils shall have the following officials present:

- President
- Vice President
- District Governors
- Representative of the youth

Article 17

Amendments may be proposed by any Governor, the Vice President, or the President and must be approved by the Executive Honor Council (two-thirds majority vote). Any and all articles within the Constitution may be amended at any time.

Article VII

All youth within the SGA are entitled to freedom of speech, freedom of religion, freedom of press, domestic tranquility, and the right to a representative advocate, or witness in defending oneself in a case against them. None shall be discriminated against due to their race, ethnicity, color, gender, sexual orientation, impairment, disability, political disposition, mental handicap, or physical appearance.

SUMMARY
DEPARTMENT CERTIFICATION ACTIONS
February 12, 2018

DEPARTMENT CERTIFICATION ACTION: Certified the 3rd District Court Service Unit until January 20, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 6th District Court Service Unit until March 17, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 15th District Court Service Unit until September 14, 2020.

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

DEPARTMENT CERTIFICATION ACTION: Certified Loudoun Court Service Unit (20L) until October 26, 2020.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 27th District Court Service Unit until January 29, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified the 29th District Court Service Unit until September 14, 2020.

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

DEPARTMENT CERTIFICATION ACTION: Certified the Fairfax Juvenile Detention Center and Post-dispositional Program until January 12, 2021.

Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed

SUMMARY

prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

DEPARTMENT CERTIFICATION ACTION: Certified the Lynchburg Regional Juvenile Detention Center and Post-dispositional Program until February 10, 2021.

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

DEPARTMENT CERTIFICATION ACTION: Certified the Norfolk Juvenile Detention Center and Post-dispositional Program until January 13, 2019. A status report is due in April 2018 regarding compliance with 1100B and 1100C.

Pursuant to 6VAC35-20-100C.2, 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.

Aurora House Certificate Modification

The Aurora House age range of 13-17 will remain effective for the general population of the facility. A stipulation is added to the current certification certificate stating; "Residents in the Independent Living Program can be accepted through age 20 and will be counted in the certified capacity of 12."

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

PROGRAM AUDITED:

3rd District Court Service Unit (Portsmouth)
1345 Court Street, Suite 201
Portsmouth, Virginia 23704
(757) 393-8571
Katherine A. Grimm
Katherine.grimm@djj.virginia.gov

AUDIT DATES:

July 25-26, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

January 21, 2015 – January 20, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – August 19, 2014:

6VAC35-150-140 (A). Records Management

CURRENT AUDIT FINDINGS – July 26, 2017:

98.8% Compliance Rating
Zero repeated deficiencies from previous audit.

Number of Deficiencies: One

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

DEPARTMENT CERTIFICATION ACTION FEBRUARY 12, 2018: Certified the 3rd District Court Service Unit until January 20, 2021.

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

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Deborah Hayes, Central Office
Kelly Rummel, 7th District CSU (Newport News)
Gina Burton, 1st District CSU (Chesapeake)
Shayla Woodard, 8th District CSU (Hampton)
Nina Joyner, Central Office

POPULATION SERVED:

The 3rd District Court Service Unit serves the City of Portsmouth.

PROGRAMS AND SERVICES PROVIDED:

The 3rd District Court Service Unit provides mandated services including:

- Intake
- Probation supervision
- Parole supervision

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

- Tidewater Youth Services Commission
 - Electronic monitoring
 - Group Home/Shelter Care
 - Substance Abuse Evaluations
 - Substance Abuse Treatment
 - Family Therapy
 - Community Service Work Program
-

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

FACILITY/PROGRAM: 3rd District Court Service Unit (Portsmouth)

SUBMITTED BY: Katherine A. Grimm, CSU Director

CERTIFICATION AUDIT DATES: July 25-26, 2017

CERTIFICATION ANALYST: Mark Ivey Lewis

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

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

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

Audit Finding:

Per approved procedures, two of four narratives did not document a review and update of the family transportation plan and regularly scheduled dates for monthly contact meetings for the PO, counselor, and juvenile.

One of two narratives did not have documentation that 30 days after release, the PO convened a meeting with the juvenile, family, and service providers.

Program Response

Cause:

The cause of the identified area of non-compliance for 6VAC35-150-420 was a change in direct care procedures that requires more documentation of information presented in contacts with the committed juvenile, the juvenile's parents, guardians or other custodians and the treatment staff at the juvenile's direct care placement. The Portsmouth Court Service Unit is generic, with all probation officers carrying both probation and direct care/parole cases, and the fact that the Portsmouth Court Service Unit has had nine youth committed from July 1, 2016 to June 24, 2017 (audit timeframe), there has been a learning curve on making sure all the bullets on the monthly contacts are documented. There is also an on-going Department of Juvenile Justice training issue as there was only one training on the new parole/reentry standards but the Parole Record Case Review, which is used as a checklist by the POs and Supervisors, was updated on at least three occasions, October 2016, January 2017 and again in February 2017. The earlier versions of the CSU Case Record Review did not have the bullets in the document. There was no ongoing training after the modifications were made.

Effect on Program:

There was no effect on the program. Contacts were made per standards. A Family Involvement Plan was developed per standards and reviewed per standards. Documentation missing was a review and update of the family transportation plan and dates were not scheduled for the next meeting at the treatment team meetings. The meeting dates were scheduled at a later time after the monthly treatment team meeting. Only four files were reviewed for this standard and two were found out of compliance

For the documentation that 30 days after release the PO convened a meeting with the juvenile and family, and service providers, a meeting did occur. The meeting was held the day of the youth's release from direct care. Youth and his father met at the Court Service Unit with a PO to review the rules of parole and expectations. At this meeting, the Counselor from the 2nd Chance Grant was there to review the rules of the program and to place the youth on the monitor for 30 days. The practice in the Portsmouth Court Service Unit is to have the service provider available whenever possible the day of release in order to put the service in place immediately. This prevents a delay in services and allows everyone to be on the same page for the start of the youth's parole. At the time, this was the only service provider that was involved in that case. Other services that were in place through the 2nd Chance Grant were independent living, employment and prosocial skills and associates. Other services had not been secured but were being sought for substance abuse relapse, and individual or family counseling. It should be noted that only two files were reviewed for the documentation of 30-day meeting and only one was found out of compliance. This one file was the same file as one of the two found out of compliance with the first issue with the monthly meetings.

Planned Corrective Action:

1. At the monthly meeting with the parole staff, the supervisors will review the standards and provide a checklist to the probation officers to follow when having the monthly contact with Juvenile Correctional Center/Community Placement Counselor and youth.
2. The supervisors will utilize the checklist while doing a file review to check and confirm all the bullets have been addressed in the documentation.
3. The Portsmouth Court Service Unit will continue to have quarterly internal audits with at least one focusing on the requirements of direct care and parole.

Completion Date:

1. September 1, 2017.
2. Ongoing, completed at every file review within the 90-day requirement.
3. Ongoing with one of the quarterly audits focused on direct care and parole requirements.

Person Responsible:

Katherine A. Grimm, Director 3rd District Court Service Unit

Current Status on November 9, 2017: Compliant

Per approved procedures, six of eight narratives documented a review and update of the family transportation plan and had established regularly scheduled dates for monthly contact meetings for the PO, counselor, and juvenile.

Portsmouth CSU has not had any residents released from direct care to parole since the audit on July 26, 2017. It could not be determined that the CSU was in compliance with the regulation element that states the PO shall convene a meeting with the juvenile, family and service providers 30 days after release.

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

PROGRAM AUDITED:

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

AUDIT DATES:

October 16, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

March 18, 2015 – March 17, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – October 15, 2014:

6VAC35-150-336 (A). Social Histories
6VAC35-150-410 (A). Commitment Information

CURRENT AUDIT FINDINGS – October 16, 2017:

94.4% Compliance Rating
*Two repeated deficiencies from previous audit
Number of Deficiencies: Three
*6VAC35-150-336 (A). Social histories
*6VAC35-150-410 (A). Commitment information
6VAC35-150-420. Contacts during juvenile's commitment

DEPARTMENT CERTIFICATION ACTION FEBRUARY 12, 2018: Certified the 6th District Court Service Unit until March 17, 2021.

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

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Deborah Hayes, Central Office
Kathleen Jones, 14th District Court Service Unit (Henrico)
William Stanley, 12th District Court Service Unit (Chesterfield)
Curtis More, 5th District Court Service Unit (Suffolk)

POPULATION SERVED:

The 6th District Court Service Unit (CSU) serves:

- City of Emporia

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

PROGRAMS AND SERVICES PROVIDED:

The 6th District CSU provides mandated services including:

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

The Unit interacts with the community organizations below to obtain services:

- Community Service Work Program
- VJCCA Electronic Monitoring/Outreach Detention
- Substance Use Education
- Youth Offender Program (YOP)
- Family Violence/Sexual Assault Unit
- Parent Education Consortium
- District 19 Community Services Board
- Community Partnerships
 - Hopewell
 - Juvenile Justice Team
 - District 19 Community Services Board
 - Hopewell Courts Committee
 - Hopewell Career and Technical Education Advisory Board
 - Hopewell Chamber of Commerce JOBS Program
 - Hopewell Big Brothers and Big Sisters
 - Hopewell Healthy Families
 - Prince George
 - Riverside Community Corrections Board
 - Domestic Violence Task Force
 - Special Education Advisory Committee
 - Prince George Healthy Families
 - Prince George Chamber of Commerce JOBS Program
 - Prince George Crime Solvers
 - Prince George Promise
 - Emporia
 - Emporia City Council Member
 - Virginia Municipal League
 - Virginia Association of Planning Districts Commission member
 - Crater Planning District
 - Meherrin River Arts Council
 - Southside Community Corrections Board
 - Family Violence/Sexual Assault Unit

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

FACILITY/PROGRAM: 6th District Court Service Unit (Hopewell)
SUBMITTED BY: Woodrow Harris, CSU Director
CERTIFICATION AUDIT DATES: October 16, 2017
CERTIFICATION ANALYST: Mark Ivey Lewis

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

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

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

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

Audit Finding:

Per approved procedures, the following information was missing:

- 1) Five of ten social histories did not address any "previous contacts with CSUs in other known states"
- 2) Four of ten social histories did not provide "most recent grades" when addressing grade level
- 3) Eight of ten social histories were missing "the family and probation officer view of the impact of the neighborhood on the juvenile's behavior"
- 4) Three of six applicable social histories did not provide information in reference to "the impact of alcohol or drug use"
- 5) Two of three applicable social histories did not note that the most recent progress report for any current treatment was attached.
- 6) Six of ten social histories did not address the "juvenile's self-reported career goals"

Program Response

Cause:

Shortly after release of DJJ's new Social History Format, this CSU, along with a number of others, had a great deal of difficulty in getting the document to be 'user friendly.' There were numerous revisions and changes to the initial document. All of these changes were not fully absorbed by staff members preparing SHIs.

Effect on Program:

None, outside of Certification

Planned Corrective Action:

The supervisors of the 6th CSU use a modified Social History Checklist in reviewing SHIs. This checklist is below. In most instances, the items in question were already included on the checklist. In some cases, additional language has been added. The 6 areas above and any changes in language have been highlighted in red on the checklist below. CSU Supervisors Jean Cobb and Tim Beard will review these items with staff again. Please note that items 2, 4, and 5 above have appealed. A companion document outlining the nature of the appeals is included by email with this Corrective Action Plan. Please note also, regarding item 1-6, that the information related to 'juvenile's self reported career goals' in the four SHIs found to be not in compliance was present, but in a different section. **(Please note that the areas appealed were resolved by KEB)**

Social History Checklist
 Name of Judge _____
 Locality _____

Identifying Information (Cover Sheet)	Checklist
Commonwealth Attorney, Defense Atty., GAL, CSU 6, Author of Report	
Date Report Ordered and Date of Disposition	
Demographic Info: Full Name, JTS, Nicknames (Aliases), Birth Verification, BC #, DOB and Age	
Contact info (address, county of residence, phone numbers), POB, School	
Preferred Language, Race, Sex (at birth) and Gender Identity	
Driver's License Number, State Issued, Active or Suspended	
Legal Guardian and Address	
Parent (Mother) and Address	
Parent (Father) and Address	
Physical Description of Subject: Height, Weight, Eye Color, Hair Color, Tattoos, Piercings, Distinguishing Marks or Characteristics (under comments)	
Present Offense	
1. Offense Date, Petition Date, Charge, Code Section, and VCC Code	
2. Current Detention Status and Name of Detention Facility / if Juvenile has been released from detention, include name and relationship of person released to	
3. DJJ Involvement at Time of Present Offense (note the appropriate box for juvenile's status when he/she committed the offense. Add comment for further explanation. (Date placed on probation or parole)	
4. Petition(s): Include who filed the petition, their position (Sheriff's Office, Police Dept., PO, etc.), and when petition was taken out. Include exact language of the official petition. If the charge was amended, note it was amended – you may want to add a note as to how charge was amended. If your court requires Probable Cause Statement, include.	
5. Defendant's statement: Juvenile's version of the offense – may be a statement or direct quote (noted in quotations).	
6. Victim Impact Statement (if ordered, and attach to report)	
Risk Assessment	
Provide the Juvenile's overall risk to offend, Dynamic Risk, and Protective Factors.	

Legal History and Interventions	
1. Other Pending Court Matters and Prior Legal History: Petition Date, Locality, Charges, Code Section, VCC Code, Adjudication & Disposition	
2. History of Detention and Court Placements. Include prior detentions and court-ordered placements. Include facility name, placing locality, placement date and release date	
3. Summary of Legal History and Interventions – Summarize /enhance YASI generated info. Explain charges, dispositions, etc. Add info if subject is on probation or parole, adjustment to supervision, etc. Be mindful of risk and protective factors.	
4. Provide info on contacts/charges with other CSUs or in other States (include Diversions) Do NOT leave blank if there are none! State "No contacts or charges were noted with other CSUs or in other states."	
Juvenile and Parent's response/adjustment to current and/or prior interventions (as applicable)	
Family Environment	
1. On Each Of These: Parents, Legal Guardian, Siblings and other Household Members: Name, Relationship, DOB, Address, Home, Work, Cell Phone #s, Employer, Marital Status, Highest Grade Completed.	
Physical Health Concerns	
Mental Health Concerns	
Substance Abuse Concerns	
Criminal History Info	
2. Summarize and Enhance YASI-generated Info [interpersonal relationships, parental supervision practices, curfew, rewards and discipline, family's approach to conflict, do parents approve of subject's delinquent behavior, opportunities for growth, family activities, family members he feels close to, extended family network, history of running away or being locked out]	
3. Provide date of HV or reason why HV was waived	
4. Include Physical Description of home & length of time they have lived there.	
5. Family Income and Resources – info indicating the family's means of income and resources (ex. Employment, public assistance) Indigent?	
6. History of Abuse and/or DSS Involvement: any previous abuse or neglect history, or DSS involvement. If there is DSS involvement, provide the type of intervention.	
7. Foster Care – state reason and when juvenile came into care, length of time in FC, response to FC placements, and number of placements.	
Education	
Summarize and enhance YASI-generated info (enrolled in school full or part-time, attendance, academic performance, behavioral issues, ADHD, suspensions, expulsions, school activities, number of staff he likes, parent's value on education)	
Provide Name of School and location	
Grade Level and Most Recent Grades. Ensure that actual grades from the subject's most recent grades are included! Do not simply report grade averages. List each class and grade.	
Progress Toward Graduation	
Any Academic Retentions	
Services or interventions provided by the school (truancy interventions, speech therapy, tutoring, counseling, etc.)	

Classification of giftedness or SPED (IEP, 504 Plan). Summarize the SPED Plan.	
Juvenile and parent/guardian's perception of appropriateness of school placement	
Summarize current educational circumstances / an assessment of need for services	
Note if the most recent records (transcript) is attached.	
Community and Peer Relationships	
Summarize YASI-generated info (age appropriate peers, positive or negative influence, amount of free time w/ neg. peers, leader or follower, peers responsible or goal focused, GANG Info, admire or emulate peers, positive adult relationships in community (exclude family and school))	
Provide the Family and PO's view of the impact of the neighborhood on behavior. Include separate statements relative to the family's view and to the PO's view.	
Alcohol and Drugs	
Summarize YASI-generated info (For each substance, age started using, which substances, # of times used in last 3 months for each substance)	
Impact of drug or alcohol use (do they see it as a problem, does it disrupt function, does it cause problems with the family, etc.) Discuss fully.	
Was juvenile under influence at time of present offense	
Summarize any screens, assessments, evaluations, and treatment services	
Note if the most recent progress report for any current treatment is attached	
Mental and Physical Health	
Mental Health – Summarize YASI-generated info (suicide attempts/ideations, homicidal ideations, sexual aggression, history of physical or sexual abuse, victim of bullying or victimization)	
Current diagnoses and medications (if applicable) [not ADHD]	
Summarize any screens, assessments, evaluations, treatment	
Impact of any form of abuse (physical, emotional, mental, sexual)	
Include mention of Assessment conducted by Ashely Ryan / report attached	
Note if the most recent and relevant mental health reports (psychological, progress reports, etc.) are attached. Remember to check the accompanying box if attached.	
Physical Health – Note if juvenile has any physical health concerns, allergies, significant past health concerns, handicaps	
Trauma – ACE Score and elaborate on self-reported trauma health concerns from juvenile and family. If the info has been captured in another section, alert reader to the applicable section.	
Family's need for trauma assessment, services, or individual treatment.	
Aggression/Violence	
Summarize and enhance YASI-generated info (has youth been violent, used weapon, bullying, believes physical violence is necessary, verbal aggression is necessary, how does he tolerate criticism, level of frustration – how does he handle anger)	
Attitudes	
Summarize and enhance YASI-generated info (his attitude toward delinquent behavior, accepts responsibility, understands impact of his behavior, attitude toward authority, willingness to make amends, Stage of Change)	
Cognitive and Social Skills	
Summarize and enhance YASI-generated info (skill of identifying consequences of his actions, ability to set and achieve goals, consequences and triggers, ability to solve problems, social skills – how does he treat adults)	
Employment and Free Time	

Summarize and enhance YASI-generated info (has subject been employed, community activities, clubs, organizations, church, hobbies/interests, Career Plans or Goals – realistic? Unstructured activities (reading, art, music, etc.) Remember to include and address the subject’s self reported career goals in THIS section, not in Cognitive and Social Skills, even though the YASI instrument references goal setting skills in the cognitive skills section.	
If currently employed, provide name of employer, position title, job responsibilities, hours per week, length of time at job.	
Provide the juvenile’s self-reported career goals.	
Local Protocol – add directions to the home.	
Evaluative Analysis	
Risk to re-offend, dynamic risk and protective factors.	
Select the youth’s risk level, protective factors, and if interventions are needed for each domain.	
Provide specific strength and protective factors for the juvenile and family and specific priority areas for the juvenile and family that should be targeted to reduce the risk of re-offending.	
Service Needs and Availability – provide the interventions and services for consideration to address the current behavior, the availability of services, and the available funding sources.	
Court Recommendation	
Pre-Disposition – include recommendation.	
If recommendation is commitment, include LOS estimation range and LOS Estimation Report. If not recommending commitment, NOTE the LOS Estimation Report is N/A	
Post-Disposition – note the report was completed post-disposition	
Recommendation needs to include the Code Section.	
Signature – The PO shall sign and date the completed report.	
Signature – The Supervisor shall sign and date the report, indicating approval.	
Pre-Dispositional Reports shall be completed when ordered by the court.	
Pre-Dispositional Reports shall be completed 30 calendar days from the date of adjudication, if the juvenile is detained, and 45 calendar days from the date of adjudication, if the juvenile is not detained. A waiver may be requested from the CSU Director for an extension to the procedural timeline.	
Reports shall be filed with the clerk 72 hours in advance of the dispositional date.	
Post-D Reports – shall be completed within 60 calendar days of disposition. Do not require a Date Ordered on the cover sheet (page 1).	
Commitment – Post-D reports shall be completed within 10 business days to be included in the commitment packet. A waiver may be requested from the Deputy Director of Community Programs for an extension to the procedural timelines.	
Victim Impact Statement: PO must arrange for the statement to be completed.	

Completion Date: 11/1/17

Person Responsible: CSU supervisors Jean Cobb and Tim Beard

Current Status on January 18, 2018: Compliant

Per approved procedures, the following information was included in the social histories reviewed:

- 1) Eleven of eleven social histories addressed "previous contacts with CSUs in other known states"
 - 2) Eleven of eleven social histories provided the "most recent grades" when addressing grade level
 - 3) Ten of eleven social histories included "the family and probation officer's view of the impact of the neighborhood on the juvenile's behavior"
 - 4) Eight of nine applicable social histories provided information in reference to "the impact of alcohol or drug use"
 - 5) Eight of nine applicable social histories noted if the most recent progress report for any current treatment was attached.
 - 6) Eleven of eleven social histories addressed the "juvenile's self-reported career goals"
-

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

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

Audit Finding:

Two of five commitment letters did not list:

- 1) **The "name(s) of any known committed juveniles with whom contact with the newly committed juvenile may be problematic"**
 - 2) **"Name(s) of any committed family members"**
 - 3) **Two of five case files reviewed did not have documentation that the court service unit notified via e-mail the CAP unit staff in the master file room, both counselor supervisors, and the CAP Manager of the packets being posted on the shared drive**
-

Program Response

Cause:

When the new DJJ Parole Reentry Manual was released, staff did not notice changes to the commitment letter on page 11 or the requirement to send an email notification that a commitment packet had been posted in the folder on the "S" drive to additional DJJ staff.

Effect on Program:

Minimal. Few subjects were committed prior to the additional items in the commitment letter being noticed and the letter changed in March 2017. No issues were noted by DJJ staff who worked the uploaded commitment packets regarding other DJJ staff not being noticed.

Planned Corrective Action:

Items 1) and 2) were corrected in early March 2017, by amending the commitment letter. Item 3) was corrected by identifying the DJJ staff who should be notified after upload of a commitment packet and communicating this to CSU staff who complete commitment packets. Please note the appeal of the deficiency citations for items 1) and 2) in the accompanying appeal document.

Completion Date:

10/23/17

Person Responsible:

CSU supervisors Jean Cobb and Tim Beard.

Current Status on January 18, 2018: Compliant

Seven of seven commitment letters reviewed included the following information:

- 1) The "name(s) of any known committed juveniles with whom contact with the newly committed juvenile may be problematic"
- 2) "Name(s) of any committed family members"

Seven of seven case records reviewed had documentation that the court service unit notified via e-mail the CAP unit staff in the master file room, both counselor supervisors, and the CAP Manager of the packets being posted on the shared drive

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

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

Audit Finding:

- 1) Three of five case records reviewed did not have documentation that one or more of the following elements were reviewed during the juvenile monthly contact:
 - Family planning and progress on Family Domain section of Comprehensive Re-entry Plan (CRCP)
 - CRCP goals and progress;
 - Educational goals and progress;
 - Behavior and adjustment;
 - Intervention strategies;
 - Re-entry/parole placement and service needs (e.g., benefits);
 - Review and update family transportation plan; and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
- 2) Four of five case records reviewed did not document monthly contacts with the juvenile in the Caseload Management module of BADGE as a "verbal family progress note"
- 3) Four of five case records reviewed did not have documentation that one or more of the following elements were reviewed during the family monthly contact:
 - Review family's progress toward planned goals of the Family Domain;
 - Share juvenile's progress;
 - Prepare for re-entry, such as identifying housing options and other supports;
 - Coordinate intervention and services;
 - Review and update family visitation plan; and

- Provide community resource linkages and crisis intervention, as needed.
- 4) Three of five case records reviewed did not categorize the documentation of the monthly face-to-face contact with the family as "Family Progress Report"
 - 5) Two of five case files reviewed did not have documentation that a date for the following month's contact with the Juvenile Correctional Center was determined during each monthly contact
-

Program Response

Cause:

Oversight by 6th CSU staff in detail of some of the changed parole reentry responsibilities in the 74 page Parole Reentry Manual.

Effect on Program:

Items 1) and 3): Minimal. In each case cited, some of the items were not referenced on a monthly basis.

Items 2) and 4): No impact outside of certification. Contacts were made, but were not coded per the revised standard.

Item 5):

No impact. Monthly contacts with the JCC were held, even if not scheduled during the previous month's contact. It is generally the case that these meetings are rescheduled during the month to a different time than initially set anyway.

Planned Corrective Action:

Items 1), 2), 3) and 4): Supervisors have reviewed requirements with Parole Officers and prepared a template for use to eliminate missed items

Contacts during Juvenile's Commitment:

The following Info shall be reviewed **MONTHLY with Juvenile:** (FTF is required every 90 days)

- Note the contact in Badge as a "Verbal Family Progress Note" If this contact purpose continues to not be listed in BADGE, code the contact as: 'Family Progress Report (Direct Care) – CSU.'
- Family planning and progress on Family Domain section of CRCP:
- Comprehensive Re-Entry Case Plan (CRCP) goals and progress:
- Educational Goals and progress:
- Behavior and adjustment:
- Intervention strategies:
- Re-Entry/Parole placement and service needs (e.g., benefits):
- Review and update family transportation plan:
- Establish regular schedule for PO, counselor, and juvenile monthly contact dates:

The following Info shall be reviewed **MONTHLY with Family:** (FTF is required monthly)

- Review family's progress toward planned goals of the Family Domain:
- Share juvenile's progress:
- Prepare for Re-entry, such as identifying housing options and other supports:
- Coordinate intervention and services:
- Review and update family visitation plan:

- Provide community resource linkages and crisis intervention, as needed:
- The date for the following monthly contact:
- Code purpose of contact as **"Family Progress Report" #34** If this contact purpose is not listed in BADGE, code the contact as 'Family Progress Report (Direct Care) – CSU.'

Do Family Progress Report MONTHLY – as an entry in Badge; **THIS IS YOUR MONTHLY FAMILY CONTACT.**

Item 5) Supervisors have reviewed with Parole Officers the need to schedule the following month's meeting with the JCC Counselor during the monthly meeting and to include language reflecting that in the monthly JCC contact entry in BADGE.

Completion Date:
10/23/17

Person Responsible:
6th CSU Parole Officers Brian Ellsworth and Terrell Hobson and 6th CSU Supervisors Jean Cobb and Tim Beard.

Current Status on January 18, 2018: Compliant

- 1) Four of six case records reviewed had documentation that the following elements were reviewed during the juvenile monthly contact:
 - Family planning and progress on Family Domain section of Comprehensive Re-entry Plan (CRCP)
 - CRCP goals and progress;
 - Educational goals and progress;
 - Behavior and adjustment;
 - Intervention strategies;
 - Re-entry/parole placement and service needs (e.g., benefits);
 - Review and update family transportation plan; and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
- 2) Six of six case records reviewed had documented monthly contacts with the juvenile in the Caseload Management module of BADGE as a "verbal family progress note"
- 3) Four of six case records reviewed had documentation that the following elements were reviewed during the family monthly contact:
 - Review family's progress toward planned goals of the Family Domain;
 - Share juvenile's progress;
 - Prepare for re-entry, such as identifying housing options and other supports;
 - Coordinate intervention and services;
 - Review and update family visitation plan; and
 - Provide community resource linkages and crisis intervention, as needed.
- 4) Six of six case records reviewed had categorize the documentation of the monthly face-to-face contact with the family as "Family Progress Report"
- 5) Six of six case records reviewed had documentation that a date for the following month contact with the Juvenile Correctional Center was determined during each monthly contact

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

PROGRAM AUDITED:

15th District Court Service Unit
601 Caroline Street, Suite 400, 4th Floor
Fredericksburg, Virginia, 22401
(540) 372-1068
Vincent Butaitis, Director
Vincent.butaitis@djj.virginia.gov

AUDIT DATES:

April 3-4, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

September 14, 2017- September 14, 2017

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – April 8, 2014

98.42% Compliance Rating
6VAC35-150-300.A – Pre-dispositionally Placed Youth

CURRENT AUDIT FINDINGS – April 4, 2017:

89.36% Compliance Rating
Number of Deficiencies: Five
6VAC35-150-270 (A). Intake Duties.
6VAC35-150-336 (A). Social histories.
6VAC35-150-350 (A). Supervision plans for juveniles. (9324)
6VAC35-150-350 (B). Supervision plans for juveniles. (9324)
6VAC35-150-420 Contacts during juvenile's commitment

DEPARTMENT CERTIFICATION ACTION FEBRUARY 12, 2018: Certified the 15th District Court Service Unit until September 14, 2020.

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

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice T. Booker, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
Dee Kirk, Regional Program Manager
Elaine Lassiter, Director, 20 W Court Service Unit (Warrenton)
Viola Evans, 14th Court Service Unit (Henrico)
Vanessa Grooms, 13th Court Service Unit (Richmond)

POPULATION SERVED:

The 15th District Court Service Unit serves the City of Fredericksburg and the Counties of Caroline, Essex, Hanover, King George, Lancaster, Northumberland, Richmond, Spotsylvania,

Stafford and Westmoreland.

PROGRAMS AND SERVICES PROVIDED:

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

Other Services:

- Community service work, EIP, substances abuse evaluation and groups, anger management, mentoring, larceny reduction, restorative justice and parenting classes through the Office on Youth.
- Preventive foster care, foster care, re-entry planning, Medicaid, food stamps, etc. through local Department of Social Services.
- Coordination of educational services and programming through school systems in each locality.
- Alternative schooling, career placement, independent living skills through Employment Resources Incorporated.
- Mental health and substance abuse services, including assessment, treatment and medication monitoring and Re-Entry Planning through the Community Services Board.
- Private mental health and substance abuse services.
- Sex offender counseling through private vendors.
- Shelter care, group home and aftercare services through Chaplin Youth Center.
- Substance abuse and intensive supervision through Drug Courts in Hanover and Rappahannock Regional (King George, Spotsylvania, Stafford and Fredericksburg)

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

FACILITY/PROGRAM: 15th District Court Service Unit (Fredericksburg)
SUBMITTED BY: Vincent Butaitis, CSU Director
CERTIFICATION AUDIT DATES: April 3-4, 2017
CERTIFICATION ANALYST: Shelia L. Palmer

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

270 (A). Intake duties.

When making an intake determination as provided for by § 16.1-260 of the Code of Virginia, whether in person or by telephone or interactive video conferencing, the intake officer shall, in accordance with approved procedures:

2. Make all required data entries into the Department's electronic data collection system in accordance with §16.1-224 of the Code of Virginia and approved procedures;

The following are documented in the electronic data system: (Use most recent intake)

- Nature of the intake complaint
- Description of the offense or other reason for lodging the complaint
- Whether probable cause was established
- The intake disposition, including the specific consideration of diverting the case from court
- Notification of parents when juvenile detained
- Justification of decision to detain juvenile
- Written notice to complainant of right to appeal if a petition is denied

Audit Finding:

Two out of four applicable case files reviewed did not have documentation in the electronic data system whether probable cause was established.

Two out of four applicable case files reviewed did not have documentation in the electronic data system the intake disposition, including the specific consideration of diverting the case from court.

Program Response

Cause:

The leadership team reviewed the requirement of Intake Duties several years ago and determined that the electron data collection system included all screens in BADGE. Intake staff entered information into BADGE in various screens, but did not include all required information in the narrative screen for each intake. Additionally, we have required intake staff to justify the reason why they are filing the petition rather than that they just considered diversion, including receiving supervisory approval to file a misdemeanor petition for a first time offender. Included in the narrative for each intake was a justification why a petition was filed.

Effect on Program:

None

Planned Corrective Action:

A standard intake narrative form has been developed to include all required elements and intake staff has been instructed to utilize the format for each intake. Each, month the director will select intakes and review to ensure that the format is being utilized and that staff is compliant with the standard.

Completion Date:

September 1, 2017

Person Responsible:

Intake officers, supervisors and director.

Status as of September 5, 2017: Compliant

Five out of five applicable case files reviewed documented in the electronic data system whether probable cause was established.

One out of five applicable case files reviewed did not have documentation in the electronic data system the intake disposition, including the specific consideration of diverting the case from court. The compliance rating was satisfactory.

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

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

Audit Finding:

Cover Sheet

Five out of 10 social history reports reviewed did not document the age of the juvenile.

Legal History and Interventions

Seven out of 10 social history reports reviewed under Other Pending Court Matters and Prior Legal History tables, the tables were either missing or the information required was not addressed.

Four out of 10 social history reports reviewed under History of Detention and Court Placements the tables were either missing or the information required was not addressed

Family Environment

Six out of 10 social history reports reviewed did not have documentation of the date of the home visit.

Community and Peers

Six out of 10 social history reports reviewed did not have documentation of the family's and or the Po's view of the impact of the neighbor on behavior.

Mental and Physical Health

Three out of three applicable social history reports reviewed did not document if the most recent and relevant mental health reports were attached to the social history report.

Employment and Use of Free time

Six out of 10 social history reports reviewed did not document the juvenile's self-reported career goals in the Employment and Use of Free Time section of the social history.

Program Response

Cause:

Staff has some misunderstanding regarding the requirements due to being presented with multiple procedures and versions of the approved statewide social history template in the past 2.5 years (September 2014, October 2015, October 2016 and March 2017). The various changes

in procedures, templates (locked and unlocked) and revised social history guidelines and checklists contributed to social histories being cited as non-compliant in the area of Age and documenting the date of the home visit. The 15th CSU has always required staff to conduct a home visit, so this is standard protocol and documented as a case contact.

Staff removed tables if there were not information to report in that area and was unaware that it was not permissible to use "N/A" as a means to address areas that were not applicable. Staff believed that it was permissible since the latest social history Checklist provided on 3/15/17 states "All sections must be completed or note as N/A if it does not apply" on page 4 under Quality Assurance.

Regarding the Mental and Physical Health section of the social history, staff was unaware they were required to attach the most recent mental health reports if received. Staff believed that they need not attach the reports if they included the information in the narrative of the report.

Lastly, regarding the Employment and Use of Free time section some staff included the youth's self-reported career goals in other areas of the report such as Education and Cognitive and Social Skills rather than including it in the designated section. Overall, staff lacked clarification in this area.

Effect on Program:

None

Planned Corrective Action:

Staff will apply the most recent version that was emailed to CSU Directors on March 15, 2017 and staff will use the knowledge gained by participating in webinar training on the template to ensure compliance. Supervisors will provide additional training/review of the social history information requirements and how the information is to be presented in the report. Supervisors will also be providing quality assurance by reviewing and signing off on all social history reports to ensure compliance.

Staff have been informed not to alter the documented by removing table that contain no information and enter "none" in the appropriate sections rather than "N/A"

The CSU Director will be seeking clarification on the instructions given in the Checklist approving the use of "N/A" and the acceptable ways of documenting if additional records/reports are attached to the social history.

The Director will review two social history reports from each of the supervisors to determine compliance with each area before the completion date.

Completion Date:

October 1, 2017

Person Responsible:

CSU Director, Supervisors and assigned staff

Status as of September 5, 2017: Compliant

The areas in non-compliance during the audit are now at an acceptable level of compliance.

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

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

Audit Finding:

Four out of six applicable case plans reviewed did not document that the case plan was jointly developed by the probation officer, juvenile and family and signed by all parties.

Program Response

Cause:

Staff jointly developed case plans with juveniles and families, but was unaware that the word "developed" needed to be in the case notes.

Effect on Program:

None

Planned Corrective Action:

Staff will be instructed to include "developed" in the case notes and supervisors will review the case notes to ensure that there is compliance in this area. Director will select 5 cases each month to ensure that staff have properly documented their efforts in the case notes of newly opened cases.

Completion Date:

August 1, 2017

Person Responsible:

CSU Director, Supervisors and assigned probation staff

Status as of September 5, 2017: Not determined

There were no applicable cases available for the status review period.

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

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

Audit Finding:

Supervision Plans for Juveniles

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

Two out of four applicable case files reviewed did not have documentation that the YASI reassessment was completed every 180 days.

Supervisory Reviews

Three out of six applicable case files reviewed did not have documentation that a supervisory review was completed of the probation supervision case plan at least once every 90 days.

Two out of three applicable case files reviewed did not have a supervisor's review every 180 days of the YASI reassessment.

Program Response

Cause:

Staff just did not complete the duties in a timely fashion.

Effect on Program:

None

Planned Corrective Action:

Director will utilize the Community Insights Reports module to obtain cases that need a supervision plan review and sent them to staff at the beginning of each month. At the end of the month, the director will have utilized the Community Insights Reports module to identify cases that have reviews that are past due and seek clarification from staff regarding the status of the review.

Completion Date:

November 1, 2017

Person Responsible:

CSU Director, Supervisors and assigned staff

Status as of September 5, 2017: Compliant

Supervision Plans for Juveniles

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

One out of eight applicable case files reviewed did not have documentation that the YASI reassessment was completed every 180 days.

Supervisory Reviews

Seven out of seven applicable case files reviewed documented that a supervisory review was completed of the probation supervision case plan at least once every 90 days.

One out of eight applicable case files reviewed did not have a supervisor's review every 180 days of the YASI reassessment.

420. Contacts during juvenile's commitment

During the period of a juvenile's commitment, a designated staff person shall make

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

Audit Finding:

With Juvenile Correctional Counselor

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

Community Supervision Phase

Two out of two applicable case files reviewed did not document 30 days after release that the PO convene a meeting with the juvenile, family and service providers.

Supervisor responsibilities

Three out of three case files reviewed did not have documentation of the cases staffing for level three and level four cases at least every thirty (30) days with the probation officer and supervisor.

Three out of three applicable case files reviewed did not have documentation in BADGE of the conversation by the supervisor of the case staffing for Level 3 and Level 4 parole staffing.

One out of two applicable case files reviewed did not have documentation of the supervisory review of the parole plan at least once every 90 days.

One out of two applicable case files reviewed did not have documentation that the supervisory review had been completed, approved and or modified.

Program Response

Cause:

During the monthly meeting with the counselor, probation staff inquired regarding the next meeting date and were informed that it could not be determined at that time or was told a date but only documented on their calendars and not in the case record.

Staff overlooked the requirement to conduct a treatment team meeting after 30 days of release, but maintained monthly contact with treatment provider.

Regarding the case staffing and review by the supervisor, the 15th CSU has local protocol in place to staff each case. Each parolee is placed on 30 days of "house arrest" electronic monitoring, followed by 30 days of "curfew" electronic monitoring, then 30 days before reducing supervision to Level II. Case staffings are occurring as required and being documented by parole staff and electronic monitoring officers, but the standard requires the supervisor to document.

Effect on Program:

None

Planned Corrective Action:

Supervisors will properly train their staff on the specific requirement listed in this section and will ensure compliance with the standards when they document the cases staffing and reviews in a timely fashion until a parolee reaches Level II supervision.

Director will utilize the Community Insights Reports module to obtain cases that need a supervision plan review and sent them to staff at the beginning of each month. At the end of the month, the director will have utilized the Community Insights Reports module to identify cases that have reviews that are past due and seek clarification from staff regarding the status of the review.

Completion Date:

December 1, 2017

Person Responsible:

CSU Director, Supervisors and assigned staff

**Status as of September 5, 2017: Non-Compliant
With Juvenile Correctional Counselor**

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

Community Supervision Phase

There were no applicable cases available for Status Review Period.

Supervisor responsibilities

One out of four case files reviewed did not have documentation of the cases staffing for level three and level four cases at least every thirty (30) days with the probation officer and supervisor.

One out of four applicable case files reviewed did not have documentation in BADGE of the conversation by the supervisor of the case staffing for Level 3 and Level 4 parole staffing.

Six out of six applicable case files documented the supervisory review of the parole plan at least once every 90 days.

Four out of five applicable case files reviewed did not have documentation that the supervisory review had been completed, approved and or modified.

Current Status as of November 20, 2017: Compliant

Seven of nine applicable case files reviewed did had documentation that the supervisory review had been completed, approved, and or modified.

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

PROGRAM AUDITED:

20th District Court Service Unit - Loudoun
18 East Market Street
Leesburg, Virginia 20178
(703) 777-0303
Sean D. Milner, Director
sean.milner@djj.virginia.gov

AUDIT DATES:

May 8-9, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

October 27, 2014 – October 26, 2017

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – April 15, 2014:

6VAC35-150-80 (A). Background checks
6VAC35-150-110 (A). Volunteers and interns
6VAC35-150-140 (A). Records management
6VAC35-150-335 (A). Diversion
6VAC35-150-336 (A). Social histories
6VAC35-150-410 (A). Commitment information

CURRENT AUDIT FINDINGS – May 9, 2017:

96.32% Compliance Rating

*Two repeated deficiencies from previous audit.

Number of Deficiencies: Five

- *6VAC35-150-336 (A). Social histories.
- 6VAC35-150-350 (A). Supervision plans for juveniles.
- 6VAC35-150-350 (B). Supervision plans for juveniles.
- *6VAC35-150-410 (A). Commitment information.
- 6VAC35-150-420. Contacts during juvenile's commitment.

DEPARTMENT CERTIFICATION ACTION FEBRUARY 12, 2018: Certified Loudoun Court Service Unit (20L) until October 26, 2020.

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

TEAM MEMBERS:

Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Deborah Hayes, Central Office

Peter Roussos, Winchester (26th) Court Service Unit
Mary Pitts, Warrenton (20th-W) Court Service Unit
Mike Mackey, Alexander (18th) Court Service Unit

POPULATION SERVED:

The 20th-L District Court Service Unit serves the County of Loudoun

PROGRAMS AND SERVICES PROVIDED:

The 20th-L District Court Service Unit provides mandated services including:

- Intake
- Diagnostic (Investigation and Reports)
- Domestic Relations
- Probation supervision
- Direct care and parole supervision

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

- Serious Habitual Offender Community Action Program (SHOCAP)
- Sex Offender Outpatient Treatment
- Electronic Monitoring
- Post Dispositional Programming
- Domestic Violence Case Management Program
- Evening Reporting Center
- Shoplifting
- Restorative Justice
- School Based Probation
- Diversion Program

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

FACILITY/PROGRAM: 20-L District Court Service Unit (Loudoun)

SUBMITTED BY: Sean D. Milner, CSU Director

CERTIFICATION AUDIT DATES: May 8-9, 2017

CERTIFICATION ANALYST: Mark Ivey Lewis

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

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

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

postdispositional detention program for more than 30 days pursuant to § 16.1-284.1 of the Code of Virginia, or (v) upon written request from another unit when accompanied by a court order. Social history reports shall include the following information:

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

Audit Finding:

Per approved procedures, the following information was either missing or was placed in the wrong section of the social histories which were reviewed:

- 7) Four of ten social histories demographic information were missing the juvenile's "age".
- 8) Four of ten social histories were missing the "date of the home visit".
- 9) Four of ten social histories were either missing "the family and probation officer view of the impact of the neighborhood on the juvenile's behavior".
- 10) Three of five social histories did not provide "the impact of alcohol or drug use".
- 11) Two of four social histories did not state if "the most recent and relevant mental health reports" were attached.
- 12) One of one social history did not state the "hours worked per week" by a juvenile who was currently employed.
- 13) Five of ten social histories did not "provide the juvenile's self-reported career goals".
- 14) Four of six social histories evaluative analysis tables were not complete.

Program Response

Cause:

Continued revisions by the Department of Juvenile Justice to the Social History and Procedure, which led to contrasting documents that were used for quality assurance purposes to check the accuracy and completion of the social history pursuant to minimum standards.

Effect on Program:

This deficiency led to incomplete social histories, uninformed decision makers, unidentified risk and protective factors and related need based services interventions.

Planned Corrective Action:

CSU Director and Supervisors will develop an updated social history training at the 20L to include full review of the audit results with staff to ensure a clear understanding of what is expected. On 6/2/17, Probation Supervisor Mark Alexander met with probation staff to discuss the audit findings and deficiencies. Each deficiency was discussed with staff.

Completion Date:

June 2, 2017

Person Responsible:

CSU Director and Probation Supervisors

Current Status on September 5, 2017: Compliant

Nine social histories since the audit were reviewed and all had been prepared in accordance with approved procedures.

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

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

Audit Finding:

Five of ten applicable supervision plans did not have separate "assessments of the juvenile and family's motivation for change".

Five of ten applicable narratives reviewed did not include entries indicating that the case plan had either been "jointly developed by the probation officer, juvenile and family and/or had been signed by all parties as required by procedure.

Program Response

Cause:

This unit supervised a caseload where a majority of cases were placed on "Terms & Conditions". This is a local category that has no mandates other than those outlined in a court order. Staff was not as familiar with authoring Supervision Plans and supervisors were not accustomed to reviewing them.

Effect on Program:

Lack of family engagement in the case planning phase of case management and limited information regarding the individual's and family's motivation for change.

Planned Corrective Action:

CSU has abandoned "Terms & Conditions" and recommitted ourselves to following DJJ mandates and guidelines. Staff is now being retrained in acceptable assessment and case management modalities to include treatment planning.

This issue was identified prior to certification arriving on site. We started the re-training process approximately 60 days ago. Supervisors were scheduled in May 2017 to attending monthly YASI/case management training starting in July 2017. Supervisors were instructed to follow DJJ policy which includes reviewing each plan prior to presenting the plan to families.

Completion Date:

August 1, 2017

Person Responsible:

CSU Director and Probation Supervisors

Status on September 5, 2017: Non-Compliant

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

Current Status on January 22, 2018 RPM Follow-up Audit: Compliant

Ten of ten applicable supervision plans reviewed all had separate "assessments of the juvenile and family's motivation for change."

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

B. In accordance with approved procedures, each written individual supervision plan shall be reviewed (i) with the juvenile and the juvenile's family, and (ii) by a supervisor from both a treatment and a case management perspective to confirm the appropriateness of the plan.

Audit Finding:

Four of seven case files reviewed did not have documentation that a reassessment using the YASI was done once every 180 days.

Three of seven narratives reviewed did not have a summary comment of the supervisor's review.

Program Response

Cause:

This unit supervised a caseload where a majority of cases were placed on "Terms & Conditions". This is a local category that has no mandates other than those outlined in a court order. Staff was not as familiar with authoring Supervision Plans and supervisors were not accustomed to reviewing them.

Effect on Program:

Clients and families may have missed the opportunity to participate in services as those conversations were absent on those cases identified to be deficient.

Planned Corrective Action:

CSU has abandoned "Terms & Conditions" and recommitted ourselves to following DJJ mandates and guidelines. Staff is now being retrained in acceptable assessment and case management modalities to include treatment planning.

This issue was identified prior to certification arriving on site. We started the re-training process approximately 60 days ago. Supervisors were scheduled in May 2017 to attending monthly YASI/case management training starting in July 2017. Supervisors were instructed to follow DJJ policy which includes reviewing each plan prior to presenting the plan to families. Probation Supervisors be trained on how to author a summary note in their review of each plan.

Completion Date:

July 1, 2017

Person Responsible:

CSU Director and Probation Supervisors

Status on September 5, 2017: Compliant

Two applicable case files reviewed had supervision plans which were written in accordance with approved procedures.

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

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

Audit Finding:

Commitment packages reviewed either had commitment letters which were missing information and/or procedures were not followed when submitting the commitment packages to the Complex Administrative Services (CAP) unit:

- **Three of three commitment letters were missing "pending court dates"**
 - **Two of three commitment letters were missing "committed family members"**
 - **Two of three commitment packages were not submitted to the CAP unit within three business days after disposition**
 - **One of two commitment packages did not have a waiver for not meeting the requirements in submitting all the components of the packet to the CAP unit within three business days**
 - **Two of three applicable case files reviewed did not have documentation that the court service unit notified via e-mail the CAP unit staff in the master file room, both counselor supervisors, and the CAP Manager of the packet's being posted on the shared drive**
-

Program Response

Cause:

Parole Supervisors unaware of changes in parole standards related to CAP Unit.

Effect on Program:

We have a very active Parole/Shocap unit where the focus is exclusively on the client. The administrative oversight had a neutral impact on service delivery.

Planned Corrective Action:

Starting immediately, training with supervisor and parole staff will take place to address all Parole deficiencies in audit. Parole supervisor is developing a parole check list for each file that will encompass all DJJ parole standard and specify contact due dates. The parole checklist will be part of every parole file and will be reviewed by supervisor. Random parole files to be audited by parole supervisor for compliance with DJJ Parole Standards.

Completion Date:

July 1, 2017

Person Responsible:

CSU Director and Parole Supervisor

Status on September 5, 2017: Not Determined

Loudoun Court Service Unit has not had any juveniles committed to the Department of Juvenile Justice since their last audit which was conducted on May 9, 2017.

Current Status on January 22, 2018 RPM Follow up audit: Not Determined

Loudoun Court Service Unit has not had any juveniles committed to the Department of Juvenile Justice since their last audit, which was conducted on September 5, 2017.

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

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

Audit Finding:

Per approved procedures, the following information was missing and/or procedures were not followed

- Three of five service plans reviewed were missing one or more of the following elements:
 - Family planning and progress on Family Domain section of CRCP;
 - Comprehensive Re-entry Case Plan (CRCP) goals and progress;
 - Educational goals and progress;
 - Behavior and adjustment;
 - Intervention strategies;
 - Re-entry/parole placement and service needs (e.g., benefits);
 - Review and update family transportation plan; and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
- Two of five case files reviewed did not document detailed monthly contacts in the Caseload Management module of Badge as a verbal family progress note
- Three of five case files reviewed did not have documentation that the following information was reviewed during the family monthly contact:
 - Review family's progress toward planned goals of the Family Domain;
 - Share juvenile's progress;
 - Prepare for re-entry, such as identifying housing options and other supports;
 - Coordinate intervention and services;
 - Review and update family visitation plan; and
 - Provide community resource linkages and crisis intervention, as needed.
- Five of five case files reviewed did not have documentation that the probation

- officer made monthly face to face contacts with the parent or legal guardian.
- Four of five case files reviewed did not have documentation the probation officer made monthly contacts either in-person, via telephone, or via video conferencing with the Juvenile Correctional Center.
 - Five of five case files reviewed did not have documentation that a date for the following month contact was determined during each monthly contact.
 - One of two applicable case files had documentation that a re-entry meeting was not convened until five days prior to release instead of the required 90 days and the re-entry advocate was not present at the meeting.
 - One of two applicable case files reviewed did not have documentation that a review of the Comprehensive Re-Entry Case Plan had occurred 60 to 90 days prior to release.
 - One of two applicable case files reviewed did not have a CRCP.
 - One of two applicable case files reviewed did not have documentation that the probation officer convened a meeting with the juvenile, family and service provider within 30 days after release.
 - One of two applicable case files reviewed did not have documentation in BADGE that any reviews to adjust the level of supervision had occurred.
 - One of two applicable case files reviewed did not have documentation that the case was reviewed every 90 days with the juvenile and parent.
 - One of two applicable case files reviewed did not have documentation that the supervisor had a case staffing with the assigned probation officer at least every 30 days during the period of time that the parole case was at level three and four.
-

Program Response

Cause:

Parole supervisor not trained to address issues related to parole contacts.

Effect on Program:

We have a very active Parole/Shocap unit where the focus is exclusively on the client. The administrative oversight had a neutral impact on service delivery.

Planned Corrective Action:

Parole Supervisors to review and train in all parole standards including those in the audit. Parole Supervisor to develop parole check list for each parole file that will encompass all DJJ parole standards and specify contact due dates. The parole checklist will be part of every parole file and will be reviewed by the supervisor for compliance. Random audits of parole files by supervisor will take place to monitor for compliance to DJJ Parole Standards.

Completion Date:

July 1, 2017

Person Responsible:

CSU Director and Supervisors

Status on September 5, 2017: Non-Compliant

Per approved procedures, the following information was missing and/or procedures were not

followed.

- Six of six case files reviewed did not have documentation that the following information was reviewed during the juvenile monthly contact:
 - Family planning and progress on Family Domain section of CRCP;
 - Comprehensive Re-entry Case Plan (CRCP) goals and progress;
 - Educational goals and progress;
 - Behavior and adjustment;
 - Intervention strategies;
 - Re-entry/parole placement and service needs (e.g., benefits);
 - Review and update family transportation plan; and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
- Four of six case files reviewed did not have documentation that the following information was reviewed during the family monthly contact:
 - Review family's progress toward planned goals of the Family Domain;
 - Share juvenile's progress;
 - Prepare for re-entry, such as identifying housing options and other supports;
 - Coordinate intervention and services;
 - Review and update family visitation plan; and
 - Provide community resource linkages and crisis intervention, as needed.
- Three of six case files reviewed did not have documentation that the probation officer made monthly face to face contacts with the parent or legal guardian.

Current Status on January 22, 2018 RPM Follow-up Audit: Compliant

Per approved procedures, the following information was included and/or procedures were followed.

- Four of four case files reviewed did have documentation that the following information was reviewed during the juvenile monthly contact:
 - Family planning and progress on Family Domain section of CRCP;
 - Comprehensive Re-entry Case Plan (CRCP) goals and progress;
 - Educational goals and progress;
 - Behavior and adjustment;
 - Intervention strategies;
 - Re-entry/parole placement and service needs (e.g., benefits);
 - Review and update family transportation plan; and
 - Establish regular schedule for PO, counselor, and juvenile monthly contact dates.
 - Four of four case files reviewed did have documentation that the following information was reviewed during the family monthly contact:
 - Review family's progress toward planned goals of the Family Domain;
 - Share juvenile's progress;
 - Prepare for re-entry, such as identifying housing options and other supports;
 - Coordinate intervention and services;
 - Review and update family visitation plan; and
 - Provide community resource linkages and crisis intervention, as needed.
 - Four of four case files reviewed did have documentation that the probation officer made monthly face-to-face contacts with the parent or legal guardian.
-

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

PROGRAM AUDITED:

27th District Court Service Unit (Pulaski)
55 Commerce Street
Pulaski, Va. 24301
(540) 980-7735
Robert Hiatt, CSU Director
Robert.Hiatt@djj.virginia.gov

AUDIT DATES:

August 14-15, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

January 30, 2015 – January 29, 2018

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS September 30, 2014:

100% Compliance Rating

CURRENT AUDIT FINDINGS – August 15, 2017:

98.2% Compliance Rating

No repeated deficiencies from previous audit.

Number of Deficiencies: One

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

DEPARTMENT CERTIFICATION ACTION FEBRUARY 12, 2018: Certified the 27th District Court Service Unit until January 29, 2021.

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

TEAM MEMBERS:

Clarice Booker, Team Leader
Johanna Balascio, 19th District Court Service Unit (Fairfax)
Deborah Hayes, Central Office
Mark Lewis, Central Office

POPULATION SERVED:

The 27th District Court Service Unit serves the cities of Galax and Radford, and the counties of Carroll, Grayson, Wythe, Pulaski, Montgomery and Floyd.

PROGRAMS AND SERVICES PROVIDED:

The 27th District Court Service Unit provides mandated services including:

- Intake
- Probation supervision

- Direct care and parole supervision
- Investigative reports

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

- Community service
- Home confinement and electronic monitoring
- Substance abuse education
- Shoplifting Diversion Groups
- Anger management
- Mental health case management
- Individual, group and family treatment through Mental Health
- Intensive care coordination
- Psychological testing and evaluations
- Healthy alternatives to residential treatment (HART)
- Substance abuse evaluations and treatment
- Life coaching
- Transitional services
- Therapeutic day treatment
- Parent coach
- Mental health support and behavior aid
- Mental health comprehensive evaluations
- Mental health child abuse evaluations
- Mental health in-home services
- Kids Program for Assertive Community Treatment (KPACT)
- Apprenticeship Program

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

FACILITY/PROGRAM: 27th District Court Service Unit
(Pulaski)

SUBMITTED BY: Robert M. Hiatt, CSU Director

CERTIFICATION AUDIT DATES: August 14-15, 2017

CERTIFICATION ANALYST: Clarice T. Booker

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

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

To provide for the public safety and address the needs of a juvenile and that juvenile's family, a juvenile shall be supervised according to a written individual supervision plan, developed in accordance with approved procedures and timeframes, that describes the

range and nature of field and office contact with the juvenile, with the parents or guardians of the juvenile, and with other agencies or providers providing treatment or services.

Audit Finding:

The supervision plan was not completed in accordance with approved procedures in the following areas:

- The case narrative did not include entries that the case plan was jointly developed by the probation officer, juvenile and family and discussed and/or signed by all parties in six out of eight case records reviewed.

Program Response

Cause:

It is this Director's understanding that eight of eight applicable cases reviewed were signed by the probation officer, the juvenile and the parent(s) or guardian(s). Two of eight applicable cases did have documentation of development of the supervision plan, discussion of the supervision plan, and documentation of the probation officer, the juvenile and the parent(s) or guardian(s) signing the supervision plan. Six of eight applicable cases reviewed lacked documentation of at least one of the three acts of development, discussion, or signing the plan.

Lack of documentation in the case narrative was never considered an issue in any of the three self-audits conducted by this Director and the Unit Supervisors. Documentation of discussion or development was accepted during self-audits, as a difference in the meaning of the two words and never came up in reviews of case files. Also during self-audits, if a supervision plan was signed by all parties, it was accepted as documentation of the signing of the document.

In short, the cause of the deficiency was due to non-discovery of the issue in self-audits resulting in no communication of a need to amend or change the practices to the Unit Staff.

Effect on Program:

This Director believes that the spirit of the procedure was achieved as the Unit Staff did ensure engagement of juveniles and families during the development of supervision plans. This is evidenced by the completion of the Behavioral Analysis and the Priorities and Targets portions of the supervision plan, as well as the act of having the juvenile and family sign the supervision plan acknowledging participation with the process.

The only effect on the program is as stated in the audit findings, "The case narrative did not include entries that the case plan was jointly developed by the probation officer, juvenile and family and discussed and/or signed by all parties..."

Planned Corrective Action:

A memorandum will be drafted and distributed Unit wide that will communicate the need and expectation that the case narratives will include documentation of joint discussion and development of supervision plans, as well as documentation in the case narrative of obtaining the needed signatures on the supervision plan.

The expectation will be communicated through management team meetings with the supervisors.

Supervisors will monitor case documentation during case file reviews to ensure proper

documentation of the discussion and development of the plan, as well as documentation of the signing of the plan.

Lastly, this corrective action plan will be shared with the entire Unit.

Completion Date:

09/29/2017

Person Responsible:

Robert M. Hiatt, Unit Director is responsible for the Corrective Action Plan.

Unit Supervisors are responsible for quality assurance to ensure proper documentation.

Current Status on January 24, 2018: Compliant

Ten case records were reviewed, and the unit was found compliant.

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

PROGRAM AUDITED:

29th District Court Service Unit (Pearisburg)
507 Wenonah Avenue
Pearisburg, Va. 24134
(540) 921-3408
Ronald W. Belay, Director
Ronald.Belay@djj.virginia.gov

AUDIT DATES:

April 17-18, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

September 15, 2014 – September 14, 2017

REGULATIONS AUDITED:

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

PREVIOUS AUDIT FINDINGS – April 2, 2014:

94.9% Compliance Rating
6VAC35-150-140 (A). Records management
6VAC35-150-300 (A). Predispositionally placed juvenile
6VAC35-150-420. Contacts during juvenile's commitment

CURRENT AUDIT FINDINGS – April 18, 2017:

92.3% Compliance Rating
No repeat deficiencies from previous audit.
Number of Deficiencies: Four
6VAC35-150-80 (A) Background checks
6VAC35-150-270 (A) Intake duties
6VAC35-150-336 (A) Social histories
6VAC35-150-350 (A) Supervision plans for juveniles

DEPARTMENT CERTIFICATION ACTION FEBRUARY 12, 2018: Certified the 29th District Court Service Unit until September 14, 2020.

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

TEAM MEMBERS:

Clarice Booker, Team Leader
Robert Hiatt, 27th Court Service Unit (Pulaski)
Mark Ivey Lewis, Central Office
Shelia Palmer, Central Office

POPULATION SERVED:

The 29th District Court Service Unit serves:

- Bland County
- Buchanan County
- Dickenson County
- Giles County
- Russell County
- Tazewell County

PROGRAMS AND SERVICES PROVIDED:

The 29th District Court Service Unit provides mandated services including:

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

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

- Outreach Detention
- Community Service
- Substance Abuse Counseling
- Anger Management
- Substance Abuse Diversion
- Shoplifting Diversion
- Truancy Intervention
- Sexting Diversion

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

FACILITY/PROGRAM: 29th District Court Service Unit (Pearisburg)
SUBMITTED BY: Ronald W. Belay, Court Service Unit Director
CERTIFICATION AUDIT DATES: April 17-18, 2017
CERTIFICATION ANALYST: Clarice T. Booker

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

6VAC35-150-80 (A) Background checks

Except as provided in subsection C of this section, all persons who (i) accept a position of employment, (ii) volunteer on a regular basis or are interns and will be alone with a juvenile in the performance of their duties, or (iii) provide contractual services directly to a juvenile on a regular basis and will be alone with a juvenile in the performance of their duties in a

CSU, or as required by 6VAC35-150-430 C, shall undergo the following background checks to ascertain whether there are criminal acts or other circumstances that would be detrimental to the safety of juveniles:

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

Audit Finding:

Three new staff and three new volunteer files were reviewed. Reference checks were missing in three out of six applicable files reviewed. CPS checks and driving record checks were missing in two out of six files reviewed.

Program Response

Cause:

This unit used to conduct its own background checks on applicants and on student interns. When the Background Unit was created, we were instructed that the Background Unit would conduct those background checks.

With each new employee applicant and with each student applicant, we submit, to the Background Unit, the Request for Background Investigation form, two completed fingerprint cards, a completed application, and an Authority to Release Information form. After conducting the background checks, using these forms, I was of the impression that the Background Unit was also conducting reference checks.

As with all previous student placements, we submitted a CPS check on the first of the three students that had placements during this certification period. The first of the three student placements during this evaluation period began her placement in August 2015. We submitted a CPS check on her, which was found to be "not identified."

Please see the two attached memorandums from Mr. Jeffrey V. Dale indicating that a Child Protective Services form is not required for interns or volunteers. For that reason, we did not submit a Central Registry Release of Information form to check on the two interns that began their internship in January 2017.

Effect on Program:

None; the two student interns that began their internships in January 2017 did not have any alone time with cases under supervision of the Court Service Unit.

Planned Corrective Action:

In the future, we will always submit Central Registry Release of Information forms to the Department of Social Services on all student interns as we had done in the past.

Attached is a newly created form containing questions that will be used in a telephone interview with references given for student interns. This document has already been used with the newest intern that will begin her internship on May 15, 2017.

Completion Date:

Immediately.

Person Responsible:

The Court Service Unit Director.

Status on September 22, 2017: Not determinable

Per the CSU Director there is no documentation of a start date for two interns and a volunteer, therefore compliance is not determinable for the three applicable volunteer staff.

Current Status on January 24, 2018, RPM Follow up to September Status visit: Compliant

Two intern cases were reviewed by RPM with starting dates in December 2017 and January 2018. One of the two cases documented a restricted start date, noting they would not have any alone time with youth due to not having all the required elements of background received and documented. The remaining intern case documented an official start date and the required elements of background was received and documented prior to their start date in accordance with procedure.

6VAC35-150-270 (A) Intake duties

When making an intake determination as provided for by § 16.1-260 of the Code of Virginia, whether in person or by telephone or interactive video conferencing, the intake officer shall, in accordance with approved procedures:

1. Explain the steps and options in the intake process to each person present as provided for in approved procedures;
2. Make all required data entries into the Department's electronic data collection system in accordance with § 16.1-224 of the Code of Virginia and approved procedures;
3. Consult with available parents, guardians, legal custodian, or other person standing in loco parentis to determine the appropriate placement; and
4. Notify the juvenile's parents, guardians, legal custodian, or other person standing in loco parentis in cases involving the juvenile's detention.

Audit Finding:

Eight applicable files were reviewed. Four out of eight intakes reviewed were missing one or more of the required data entries; two had no documentation under intake narrative.

Program Response

Cause:

When making an intake determination, probation officers performing intake were implementing the procedure in 35-150-270 (A) but were not always recording it in BADGE.

Effect on Program:

None; the procedure was being implemented but was not recorded in BADGE.

Planned Corrective Action:

To assure future compliance with all elements of the standard, a copy of the completed elements in BADGE are to be printed and attached to each petition and placed in the case

file. Further, the probation officer will paste the BADGE narrative to the case running record.

Completion Date:

Immediately

Person Responsible:

Each probation officer completing an intake and each supervisor reviewing the case.

Status on September 22, 2017: Non-Compliant

Ten applicable intakes were reviewed. Three out of the ten had no documentation for the intake narrative and a fourth intake was missing documentation of consideration of diversion as required in accordance with approved procedures.

Current Status on January 24, 2018, RPM Follow up to September Status visit: Compliant

Ten applicable intakes completed between October 2017 and January 2018 were reviewed by RPM. All ten intakes narratives were documented in BADGE and contained the required data elements in accordance with procedure.

6VAC35-150-336 (A) Social histories

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

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

Audit Finding:

Social history reports were not prepared in accordance with approved procedures and/or were missing the following elements:

- The social history template was not followed in seven out of 10 social history reports reviewed in that tables, checkboxes, and/or headings were removed or added
 - the juvenile's response/adjustment to current and/or prior intervention was not addressed in three out of seven reports reviewed
 - the physical description of the residence and/or the length of time at the residence was missing in five out of 10 social history reports reviewed
 - the family and PO's view of the impact of the neighborhood on behavior was missing in six out of 10 social history reports reviewed
 - the juvenile's self-reported career goals was not addressed in eight out of 10 social history reports reviewed.
-

Program Response

Cause:

This was the result of failure on the part of the administrative staff to emphasize to line staff that none of the sections of the new social history were to be omitted.

Effect on Program:

The Juvenile's Response to Current or Prior Interventions should not have been omitted in the three reports. This information is important in developing an appropriate service plan. The Physical Description of the Residence, the Family and Probation Officer's View of the Impact of the Neighborhood, and the Juvenile's Career Goals are to be included in the social history, but failure to address them has a minor impact on the direction of the case planning.

Planned Corrective Action:

The certification findings have been addressed with staff. Line staff understands that they are not to omit any section of the social history. The supervisors will be more observant to identify any deviations (omissions) from the social history format.

Completion Date:

Immediately

Person Responsible:

Line staff, supervisors, and Director.

Status on September 22, 2017: Compliant

Ten social history reports were reviewed and were compliant.

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

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

Audit Finding:

The case narrative did not indicate that the plan was jointly developed by the PO, juvenile and family and/or discussed and signed by all parties in three out of seven case records reviewed.

The 180 day review including a YASI reassessment during the period of probation supervision was missing in three out of five applicable case records reviewed.

Program Response

Response to the case narrative.

Cause:

In three cases, the probation officer completing the supervision plan did not identify in the running record the date that the service plan was developed with shared input from the

youth and parent.

Effect on Program:

Minor; the service plan was dated and signed by the youth and the parent.

Planned Corrective Action:

The supervisors have met with the probation staff and have emphasized to them that they must include in the running record a statement that identifies the date that the service plan was developed and identify the fact that it was shared at that time with the youth and parent.

Completion Date:

Immediately

Person Responsible:

The probation staff and supervisors

Response YASI Assessment

Cause:

Prior to August 2016, the YASI was only being reviewed each time the case was being returned to court.

Effect on Program:

YASI reviews were not being conducted every 180 days.

Planned Corrective Action:

Following the re-training of staff in August 2016, the YASI is reviewed every 180 days by staff, to include a re-assessment.

Completion Date:

The corrective action began in August 2016. The case that was reviewed during certification was a case preceding the training in August 2016.

Person Responsible:

The probation staff, the supervisors, and the director.

Status on September 22, 2017: Not Compliant

Ten applicable case records were reviewed and were compliant in that the case narratives indicated the required elements.

Ten applicable case records were reviewed and the 180 day YASI reassessments were missing in five out of the ten records.

Current Status on January 24, 2018, RPM Follow up to September Status visit: Compliant

Eight out of ten cases were determined to be applicable case records completed between June 2017 and January 2018, and were reviewed by RPM. All eight applicable case records documented YASI reassessments completed prior to the required 180 days' timeframe and in accordance with procedure.

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

PROGRAM AUDITED:

Fairfax Juvenile Detention Center
10650 Page Avenue
Fairfax, VA 22030
(703) 246-2844
Jason E. Houtz, Superintendent
Jason.houtz@fairfaxcounty.gov

AUDIT DATES:

July 10-11, 2017

CERTIFICATION ANALYST:

Clarice T. Booker

CURRENT TERM OF CERTIFICATION:

January 13, 2015 – January 12, 2018

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS - September 23, 2014:

100% Compliance Rating

CURRENT AUDIT FINDINGS – September 23, 2014:

99.4% Compliance Rating
Number of Deficiencies: Two
6VAC35-101-1060 (J) Medication (CRITICAL)
6VAC35-101-1100 (C) Room confinement and isolation

DEPARTMENT CERTIFICATION ACTION FEBRUARY 12, 2018: Certified the Fairfax Juvenile Detention Center and Post-dispositional Program until January 12, 2021.

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

TEAM MEMBERS:

Clarice Booker, Team Leader
John Adams, Central Office
John Dowdy, Prince William Juvenile Detention Center
Deborah Hayes, Central Office
Jason Henry, Rappahannock Juvenile Detention Center
Eric Hockenberry, Loudoun Juvenile Detention Center
Mark Lewis, Central Office
Shelia Palmer, Central Office
Susie Vaughn, Northwestern Regional Juvenile Detention Center
DuShawn Matthews-Wiggins, Chesterfield Juvenile Detention Center

POPULATION SERVED:

Fairfax Juvenile Detention Center is a secure custody facility operated by Fairfax County. The facility serves a pre-dispositional population of 121 male and female residents, ages seven

through 17. There is also a post-dispositional detention program for 15 male and female residents, ages 14 through 17, included in the rated capacity.

PROGRAMS AND SERVICES PROVIDED:

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

- Human sexual awareness and health by a public health nurse
- Religious programming by community volunteers
- On-site education through the Fairfax County Public School System

The Medical Unit provides health care services including arrangements for all levels of health care, consistent with prevailing community standards and medical ethics. The Mental Health Unit provides Emergency Mental Health Services as well as consultations to the general population. This includes weekly groups that respond to common issues prevalent in court involved adolescents. The Beta Post-dispositional Program addresses the behavioral and substance abuse needs of delinquent youth in a secure short-term residential setting, using an intensive therapeutic approach to eliminate the involvement of juveniles in delinquent activities upon their release and re-entry into the community.

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

FACILITY/PROGRAM: Fairfax County Juvenile Detention Center

SUBMITTED BY: Jason Houtz, Superintendent

CERTIFICATION AUDIT DATES: July 10-11, 2017

CERTIFICATION ANALYST: Clarice T. Booker

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

6VAC35-101-1060 (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 action taken by staff in an incident in which the resident refused antifungal cream prescribed for him. The medication refusal form was not completed in accordance with facility procedures.

Program Response

Cause:

1. The circumstances surrounding this critical finding by DJJ involved the following:

The DJJ audit team found that the Fairfax County Juvenile Detention Center failed to properly document a medication refusal. A resident of the program was provided an antifungal cream for athlete's foot that was to be administered twice daily for 30 days. During this timeframe the youth refused the medication a total of 5 times and each time the program staff followed the medication refusal procedures and documented the refusal on an MAR and on a medication refusal form with the exception of the 7/14/16 refusal in which the staff documented the refusal on the medication administration record but failed to complete a medication refusal form resulting in the critical finding.

2. The Fairfax County Juvenile Detention Center's current policy and procedure regarding medication refusal contains all of the necessary elements to ensure that every effort is made to encourage youth to continue medication as recommended by a prescribing physician or other health care personnel and to understand their reasoning for any refusal. The policy also includes all necessary elements to document initial refusals and continued refusals.

Effect on Program:

N/A

Planned Corrective Action:

FJDC has reviewed the medication refusal policy and procedures as they relate to physician prescribed medication and over the counter medication.

FJDC policy and procedures related to refusal of medical treatment 6VAC35-101-970(A)(B)(C)(D) and refusal of medication 6VAC35-101-1060 (J) were updated to eliminate redundancy and to streamline process to ensure medication refusal forms are completed as required.

Revised Policies:

Chapter 4: Medical

Consent to and Refusal of Health Care Services

Regulations: 6VAC35-101-970(A)(B)(C)(D)

Policy:

It shall be the policy of The Fairfax County JDC that health care services, as defined in 6VAC35-101-10, shall be provided in accordance with § 54.1-2969 of the Code of Virginia. The knowing and voluntary agreement, without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion, of a person who is capable of exercising free choice (informed consent) to health care shall be obtained from the resident or parent or legal custodian, as required by law.

Procedure:

Written policy, procedure and practice require that:

1. The informed consent to health care is obtained from the resident at the time of intake (Informed Consent resident signature on health screening form)
2. Residents may refuse, in writing, medical treatment and care.
3. When health care is rendered against the resident's will, it is done so in accordance with applicable laws and regulations.
4. Residents may refuse, in writing, medical treatment and care recommended by their personal Physician/Psychiatrist or Fairfax County Juvenile Detention Center Medical staff.

Process:

1. The Physician or FJDC Medical staff ordered medication/care shall be offered to the resident.
2. Should the resident refuse medical treatment, JDC program staff, JDC management, Nursing staff, JDC Physician or Prescribing Physician as applicable, and Parent shall be advised and as appropriate and provide counsel to the resident on merits of following the prescribed treatment in accordance with the medication refusal policy and procedure.
3. The refusal shall be documented in the resident's medical chart and on a refusal form.
4. An Administrator or Nurse may consider medical isolation if circumstances warrant for the safety of the resident or others.
5. See Chapter 4 Medical, Medication for Medication Refusal Procedures.

**Chapter 4: Medical
Medication**

Regulations: 6VAC35-101-1060 (J)

Medication Refusal

While at the Juvenile Detention Center, residents who are issued prescription or over the counter medication may from time to time refuse to take the medication. Residents may refuse, in writing, medical treatment and care including medication as recommended by their personal Physician/Psychiatrist or Fairfax County Juvenile Detention Center Medical staff or Physician. Every effort should be made to understand the resident's reason for refusal and to encourage them to comply with the recommended medication prescription. An Administrator or Nurse may consider medical isolation if circumstances warrant for the safety of the resident or others.

Procedure For Medication Refusal

First Refusal Prescription or OTC Medication

1. Youth refuses any Prescribed Medication or Over the Counter (OTC) Medication
2. Team Management advised by Unit Staff
3. Resident is counseled by Team Management (SA or OM) (*ask resident why they don't want to take the med – maybe they are just out of sorts and some gentle encouragement will see them take their meds –or- they may have an excellent*

reason for the refusal: med makes them tired at that time, med makes them feel ill, it is the wrong dosage of medication);

4. Resident continues refusal
5. Contact Nurse (contact on-call Nurse if not on shift) to advise/consult – this does not stop the contact flow – this contact is to advise and for medical consult as to physical/psychological ramifications of medication refusal
6. Medical Staff is to refer to the refusal instructions provided by the prescribing physician on the Medication Refill Instructions Sheet or Standing Orders to determine if there are any special instructions.
7. For any **prescribed medication**, Medical Staff when on duty or in their absence, Team Management, attempts to contact Parent or guardian to advise them of resident's refusal, request the Parent to encourage the youth to take the medication. Not required for OTC.
8. Resident continues refusal.
9. Team Management (SA or OM only) shall complete the medication refusal form. The form shall be completed in its entirety and placed in medical for review and filing in the resident's medical record.
10. Staff shall document the refusal on the Medication Administration Record.
11. Medical Staff, if on duty or upon return to duty, shall interface with the resident to discuss the reasons for refusal and determine if steps for discontinuation of the medication are appropriate (See below – Subsequent refusals).

Subsequent refusal of prescribed medication

1. Each subsequent refusal by the same youth of the same medication begins from step one. A New Refusal form shall be completed by Team Management (SA or OM only) and placed in medical for review and filing in the resident's medical record.
2. Medical Staff is to refer to the refusal instructions provided by the prescribing Physician/Psychiatrist on the Medication Refill Instructions Sheet and if appropriate initiate discontinuation.
3. Medical staff is to consult with prescribing Physician/Psychiatrist and Parent for continued Action steps or potential discontinuation. *(If after hours the medical staff can contact and consult with the facility's medical authority to determine the most appropriate course of action. The Medical Staff can instruct Team Management to monitor youth until a Medical Staff comes to work the next morning)*
4. Medication cannot be discontinued without notification of Parent & authorization of prescribing authority.
5. If Medical Staff determine discontinuation is appropriate the Superintendent or Assistant Superintendent on-call is to be advised.
6. Staff shall document the refusal on the Medication Administration Record.

Subsequent refusal of an OTC medication

1. Each subsequent refusal by the same youth of the same medication begins from step one. A New Refusal form shall be completed by Team Management (SA or OM only) and placed in medical for review and filing in the resident's medical record.
2. Medical Staff will advise specific instruction of OTC medication on a case by case basis after reviewing Standing Orders, or facility physician as deemed appropriate and if appropriate initiate discontinuation.

3. Staff shall document the refusal on the Medication Administration Record.
1. FJDC Medical Department Staff will conduct in-service training with all Team Managers and staff responsible for medication administration to review medical refusal policy and procedure by August 14, 2017. Training Rosters will be generated.

Completion Date:

Policy Procedure Revisions Effective August 5, 2017. In-Service Review of Policy/Procedure to be completed by August 14, 2017.

Person Responsible:

Jason Houtz, Superintendent
Raymond Anderson, Assistant Superintendent for Operations
Medical Department Staff

Current Status on November 15, 2017: Compliant

Two applicable medical records were reviewed and were found compliant.

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

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

Audit Finding:

There was no documentation that residents confined to their room were afforded the opportunity for at least one hour of physical exercise in six out of 15 applicable case records reviewed.

Program Response

Cause:

1. The circumstances surrounding this deficiency finding by DJJ involved the following:

The DJJ audit team found that the Fairfax County Juvenile Detention Center failed to document that residents in room confinement were afforded the opportunity for at least one hour of physical exercise each calendar day. It should be noted that in every case reviewed there was documentation showing that the residents did receive an opportunity for recreation or a notation of a justified exception, however the duration was not noted. The program makes practice to document the recreation of residents in room confinement on the R/R tracking log, Unit log and Building Log. In many cases, the documentation showed efforts to recreate youth more than once daily however, the specific duration was not noted.

The Fairfax County Juvenile Detention Center's current policy and procedure regarding the recreation of residents in room confinement states the following:

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

"At the discretion of the SA or designee residents in confinement or isolation may be recreated at any time during the calendar day."

"The PM Shift Administrator or designee will assess residents in confinement and isolation to determine whether they were afforded the opportunity to recreate. All exceptions shall be documented in the Building log book as well all residents in confinement will have it documented on the R/R tracking sheet."

2. The DJJ compliance determination for 6VAC35-101-1100 (C) states the following:

Compliance Determination:

- Review documentation for exceptions to affording opportunities for physical exercise.
 - Interview residents and staff to determine compliance with this section.
3. It has been and continues to be the position of the FJDC that the program policy and procedures are in compliance with the DJJ Regulations. The policy states that recreation opportunities for youth in confinement allow for 1 hour of recreation outside of the locked room each calendar day and that documentation of recreation substantiates such opportunity. The compliance determination states that the documentation review will be for the "exceptions" to such opportunities. Exceptions were noted as appropriate and none of the noted exceptions were questioned as to the appropriateness during the audit process.

Effect on Program:

N/A

Planned Corrective Action:

FJDC has revised its policy and procedure manual to make clear that duration of recreational opportunities must be documented.

Revised Policy:

Recreation of youth in confinement:

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

The recreation opportunity or exceptions for all residents in isolation (including medical isolation) shall be documented in the Unit log and Facility log. Youth in R/R shall also have recreational opportunities or exceptions documented on the R/R tracking log.

All residents in medical isolation will be assessed each calendar day by a nurse or Shift

Administrator for fitness to recreate due to the medical condition.

All residents in Room Restriction will be assessed each calendar day by the Shift Administrator or Team Manager for fitness to recreate due to the security or behavioral concerns.

At the discretion of the SA or designee residents in confinement or isolation may be recreated at any time during the calendar day however if an opportunity was not afforded on the AM shift the opportunity must be afforded by the PM shift.

Documentation of recreational opportunity shall include the duration and location of the recreational opportunity.

Documentation of exceptions shall include the reason for the exception and the deciding person if the exception is based on behavior, security or medical reasons. If the resident refuses to recreate or does not wish to recreate for the full hour this shall be included in the documented exception along with the duration.

1. Effective July 15, 2017 – team managers were tasked with conducting a bi-weekly review of documentation to ensure staff are documenting the duration of the recreational opportunity of youth in confinement and submitting weekly reports to the Assistant Superintendent for Detention Services. This review period will cover the period from From July 22 - September 16.

Completion Date:

Effective July 15, 2017.

Person Responsible:

Jason Houtz, Superintendent
Ed Nies, Assistant Superintendent for Detention Services
FJDC Team Management

Current Status on November 15, 2017: Compliant

Ten applicable room confinements were reviewed and were found compliant.

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

PROGRAM AUDITED:

Lynchburg Regional Juvenile Detention Center
1400 Florida Avenue
Lynchburg, VA 24501
(434) 455-7878
Paul Reaves, Superintendant
paul.reaves@lynchburgva.gov

AUDIT DATES:

August 7-8, 2017

CERTIFICATION ANALYST:

Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:

February 11, 2015 – February 10, 2018

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS - September 16, 2014:

99.4% Compliance Rating
6VAC35-101-100 (A). Grievance procedure.
6VAC35-101-990 (A). Tuberculosis screening. **CRITICAL**

CURRENT AUDIT FINDINGS – August 7-8, 2017:

98.4% Compliance Rating
One repeated deficiency from previous audit.
Number of Deficiencies: Five
6VAC35-101-155 (A) Employee tuberculosis screening and follow-up.
*6VAC35-101-990 (A) Tuberculosis screening. **CRITICAL**
6VAC35-101-1060 (E) Medication. **CRITICAL**
6VAC35-101-1060 (H). Medication. **CRITICAL**
6VAC35-101-1060 (J) Medication. **CRITICAL**

DEPARTMENT CERTIFICATION ACTION FEBRUARY 12, 2018: Certified the Lynchburg Regional Juvenile Detention Center and Post-dispositional Program until February 10, 2021. Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:

Shelia L. Palmer, Team Leader
Clarice Booker, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office
John Adams, Central Office
Dushawn Wiggins, Chesterfield Juvenile Detention Center
Spring Johnson, Piedmont Juvenile Detention Center
Michelle Nave, Blue Ridge Juvenile Detention Center

Nikia Miller, W. W. Moore Juvenile Detention Center

POPULATION SERVED:

Lynchburg Regional Juvenile Detention Home is a secure custody facility operated by the City of Lynchburg. The facility serves a capacity of 48 male and female residents ages ten through 21. Eight beds are reserved for the Community Placement Program (CPP) or the Re-entry Program, nine beds reserved for the Post Dispositional Program (Post D) and 31 beds for the pre-dispositional and post-dispositional placed youth which is included in rated capacity of 48. The Lynchburg Regional Juvenile Detention Center's primary users include the cities of Lynchburg and Bedford and the counties of Amherst, Appomattox, Bedford, Campbell, Charlotte and Nelson.

PROGRAMS AND SERVICES PROVIDED:

- **Facility:** Caseworker, education, medical, mental health counseling, volunteers, recreation, chaplain, discipline, street law program and life skills classes for the Post-D program
- **Community:** For Post-D program, group therapy, substance abuse therapy, opportunities for participating in community service, mentoring, anger management classes, exposure to local services regarding employment and education, and recreation.

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

FACILITY/PROGRAM:	Lynchburg Regional Juvenile Detention Center
SUBMITTED BY:	Paul Reaves, Jr., Superintendent JT Smith, III, Compliance Manager
CERTIFICATION AUDIT DATES:	August 7-8, 2017
CERTIFICATION ANALYST:	Shelia L. Palmer

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

6VAC35-101-155 (A). Employee tuberculosis screening and follow-up.

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

Audit Finding:

Five out of five employee's files reviewed did not have documentation of a tuberculosis screening for fiscal year 2016-2017.

Program Response

Cause:

Due to the oversight of the medical services staff and the absence of a full-time nurse to coordinate this initiative.

Effect on Program:

No impact on the program or residents at the facility. The five individuals have had a TB screening completed as of August 16, 2017 and the results are attached to the Corrective Action Plan.

Planned Corrective Action:

TB Screening will be conducted on all staff semi-annually effective August 16, 2017

Completion Date:

August 16, 2017

Person Responsible:

Facility Nurse and Detention Administrative Staff.

Current Status on November 9, 2017: Compliant

One out of one employee's file reviewed had documentation of a tuberculosis screening for fiscal year 2016-2017.

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

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

Audit Finding:

In one of 19 medical case files reviewed there was no documentation that a tuberculosis screening was conducted on a resident within five days of admission.

Program Response

Cause:

An oversight and lack of follow through by the Nurse to complete the resident's TB screening within five days of admission.

Effect on Program:

No effect on the resident or the program during the admission.

Planned Corrective Action:

All residents' TB screenings will be completed within four days of their admission to the facility.

Completion Date:

August 16, 2017

Person Responsible:

Facility Nurse.

Current Status on November 9, 2017: Compliant

In 10 of 10 medical case files reviewed there was documentation that a tuberculosis screening was conducted on a resident within five days of admission.

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

E. A program of medication, including procedures regarding the use of over-the-counter medication pursuant to written or verbal orders issued 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:

Nine out of 15 applicable medical files reviewed the resident was given over-the-counter medication without signed standing orders for 2014 and 2015.

Program Response

Cause:

Nurse did not get the facility doctor to sign them annually as required by facility policy and DJJ regulations.

Effect on Program:

No residents were adversely affected by this issue.

Planned Corrective Action:

Standing orders will be signed by the facility's attending physician by January 1 or each year as of August 17, 2017.

Completion Date:

August 16, 2017

Person Responsible:

Facility Nurse and Superintendent of the facility.

Current Status on November 9, 2017: Compliant

Three out of three applicable medical files reviewed the resident was given over-the-counter medication with a signed standing orders for 2017.

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

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

Audit Finding:

There was no medication incident report for three medical records where medications were not administered as required.

Program Response

Cause:

Staff oversight of improper or no documentation of action taken as a result of the medication not being administered as prescribed.

Effect on Program:

No residents were adversely affected by this issue.

Planned Corrective Action:

Med trained staff will be retrained in the appropriate way to complete medical incident reports and administer medications as prescribed. If there are additional infractions in this area, the incident will be thoroughly reviewed and staff will again be trained on proper procedures.

Completion Date:

August 16, 2017

Person Responsible:

Nurse and medication aid trained staff to include Detention Administration Staff.

Current Status on November 9, 2017: Compliant

There was a medication incident report for two applicable medical records where medications were not administered as required.

6VAC35-101-1060 (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:

Three out three applicable medical records reviewed did not have documentation of action taken by staff. Medication refusals were not documented on medication incident report form in accordance with facility procedures.

Program Response

Cause:

Staff oversight of facility procedures and improper documentation of required actions taken as a result of medication refusals.

Effect on Program:

No residents or the program were adversely affected by this issue.

Planned Corrective Action:

Staff will be retrained on this issue during the monthly staff meetings and during in-service training opportunities. All medication refusals will be reviewed by the Facility Nurse and Detention Administration for accuracy. Resident will be educated on the adverse effects of refusing their medication and encouraged to take meds within the allowed time frame.

Completion Date:

August 16, 2017

Person Responsible:

Nurse, medication aid trained staff, and Detention Administration.

Current Status on November 9, 2017: Compliant

One out one applicable medical record reviewed documented of action taken by staff. The medication refusal was documented on medication incident report form in accordance with facility procedures.

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

PROGRAM AUDITED:

Norfolk Juvenile Detention Home
1260 Security Lane
Norfolk, Virginia 23502
(757)441-5667
Carey L. Patterson, Director
Carey.patterson@norfolk.gov

AUDIT DATES:

July 31-August 1, 2017

CERTIFICATION ANALYST:

Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:

January 14, 2015-January 13, 2018

REGULATIONS AUDITED:

6VAC35-101 Regulation Governing Juvenile Detention Centers

PREVIOUS AUDIT FINDINGS – August 24-25, 2014:

6VAC35-101-90 (C). Suspected child abuse or neglect.

CURRENT AUDIT FINDINGS – August 1, 2017:

96.91% Compliance Rating
No repeat deficiencies from previous audit.
Number of Deficiencies: Eleven
6VAC35-101-200 (B). Retraining
6VAC35-101-310 (B). Personnel records
6VAC35-101-820 (A). Mental health screening. CRITICAL
6VAC35-101-980 (A). Health screening at admission. CRITICAL
6VAC35-101-1030 (B). Residents' health care records.
6VAC35-101-1060 (H). Medication. CRITICAL
6VAC35-101-1060 (J). Medication. CRITICAL
6VAC35-101-1060 (M). Medication. CRITICAL
6VAC35-101-1100 (B). Room confinement and isolation.
6VAC35-101-1100 (C). Room confinement and isolation.
6VAC35-101-1100 (H). Room confinement and isolation.

DEPARTMENT CERTIFICATION ACTION FEBRUARY 12, 2018: Certified the Norfolk Juvenile Detention Center and Post-dispositional Program until January 13, 2019. A status report is due in April 2018 regarding compliance with 1100B and 1100C.

Pursuant to 6VAC35-20-100C.2, 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:

Mark Ivey Lewis, Team Leader

Shelia Palmer, Central Office
Clarice Booker, Central Office
Deborah Hayes, Central Office
Jeff Purdue, Chesterfield
Lorenzo Case, Newport News JDC
Cheryl Pierce, Merrimac JDC
Alvin Butts, Virginia Beach JDC
Travis Kuyken, Chesapeake JDC
Bill Orais, Merrimac JDC
John Adams, Central Office

POPULATION SERVED:

The Norfolk Juvenile Detention Center is an 80-bed detention center which houses pre-disposition and post disposition male and female residents ages 10-20. The facility was constructed in 1996 on property adjoining the old detention home. The building is a one-story brick building with reinforced structures and brick-walled fence for added security allowing it to blend in with the surrounding neighborhood. The facility is located in a modest neighborhood in close proximity to the Norfolk Technical Center and a major shopping center.

PROGRAMS AND SERVICES PROVIDED:

Post Dispositional

Post Disposition is a program that is an alternative to commitment to DJJ. Local services are offered to all residents and families. We offer Individual Counseling, Group Counseling, Family Meetings, Substance Abuse and Anger Management. This program is directly supervised by a Detention Center Supervisor. He works in conjunction with the Courts, Social workers, Probation Officers and Judges to ensure the success of the residents. Once the residents have completed the program, they may be transitioned to family members, group homes and/or other programs. Average daily population of 2017 was nine (9) residents.

Re-Entry Program Overview

Norfolk Juvenile Detention Center Re-entry Program will service and provide bed space for juvenile's ages 13 to 20. The juvenile length of stay can range from 30 – 120 days prior to their release from the Department of Juvenile Justice. These juveniles will be housed in general population while at Norfolk Juvenile Detention Center. The objective of the program is to allow the juvenile offenders to transition from a Juvenile Correction Center (JCC) to a local detention facility; and obtain community resources such as education, employment, treatment services, and reconnect with their families.

Norfolk Public School

The NPS system provides appropriate grade specific schooling for all residents. Classes begin at 08:00 daily and end at approximately 1415. The classes include regular classes and include Academic and Special Education classes in addition to Life Skills Enhancement and Character Education. On site, we have a Principal, 11 teachers (various subject matters), one Guidance Counselor, one Clerk, one Media Specialist, and one Teaching Assistant.

Services provided include the following:

Direct

- o School Program
- o Medical Services
- o Indoor and Outdoor Recreation

- Mental Health Services
- Post Dispositional Program

Community:

- Educational Services
 - Employment Counseling
 - Mental Health Services
 - Social Services
 - Recreational Programs
-

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

FACILITY/PROGRAM: Norfolk Juvenile Detention Center
SUBMITTED BY: Carey Patterson, Superintendent
CERTIFICATION AUDIT DATES: July 31 – August 1, 2017
CERTIFICATION ANALYST: Mark Ivey Lewis

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

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

B. All full-time and part-time employees and relief staff shall complete an annual training refresher on the facility's emergency preparedness and response plan and procedures as provided for in 6VAC35-101-510 (emergency and evacuation procedures).

Audit Finding:

Training records reviewed did not have documentation that staff had received emergency response retraining in eight of 18 occasions.

Program Response

Cause:

Failure of the Assistant Superintendent to follow up and check all staff training records to ensure that they had documented training in the facility's emergency preparedness and response plan.

Effect on Program:

Inconsistency in completing and documenting required training caused the program to be in non-compliance with the above regulation.

Planned Corrective Action:

Superintendent met with Tommie Clark, Assistant Superintendent to review retraining requirements and set up an annual training schedule for the fiscal year. All staff will be required

to take and complete their required retraining during that scheduled month. Staff who have not completed required retraining shall not be allowed to have direct care responsibilities pending completion of the required requirements. All staff training records will be checked during the scheduled training month to ensure that they have received their retraining and that it is documented in their training records. (See attached retraining schedule).

Completion Date:

August 2, 2017

Person Responsible:

Tommie Clark, Assistant Superintendent.

Current Status on November 8, 2016: Compliant

Several staff at Norfolk Juvenile Detention Center have received emergency response retraining since the audit on August 1, 2017. The rest of the staff will receive emergency response retraining before the end of the fiscal year (6/30/18).

6VAC35-101-310 (B). Personnel records.

B. The records of each employee shall include:

1. A completed employment application form or other written material providing the individual's name, address, phone number, and social security number or other unique identifier;
2. Educational background and employment history;
3. Documentation of required reference check;
4. Annual performance evaluations;
5. Date of employment for each position held and separation date;
6. Documentation of compliance with requirements of Virginia law regarding child protective services and criminal history background investigations;
7. Documentation of the verification of any educational requirements and of professional certification or licensure, if required by the position;
8. Documentation of all training required by this chapter and any other training received by individual staff; and
9. A current job description.

Audit Finding:

Personnel records reviewed did not have documentation that staff had received an annual performance evaluation in 12 of 18 occasions.

Program Response

Cause:

Administrators and supervisory staff failed to conduct performance evaluations.

Effect on Program:

Annual performance evaluations were not completed for all staff which caused our program to be in non-compliance with the above regulation.

Planned Corrective Action:

Administrators and supervisory staff will conduct annual performance evaluations on all staff. Carey Patterson, Superintendent will be responsible to ensure that all staff receive an annual performance evaluation.

Completion Date:

August 24, 2017

Person Responsible:

Carey L. Patterson, Detention Superintendent

Current Status on November 8, 2016: Not Determinable

Norfolk Juvenile Detention Center has not conducted any evaluations of staff since the last audit on August 1, 2017

6VAC35-101-820 (A). Mental health screening. CRITICAL

A. Each resident shall undergo a mental health screening, as required by § 16.1-248.2 of the Code of Virginia, administered by trained staff, to ascertain the resident's suicide risk level and need for a mental health assessment. Such screening shall include the following:

1. A preliminary mental health screening, at the time of admission, consisting of a structured interview and observation as provided in facility procedures; and
2. The administration of an objective mental health screening instrument within 48 hours of admission.

Audit Finding:

Seven of 21 mental health screening forms reviewed did not indicate the identity of the screener.

Program Response

Cause:

This was caused in part by a technical glitch within the SoftTec software. The dropdown menu with the names of staff completing the mental health screening in our electronic data base management system was hidden from some staff that were conducting admissions.

Effect on Program:

Minimum, each resident received a preliminary mental health screening at the time of admission and an objective mental health screening within 48 hours of admissions. Auditors were unable to indicate the identity of the screener.

Planned Corrective Action:

The Superintendent contacted SoftTec technical support and received assistance in correcting the problem of hidden dropdown menus. Technical support reviewed security levels and settings for all employees; now staff administering the assessments can be recorded in SoftTec software from this point forward. All direct care staff have been retrained in administering mental health screening and a copy of their signed training was placed in their training records. Supervisory staff shall review each new admission file prior to the end of their shift to ensure that the names

of staff administering mental health screening are listed on the mental health screening form. (See attached email from SoftTec Technical Support Specialist).

Completion Date:

August 4, 2017

Person Responsible:

Tommie Clark, Assistant Superintendent.

Current Status on November 8, 2016: Compliant

Eleven medical files were reviewed and all the mental health screening forms had the identification of the screener.

6VAC35-101-980 (A). Health screening at admission. CRITICAL

A. To prevent newly arrived residents who pose a health or safety threat to themselves or others from being admitted to the general population, all residents shall immediately upon admission undergo a preliminary health screening consisting of a structured interview and observation by health care personnel or health-trained personnel, as defined in 6VAC35-101-10 (definitions), as approved by the health authority.

Audit Finding:

Seven of 20 health screening forms reviewed did not indicate the identity of the screener.

One of 21 medical files reviewed did not have a health screening form.

One of four health screener's training record reviewed did not have documentation that they had received training on how to conduct health screenings at admission.

Program Response

Cause:

This was caused in part because of a technical glitch within the SoftTec software. The dropdown menu with the names of staff completing the mental health screening in our electronic data case management system was hidden from some staff that were conducting admissions.

NJDC staff were unaware that residents that are temporarily discharged required a health screening upon their return.

Effect on Program:

The inability to identify the actual person who completed the assessment did not allow the reviewers an opportunity to determine whether or not the screener had been trained in providing the assessment.

Planned Corrective Action:

The glitch (hidden staff names) in SoftTec has been corrected and the names of all staff who administer assessments can be seen. Security levels have been changed in SoftTec, now only the SoftTec Administrator has the ability to change access /security levels. All current direct care staff have been trained in administering health screenings at admission and new hires will also be trained. Any resident that is TDO (temporary discharge order) from the facility will receive a health screening upon their return. This information has been communicated to all direct care supervisory staff for immediate implementation.

Completion Date:

August 4, 2017

Person Responsible:

Tommie Clark, Assistant Superintendent

Current Status on November 8, 2016: Compliant

Eleven medical files were reviewed and all the files had a health screening form which included the identification of the screener

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

B. Each physical examination report shall include:

1. Information necessary to determine the health and immunization needs of the resident, including:

- a. immunizations administered at the time of the exam,
- b. vision exam,
- c. hearing exam,
- d. general physical condition, including documentation of apparent freedom from communicable disease, including tuberculosis,
- e. allergies, chronic conditions and handicaps, if any,
- f. nutritional requirements, including special diets, if any,
- g. restrictions on physical activities, if any, and
- h. recommendations for further treatment, immunizations, and other examinations indicated.

2. Date of the physical examination; and

3. Signature of a licensed physician, the physician's designee, or an official of a local health department.

Audit Finding:

Some of the physical examination reports reviewed were missing the following information:

- Eight of 21 physical examination reports were missing the vision exam information.
 - Eight of 21 physical examination reports were missing the hearing exam information.
 - Twenty of 21 physical examination reports were missing the general physical condition, including documentation of apparent freedom from communicable disease, including tuberculosis.s
-

Program Response

Cause:

During a period of time, NJDC was without a full time/part time LPN and RN, at that time a portion of the medical assessments were not adequately completed.

Effect on Program:

There were no adverse effects on the program as all residents were seen by the NJDC physician within five (5) days.

Planned Corrective Action:

To maintain full/part time LPN and RN to complete medical assessments on all residents. Submitted a request for proposal "RFP" for contracted medical services and should have a vendor in place soon.

Completion Date:

ASAP

Person Responsible:

Jackie Conley-Smith, Assistant Superintendent.

Current Status on November 8, 2016: Compliant

Eleven physical examination reports were reviewed and all included the required elements listed in the regulation.

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

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

Audit Finding:

One applicable medical file reviewed did not have documentation for the following medication incident that occurred during the resident's detainment.

- Novolog Mix 70/30 Flexpen was not administered or documented at breakfast, lunch, dinner and/or bedtime on the following dates:
 - 6/25-30/15
 - 7/1-2/15
 - 7/9-13/15
 - 7/18-20/15
-

Program Response

Cause:

This medication was prescribed based on a sliding scale depending on the resident's glucose levels. On the days where her levels were less than what was needed to have the medication dispensed, the staff did not initial because no medication was given.

Effect on Program:

There were no effects on the program because the resident received medication when needed and as prescribed.

Planned Corrective Action: Relative to medication as it pertains to sliding scales diabetics, to correct the MARS to show that the glucose levels are checked during all meals and the medication is given as prescribed, the MARS will be initialed when medication is given or not. Additionally, the amount of medication, based on the sliding scale is documented on the back page of the MARS, to prove that the levels were in fact checked and how much medication, if any, was given.

Completion Date:

August 4, 2017

Person Responsible:

Jackie Conley-Smith, Assistant Superintendent.

Current Status on November 8, 2016: Not Determinable

Norfolk Juvenile Detention Center has not had any medication incidents since the last audit on August 1, 2017.

6VAC35-101-1060 (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:

One medication refusal form reviewed did not document the action taken by staff or follow up with the physician when a resident had refused his medication, Prozac on 5/24/17.

Program Response

Cause:

RN Scott neglected to document the "actions taken by staff".

Effect on Program:

No adverse action to the resident. RN Scott stated that she counseled the resident then on why he should take the medication as prescribed.

Planned Corrective Action:

All refusals will be reviewed by the Assistant Superintendent for accurate documentation.

Completion Date:

August 4, 2017

Person Responsible:

Jackie Conley-Smith, Assistant Superintendent.

Current Status on November 8, 2016: Compliant

One medication refusal form reviewed included the action taken by staff.

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

M. Syringes and other medical implements used for injecting or cutting skin shall be locked and inventoried in accordance with facility procedures.

Audit Finding:

There was no documentation that syringes and other medical implements used for injecting or cutting skin had been inventoried.

Program Response

Cause:

RN staff removed all syringes over a year ago. The audit team found syringes in a locked cabinet that had not been opened or used since the time of the temporary nursing staff was hired.

Effect on Program:

No adverse effect on program.

Planned Corrective Action:

All syringes (not being utilized) and anything used to cut were immediately removed at the time of the audit and sharps count (inventory sheet) was added to the clinic. All sharps are accounted for per DJJ regulations.

Completion Date:

August 1, 2017 (removal of unused sharps), revised sharps count sheet on August 4, 2017.

Person Responsible:

Jackie Conley-Smith, Assistant Superintendent

Current Status on November 8, 2016: Compliant

All the syringes and other medical implements used for injecting or cutting skin were locked and inventoried in accordance with facility procedures.

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

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

Audit Finding:

Eight of 14 confinement forms reviewed had documentation that some of the room checks were not being made at least once every 30 minutes or less.

Program Response

Cause:

Staff were inconsistent in maintaining appropriate timed room checks and documentation for residents who were serving room confinement.

Effect on Program:

Inconsistency in performing and/or accurate documentation caused the program to be in non-compliance with the above regulation.

Planned Corrective Action:

Administrators/supervisory staff have stressed the importance to staff that all room confinement checks are conducted and accurately documented in SoftTec. Supervisors on duty have been directed to review room confinement checks daily to ensure compliance.

Completion Date:

August 4, 2017

Person Responsible:

Tommie Clark, Assistant Superintendent.

Current Status on November 8, 2016: Non-Compliant

Eight of 11 confinement forms reviewed had documentation that some of the visual room checks were not conducted at least once every 30 minutes.

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

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

Audit Finding:

Five of 14 confinement forms reviewed had no documentation that the resident had received one hour of physical exercise every calendar day.

Program Response

Cause:

Staff either failed to allow and/or failed to document that residents serving room confinement were allowed an hour out of their rooms for large muscle exercise.

Effect on Program:

This caused our program to be out of compliance with the above regulation.

Planned Corrective Action:

Supervisors were retrained on the importance of ensuring every resident serving room confinement receive an hour out of their rooms for large muscle exercise every calendar day. First and second shift supervisors are checking daily prior to the end of their shifts that each resident serving room confinement has received their hour of exercise out of their room and that it is

documented in SoftTec in the room check observations (date/time).

Completion Date:

August 10, 2017

Person Responsible:

Tommie Clark, Assistant Superintendent

Current Status on November 8, 2016: Non-Compliant

Eight of 11 confinement forms reviewed did not have documentation that the resident was afforded the opportunity for at least an hour of physical exercise every calendar day.

6VAC35-101-1100 (H). Room confinement and isolation.

H. The facility administrator or designee shall make personal contact with each resident who is confined to a locked room, including being placed in isolation, each day of confinement.

Audit Finding:

Five of 14 confinement forms reviewed did not have documentation that a facility administrator or designee made personal contact with the resident each day of confinement.

Program Response

Cause:

The supervisor on duty failed to document that they made personal contact with the resident each day of confinement.

Effect on Program:

Failure to document or make designated personal contact with the residents each day of confinement prevented them from addressing any problems, issues, and/or concerns. It also caused our program to be in non-compliance with the above regulation.

Planned Corrective Action:

Supervisors and designees were retrained on where and how to document their administrative reviews in SoftTec. Administrators and supervisors are checking daily to ensure compliance.

Completion Date:

August 10, 2017

Person Responsible:

Tommie Clark, Assistant Superintendent.

Current Status on November 8, 2016: Compliant

Eight of 11 confinement forms reviewed had documentation that facility administrators made personal contact with the resident on each day of their confinement.



COMMONWEALTH OF VIRGINIA

Andrew K. Block, Jr.
Director

Department of Juvenile Justice

January 25, 2018

MEMO

TO: Andrew Block, Director
FROM: Kenneth Bailey, Certification Manager
RE: Aurora House Request

The City of Falls Church has submitted a request to change the program and expand the age range allowing for better utilization of the facility. Below is documentation of the request and a description of the proposed independent living component.

Aurora House is located at 420 South Maple Avenue in Falls Church, Virginia. Aurora House is a community-based group home for at-risk adolescent females between the ages of 13 and 17. It has a capacity of 12 residents. The facility is operated by the city of Falls Church and serves residents and families from the cities of Falls Church and Alexandria, and the county of Arlington.

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

Aurora House was last audited by the Certification Unit on April 14, 2015. The program achieved a 100% compliance rating and is certified for three years, effective through August 22, 2018.

The Certification Unit has reviewed the request and supports the additional service and modification of the age range.

DEPARTMENT CERTIFICATION ACTION FEBRUARY 12, 2018: The Aurora House age range of 13-17 will remain effective for the general population of the facility. A stipulation is added to the current certification certificate stating; "Residents in the Independent Living Program can be accepted through age 20 and will be counted in the certified capacity of 12."

Aurora House



August 11, 2107

Ms. Clarice Booker
Department of Juvenile Justice
1601 Old Bon Air Road
Richmond, Virginia 23235

Dear Ms. Booker

The City of Falls Church is requesting a change to the Aurora House program to expand the age range of girls served from 13-17 to 13-20. This change will allow for increased utilization of the program. We plan to establish an independent living program to serve the older residents. The change will also allow older residents in the current program to remain longer and for referrals to be accepted even after the child turns 18.

Thank you for your consideration of this request. Please let me know if you have any questions. You can reach me at 703-248-5191 or nvincent@fallschurchva.gov.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Vincent".

Nancy Vincent
Director, Department of Human Services

CC:
Wyatt Shields, City Manager, City of Falls Church
Earl Conklin, Arlington/Falls Church Court Services Director
Rachel Kindell, Acting Group Home Manager

AURORA HOUSE TRANSITIONAL LIVING PROGRAM

MISSION AND PHILOSOPHY

The Aurora House Transitional Living Program (TLP) is a community-based residential facility with a philosophy of responsible involvement that provides a unique opportunity for female youth ages 16-18 with the skills and education necessary to become independent productive adults. The program's goal is to help youth develop much-needed independent living skills in a nurturing environment that offers stability, consistency and safety. They will acquire some independent living skills, including obtaining employment, opening a savings account, managing their finances. The program is designed to respond to the particular needs of adolescent females while also teaching them to be productive members of society.

The Aurora House Transitional Living Program (TLP) has two beds that will offer female youth an opportunity to learn the necessary skills to successfully return to the community and live on their own. The staff provides guidance to each resident by helping them determine and achieve their individual goals. The staff provides opportunities for personal development, and strives to create a supportive and therapeutic environment with a focus on employment and independent living skills.

TLP is based on the successful completion of distinct levels. Each level has a major focus. It is staff's hope that each resident will complete all the levels, and accomplish the goals and expectations outlined in each level. Prior to obtaining Level I, the resident must successfully complete the Orientation process. Four weeks is the expected length of time for a resident to spend on Orientation, getting acquainted with the program and the local community. During orientation a resident will start her community service hours and must complete the majority of them prior to obtaining the next level.

The focus for the remaining levels is as follows:

- Level I (6 weeks): Pre-Employment (Obtaining employment)
- Level II (8 weeks): Employment (Maintaining employment)
- Level III (6 weeks): Independence (Securing post-TLP Plans)

The hope is for each resident to successfully complete Level III and graduate from TLP. Once this occurs and the resident returns to the community, she will be on After-Care with for approximately two months.

TLP is based on the belief that each resident is responsible and accountable for their behavior. It is hoped and expected that they will grow to be independent, gaining the ability and resources to shape their lives in a productive manner. Transitional Living Program uses a point system as a tool for accountability. The residents are assessed a point deduction depending on the severity of their violation.

While progressing through the levels, each resident will be involved in their individualized treatment including their Individual Counseling sessions, unit Groups, the weekly House Meeting and their Level Treatment Plans.

GOALS & PURPOSES OF TLP

1. To reduce the number of delinquent thoughts and behaviors committed by female youth who have entered the Juvenile Justice System, through methods of accountability, rewards, and treatment.

2. To provide an alternative, residential and therapeutic placement for female juveniles. This placement allows the youth to remain in the community and establish social integration and individual productivity.
3. For residents to learn applicable skills so they can live productive, independent, and law abiding lives in the community. Skills obtained include those in the areas of employment, finances, education, transportation, and shopping, housing, driving, personal and social development.
4. For residents to learn to enhance their socialization skills in order to have positive interactions with their family, peers, co-workers, staff and authority figures. Further, to build a positive support group in their community.
5. For residents to increase their self-esteem, obtain the ability to identify and explore their strengths, and enhance their motivation to meet their daily needs.
6. For residents to job search, obtain full-time employment, positively maintain their employment, and save and budget their earned monies.
7. For residents to complete individual goals that will enhance their future security, which may include completing their high school education, exploring higher education, obtaining their driver's permit and/or license, securing long-term housing, and saving a minimum of \$2,500.00 in their savings account.
8. For residents to obtain and maintain a positive attitude and motivation while volunteering at their Community Service site, working at their job site, and attending school.

SERVICE PLAN:

The resident's service plan shall include goals, strategies and objectives addressing the following areas:

1. *Community Service*- The resident will complete 60 hours of community service at a local non-profit organization. Fewer hours may be approved depending on youth's education schedule.
2. *Job seeking and Maintenance*- The resident will learn how to look for a job, fill out applications, complete a job interview, acquire, and maintain full-time employment.
3. *Money management and Consumer Awareness*- The resident will learn to shop wisely, open and successfully maintain a savings account, learn to set up and follow a budget, and save a set amount in preparation for his return to the community.
4. *Transportation*- The resident will learn how to use public transportation, how to plan and complete a trip on her own, and possibly pursue getting a driver's license.
5. *Food management*- The resident will explore the grocery store to learn about nutritional labels and how to comparison shop, as well as plan and safely cook meals without assistance.
6. *Educational and Career planning*- If needed, the resident will continue and/or complete his high school education (i.e. obtain GED, attend night classes, or attend public school part-time). She will also explore and familiarize himself with vocational schools and/or colleges.
7. *Leisure Activities/Hobbies and Community Resources*- The resident will participate in program activities as well as identify and pursue positive personal interests out in the community. She will also utilize local resources, (i.e. AA/NA, counselors, family, mentors, etc.).
8. *Housing* – The resident will prepare for, search for and acquire suitable and affordable housing for when they complete the program.
9. *Personal Appearance*- Residents will learn how to take care of themselves. They will become familiarize with laundry, dressing appropriately, observing their weight, hair maintenance, and hygiene products.

10. *Housekeeping*- Residents will clean their room daily. They will also be assigned daily chores and weekly major chores throughout the building. Chores will be consistent with resident's abilities and they will be paid allowance for said chores.
11. *Health/Sexuality*- Residents will visit the Arlington County Health Center to gather information about their health and sexuality. They will also learn valuable insights to maintain good health practices, how to prevent diseases, and how to take care of oneself when ill.
12. *Emergency and Safety Skill* – Residents will learn the building's emergency and safety procedures, including fire drills. They will earn First Aid certification.
13. *Legal Skills*- Residents will become familiarize to their rights as residents as outlined in their TLP manual and to the grievance policy. They will also be allowed to call their attorney, social worker, and probation officer and they may visit them at TLP.
14. *Interpersonal Skills/Social Relations*- They will also work on building a positive support group out in the community with friends/family, school, and co-workers.

Within 14 days of placement it will be the policy of Transitional Living Program to complete an assessment including strengths and needs of the resident's life skills covering the following areas:

1. Money Management and consumer awareness
2. Food Management
3. Personal Appearance
4. Social Skills
5. Health and Sexuality
6. Housekeeping
7. Transportation
8. Educational/career planning
9. Job seeking skills
10. Job maintenance skills
11. Emergency and safety skills
12. Knowledge of community resources
13. Interpersonal skills/social skills
14. Legal skills
15. Leisure activities
16. Housing

All direct care staff shall be trained within 14 days of employment on the Transitional Living program. This will be maintained in the employee's personnel record.

Residents regardless of their age will not share in the responsibility for their own medication. Only Medication management trained staff will store and distribute medication.

All TLP residents will be supervised by direct care staff when they are in the presence of other residents.

Rec'd 2/20/2018
DAT

443 Kempsville Road
Norfolk, VA 23502
757.455.6100
Fax: 757.455.6127
1.800.221.1995
www.barryrobinson.org



The Barry Robinson Center

A Behavioral Health System for Youth

February 16, 2018

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

RE: Family Oriented Group Home License (FOGH)

Dear Mr. Bailey:

Enclosed please find the Center's license for its FOGH program. This program has not been utilized by the community in over a year and we do not believe that it will receive any utilization during the remainder of its effective period. Therefore, we are relinquishing the license to your department and officially closing the FOGH program.

We have enjoyed twenty-plus years of service providing intervention to at-risk young ladies in collaboration with the Department. Thank you for the Department's support during this time.

Sincerely,

Nancy M. Holcomb
Nancy M. Holcomb, MEd
Chief Compliance Officer

ENC.



ANDREW K. BLOCK, JR.
Director

ANGELA C. VALENTINE
Chief Deputy Director

COMMONWEALTH OF VIRGINIA

Department of Juvenile Justice

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

TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

SUBJECT: Variance – Request to Modify Staffing Requirements in JCC Central Infirmary and Nursing Expansion

DATE April 25, 2018

I. SUMMARY OF ACTION REQUESTED

The Department of Juvenile Justice (the Department) respectfully requests that the State Board of Juvenile Justice (the Board) approve a variance on behalf of the Bon Air Juvenile Correctional Center (the JCC) pursuant to 6VAC35-20-92 (variances). The JCC seeks this variance to the noncritical regulatory requirements set out in 6VAC35-71-830 concerning the supervision of residents in juvenile correctional centers. The proposed variance will allow “security staff” to provide supervision to residents housed or receiving services in the JCC’s central infirmary or nursing station without the presence of direct care staff, as mandated in 6VAC35-71-830.

Section 830 of the regulation provides:

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.

Section 10 of the regulation defines “direct care staff” as the “*staff whose primary job responsibilities include: (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.*”

II. BACKGROUND

Reclassification of Staffing Positions

In 2015, as part of the implementation of the Department’s Community Treatment Model (CTM) in the JCCs, the Department reclassified the majority of former direct care staff positions into two separate categories: 1) resident specialists; and 2) security staff. As a result of this transition, employees classified as resident specialists (RSIs and RSIs), in addition to their supervisory and security functions, are now assigned enhanced programmatic responsibilities and are expected to play a greater role in the residents’ treatment. Among their roles, RSs are tasked with leading therapeutic structured activities, facilitating and ensuring positive group interactions through coaching and mentoring residents, serving as accessible role models and advocates to assigned residents, and accompanying residents to core and elective classes to assist teachers. Resident specialists meet the definition of direct care staff established in Section 10 of the regulation.

The CTM also created a separate category of security staff positions (security specialists, security coordinators, and security managers), which are now given the primary responsibility of maintaining the security of the JCC. Security staff perform such duties as conducting perimeter checks, operating the central control center, and conducting searches at the facility entrance. They also maintain order in the facility’s school, in part by monitoring residents and standing on guard during school movement. Security staff are not involved directly in the residents’ treatment and are not required to implement the behavior management program; therefore, they do not meet the Section 10 definition for direct care staff.

Staffing the Infirmary/Nursing Station

The JCC operates an infirmary unit and nursing station intended to serve residents who require nursing care or observation. Residents may be housed in the infirmary unit overnight for such purposes as post-surgery recovery, intravenous therapy, or to prevent the spread of infectious disease. Rather than using RSs, the JCC assigns security staff to cover these units. This enables RS staff to remain on their assigned units and fulfill their program obligations, thereby promoting the objectives of the CTM. Because security staff are not responsible for implementing the structured program of care and the behavior management program, the current staffing structure in the infirmary unit and nursing station conflicts with Section 830’s staffing requirements.

III. PROPOSED VARIANCE REQUEST

The JCC seeks a variance allowing employees defined as “security staff” to supervise residents temporarily housed or receiving services in the infirmary or nursing station. The proposed variance language is provided below:

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. For purposes of this definition, security staff include security specialists, security coordinators, and security managers.

6VAC35-71-830. Staffing pattern

D. Notwithstanding the requirements in this section, residents may be supervised by security staff or direct care staff while assigned to or receiving health care services in the infirmary or nurse’s station.

IV. RATIONALE AND JUSTIFICATION

Practical Impact of Variance

The proposed variance would allow the Department to maintain the two separate classifications and continue its successful work with the CTM. Security staff would maintain their supervision responsibilities in the infirmary and nurse’s station, which would enable RSs to remain on their units and continue fulfilling their programmatic obligations.

Justification for Variance

Temporary Nature of Infirmary Visits

In 2016, the Board approved a similar variance that remains effective today authorizing security staff to supervise residents during routine and emergency transportation without the presence of direct care staff. By virtue of this variance, security staff may escort residents across campus to such areas as the central infirmary, or to off-campus appointments, trips, and other locations. Much like routine or emergency transports, the temporary nature of a resident’s visit to the infirmary or nursing station eliminates the need for supervision by staff tasked with implementing the CTM. Unlike the CTM housing units, which depend upon consistent staffing by employees trained to implement behavior management, it is not necessary for security staff in an infirmary or nursing station to have the heightened qualifications and training needed to successfully lead group discussions and activities, facilitate group interactions, or satisfy other requirements related to treatment. This is especially true because residents who are in the infirmary for an extended period of time continue to receive the treatment and services that would otherwise be offered outside the infirmary or nursing station.

Same Volume of Training as Direct Care Staff.

By nature of their positions, security staff are required to protect the safety, care, and well-being of residents and staff and the safety and security of the facility. Though some of the training content differs from that required of direct care staff, security staff must satisfy the same volume of training (120 hours initially, 40 hours annually) as direct care staff, both under the Department’s existing regulations and under the proposed revisions submitted to the Board in 2017. Security staff are sufficiently trained to address any threats to safety and security that may be encountered in the infirmary, nursing station, or elsewhere in the facility; therefore, approval of this variance will not threaten the health, welfare, or safety of residents, the community, or staff.

Residents' care or services will not be affected adversely.

Allowing security staff to continue to man the infirmary and nursing station will not impact residents adversely. Residents assigned to or receiving health care services in the infirmary or nursing station will continue to receive the services and treatment offered under the CTM.

The regulatory requirement is not mandated by statute or by federal or state regulations other than those issued by the Board.

The variance proposal does not conflict with the federal Prison Rape Elimination Act (PREA). Under PREA's Juvenile Facility Standards, secure juvenile facilities must maintain staff ratios of a minimum of 1:8¹ during resident waking hours and 1:16 during resident sleeping hours. Only security staff may be included in these ratios. For purposes of PREA, security staff means "employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility." PREA does not require security staff members to implement a behavior management program or a structured program of care.

Enforcement will create an undue hardship.

If the existing regulatory requirement is enforced, the Department would need to hire additional RSs to staff the infirmary and nursing station. This would involve abolishing the current security positions and requiring current security staff to reapply for the RSI position, which would create job losses for staff unable or unwilling to meet the heightened RS qualifications. Additionally, it may require floating staff to serve in these interim positions, which would prevent them from assuming other posts, as needed.

V. DURATION OF VARIANCE

The JCC will request the variance to remain in effect for five years or until 6VAC35-71 (The Regulation Governing Juvenile Correctional Centers) is amended, whichever occurs first. The Department has proposed a number of changes to 6VAC35-71. The action for this regulation chapter is currently in the proposed stage of the standard regulatory process and is being reviewed by the Office of the Attorney General. If the Board approves this variance, as requested, the JCC regulation review committee will recommend incorporating the variance language into the regulation before the regulatory action is advanced to the final stage of the process.

¹ Note that the proposed revisions to the regulation, approved by the Board at the November 2017 meeting, modify the required staffing ratios from 1:10 to 1:8 to comply with PREA. The Department has operationalized PREA's staffing requirements in the JCCs.



ANDREW K. BLOCK, JR.
Director

ANGELA C. VALENTINE
Chief Deputy Director

COMMONWEALTH OF VIRGINIA
Department of Juvenile Justice

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April 10, 2018

Joyce Holmon
Deputy Director of Residential Services

VIA ELECTRONIC MAIL

Dear Ms. Holmon:

This letter responds to your request for a waiver to the regulatory requirements in 6VAC35-71-830, related to staff supervision of residents in juvenile correctional centers. On behalf of the Bon Air Juvenile Correctional Center (JCC), you are requesting that I grant a waiver authorizing "security staff" to provide supervision in the JCC's central infirmary and nursing station. You seek this waiver pursuant to my authority under 6VAC35-20-93.

The basis for your request involves staffing of the Department's central infirmary or nursing station. Section 830 of the regulation requires at least one direct care staff member responsible for the supervision of a specified number of residents during resident waking and sleeping hours and at least one direct care staff member responsible for supervising residents in each building or living unit where residents are sleeping. As you've reported, the Department's implementation of the Community Treatment Model (CTM) involved dividing the then-existing juvenile correctional officer position into two separate categories of staff members. Employees under the category of resident specialists, in addition to having supervisory and security functions, have programmatic responsibilities and play a large role in the residents' treatment and behavior management. These employees are "direct care staff" under the definition set out in 6VAC35-71-10. Employees in the "security staff" category primarily are responsible for maintaining the security of the JCC but are not required to implement the behavior management program, one required component of the direct care staff definition. Therefore, security staff are not authorized to supervise residents in the JCC's central infirmary unit or nursing station without the presence of at least one direct care staff.

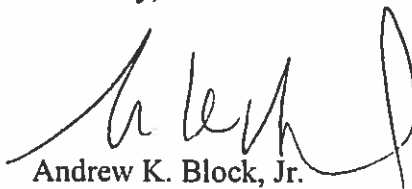
Pursuant to 6VAC35-20-93, the Director of the Department of Juvenile Justice has the authority to issue a waiver to a noncritical regulatory requirement, provided: i) the requirement is not mandated by statute or by federal or state regulations other than those issued by the board; ii) noncompliance with the regulatory requirement will not result in a threat to the health, welfare, or safety of residents, the community, or staff; iii) enforcement of the regulatory requirement will create an undue hardship; iv) juveniles' care or services would not be adversely affected; and v) the circumstances at issue make compliance with the regulatory requirement either impossible or impractical. Based on my review of this request, it appears that the juvenile correctional

Ms. Joyce Holmon
Page Two
April 10, 2018

center is presented with such circumstances. Allowing the JCC's security staff to provide sole supervision in the central infirmary and nursing stations does not offend the Prison Rape Elimination Act or other federal or state statutory or regulatory requirements. Furthermore, because security staff are subject to the same volume of training as direct care staff and must be trained in first aid, safety, and other important topics, I do not believe that this waiver will result in a threat to the health, welfare, or safety of residents, the community, or staff. Additionally, given the temporary nature of a resident's visit to the infirmary or nursing station and the fact that the resident continues to receive education, therapy, and other services while in the central infirmary, I do not expect this exception to create any undue hardship or adversely impact the services available to residents. Finally, I believe that enforcement of the existing regulatory requirement will create an unnecessary hardship in that it will necessitate abolishing the current security positions and mandating that current security staff reapply for the resident specialist positions. This may result in job losses for staff unable or unwilling to meet the heightened qualifications for resident specialists.

I find that your request meets the regulatory criteria for the issuance of a waiver, and I grant your request accordingly. The waiver will expire when the Board makes a determination on your variance request at the April 25, 2018, meeting. I will forward your variance request to the Board for consideration at the meeting.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Block, Jr.', with a stylized flourish at the end.

Andrew K. Block, Jr.

Virginia's Juvenile Detention Centers

PRESENTATION TO THE BOARD OF JUVENILE JUSTICE
APRIL 25, 2018



Detention: What is it?

- ▶ National definition (National Juvenile Detention Association and American Correctional Association):
 - ▶ *Temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a restricted environment for their own or the community's protection while pending legal action; provides wide range of helpful services and a system of clinical observation and assessment that complements the helpful services and reports findings*

Detention: What is it?

- ▶ 7 Essential Characteristics of Juvenile Detention
 1. Temporary custody
 2. Safe custody
 3. Restricted environment
 4. Community placement
 5. Pending legal action
 6. Helpful services
 7. Clinical observation and assessment

Pre-Dispositional Placements: Criteria for Detention: §16.1-248.1

1. Felony or Class 1 misdemeanor (if committed by an adult)
AND:
 - a. Threat to others
 - b. Threat to self
 - c. Threat to abscond or history of fleeing
2. Juvenile has absconded from another detention home
3. Fugitive from jurisdiction outside of Commonwealth
4. Failure to appear in court

Majority of detention placements –
71% of admissions in FY17

Awaiting disposition

72 hours for Detention Hearing, 21 days
following hearing for adjudication, 30
days to determine disposition

Pre-
Disposition

Post-Dispositional Detention Placements: Code Criteria

- ▶ Code of Virginia
- ▶ § 16.1-284.1
 - ▶ A. Placement in a secure local facility, juvenile has not been found delinquent within past 12 months- Up to 30 days
 - ▶ B. Placement in a secure local facility, juvenile has been found delinquent within past 12 months- Up to 6 months – Must be provided separate services for REHABILITATION
- ▶ Code of Virginia
- ▶ § 16.1-292
 - ▶ Violation of court order - Up to 10 days

Post-Dispositional Detention Programs

- ▶ 19/24 local facilities – 233 beds dedicated to post-d programs
- ▶ Governed by extensive regulations and separate licenses
- ▶ Individualized Service Plan
- ▶ Individual and Group Counseling (i.e., Substance Abuse, Anger Management, Independent Living Skills, Employability Skills)
- ▶ Parent Involvement
- ▶ Outings – Home Passes, Field Trips, Community Service, Employment, School
- ▶ Extensive Record-keeping and monthly court reviews

Other Reasons Juveniles are in Detention

Awaiting placements

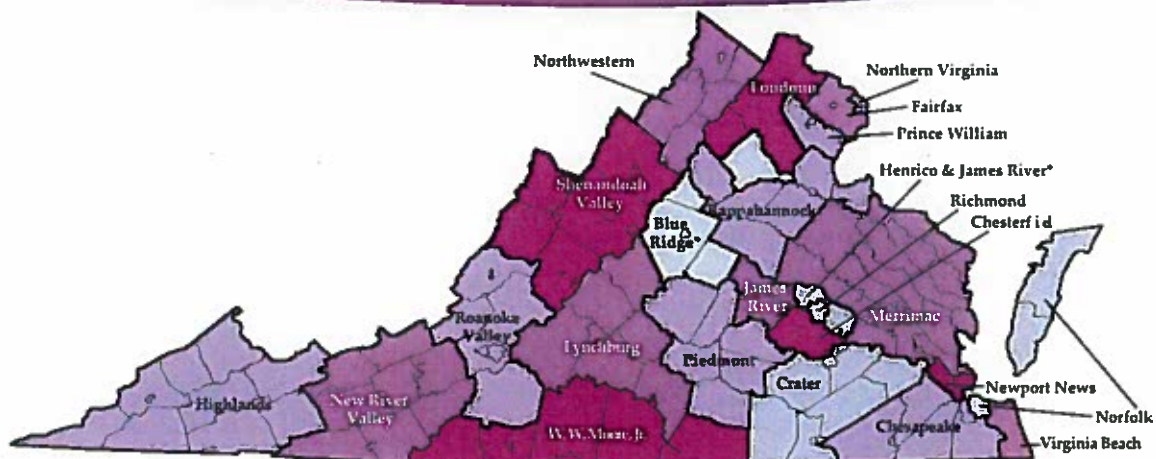
Circuit Court

Sentenced Juveniles – Awaiting Pick-up

Juveniles appealing sentence

Restoration of mental competency

Virginia's Juvenile Detention Centers



Who's in Detention – Statewide?

- ▶ For Fiscal Year 2017:
 - ▶ 7,677 detainments (16.3 decrease from FY14)
 - ▶ Average Daily Population was 644
 - ▶ Average Length of Stay was 24.3 days (pre-d); 14.4 days (post-d no program); and 138.3 days (post-d program)
 - ▶ Average Age of Detained Resident -16.3 years
 - ▶ 78.7% were male; 55.2% black and 38.6% white

Virginia Detention Capacity

- ▶ Detention homes either locally-owned or commission-owned
- ▶ 24 detention homes throughout Virginia
- ▶ Smallest at 20 beds (Henrico, Piedmont)
- ▶ Largest at 121 beds (Fairfax)

Relationship of Detention to DJJ

1

Regulatory Authority

2

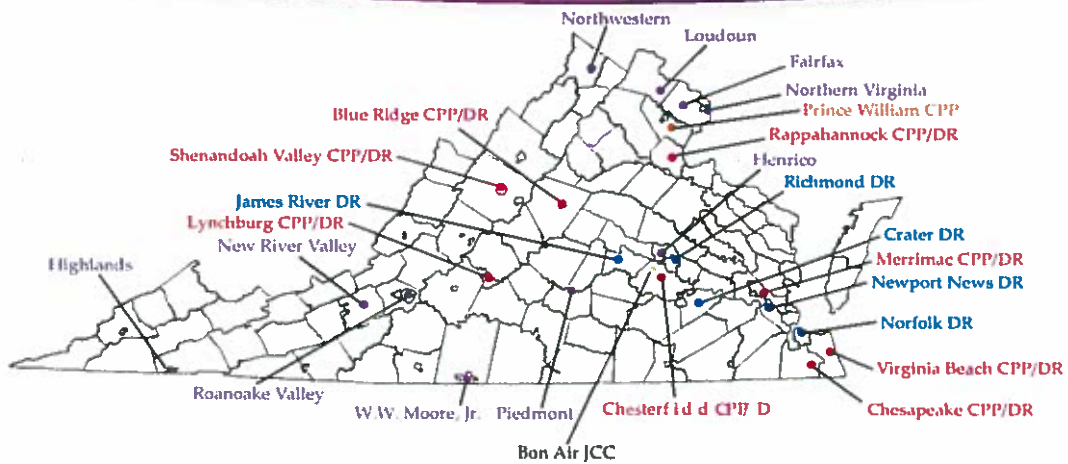
Financial Support for
Detention Operations
and Construction

3

Contractual
Partnerships:

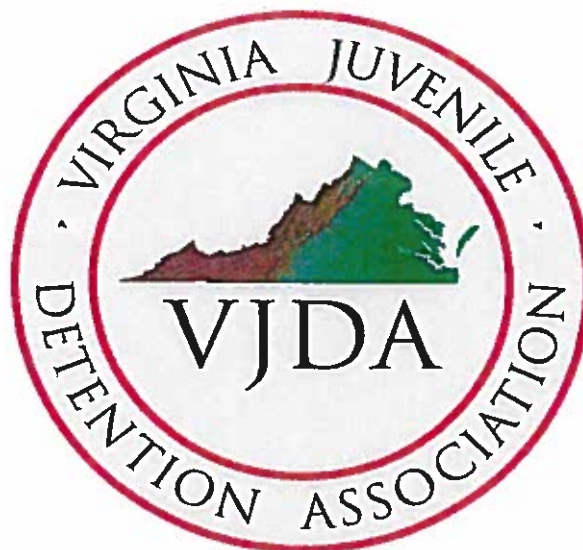
- CPPs
- Intake Holds
- Re-Entry

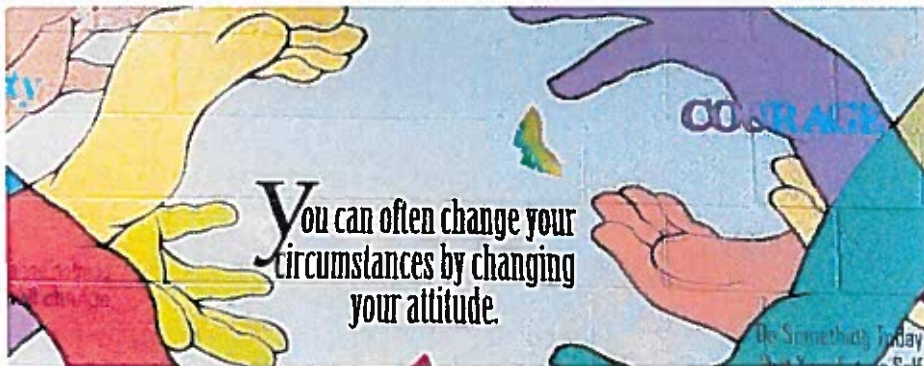
Detention Partnerships with DJJ



To whom else does detention answer?

- ▶ Local governing authority
- ▶ State Department of Education (detention school programs)
- ▶ Federal Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- ▶ United States Department of Agriculture (breakfast and lunch program)
- ▶ Federal Department of Justice Prison Rape Elimination Act (PREA) - ~140 standards





Photos from Virginia's Juvenile Detention Centers



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TO: State Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

SUBJECT: Request Authorization to Submit Amendments to the Regulation Governing Juvenile Secure Detention Centers (6VAC35-101) to the Proposed Stage of the Regulatory Process

DATE April 25, 2018

I. SUMMARY OF ACTION REQUESTED

The Department of Juvenile Justice (the department) respectfully requests the State Board of Juvenile Justice (board) to authorize the submission of amendments to the Regulation Governing Juvenile Secure Detention Centers (6VAC35-101) to the Proposed stage of the regulatory process pursuant to the Administrative Process Act set forth in § 2.2-4000 et. seq. of the *Code of Virginia*. The proposed amendments are intended to impact the 24 locally or regionally-operated secure juvenile detention centers across the Commonwealth. The existing regulations apply to detention centers that serve predispositional (pre-D) residents only, as well as those offering programs for both pre-D and postdispositional (post-D) youth.

II. BACKGROUND OF THE REVIEWS

Pursuant to § 66-10 of the *Code of Virginia*, the board has the authority to “promulgate such regulations as may be necessary to carry out the provisions of this title and other laws of the Commonwealth.” This includes the authority to promulgate regulations governing the operation of secure juvenile detention centers.

In June 2016, the board authorized the submission of a Notice of Intended Regulatory Action (NOIRA) to initiate the regulatory process for a comprehensive review of this regulation. The NOIRA completed Executive Branch review in September 2016, and the notification was published in the *Virginia Register* on October 17, 2016. The public comment period, which ended on November 16, 2016, yielded no public comments.

To complete the comprehensive review and revisions to this regulation, the department convened a committee consisting of representatives from the Virginia Juvenile Detention Association and the department’s Policy and Planning Unit. The committee conducted an extensive review of the regulation and proposed amendments to streamline the regulation, clarify ambiguous provisions, and impose new requirements aimed at enhancing

safety and security and improving the level of services available to juveniles detained in secure juvenile detention facilities.

III. BACKGROUND OF CONTENT

Below is a summary of the primary issues that influenced many of the substantive proposed amendments to this regulatory chapter.

Prison Rape Elimination Act: In 2003, Congress enacted the Prison Rape Elimination Act of 2003 (Public Law No. 108-79) (PREA) to “provide for the analysis of the incidence and effects of prison rape in federal, state, and local institutions and to provide information, resources, recommendations, and funding to protect individuals from prison rape.” Additionally, the law sought to develop and implement national standards to detect, prevent, and reduce rape incidents in correctional facilities. The final rule for these standards became effective in 2012; however, juvenile facilities were given until October 2017 to comply with the standards related to staffing requirements and staffing ratios.

Although most of the detention centers have adopted written procedures to incorporate the provisions of PREA, a few existing detention center regulatory provisions are in direct conflict with the PREA standards. The detention centers are proposing amendments to these provisions to comply with the mandates in PREA.

Incorporation by Reference Prohibited: In 2016, the Virginia Code Commission promulgated regulations intended to provide state agencies with guidance on filing, submitting, and publishing agency regulatory actions. The regulations prohibit state agencies from incorporating documents of their own creation into the agency’s regulations unless the agency establishes that the documents or circumstances are unique and unusual. The existing regulations contain a few provisions that require detention centers to adhere to department-developed procedures or guidelines in violation of the Code Commission’s regulations. The detention centers are proposing amendments to correct these provisions.

Room confinement: During the 2016 Virginia General Assembly Session, Senator Barbara Favola introduced legislation (SB 215) to address the imposition of “room confinement” in juvenile facilities in Virginia. The legislation was intended to place checks on the authority of a JCC or juvenile detention center to assign a youth to a locked room of the facility, involuntarily and outside of sleeping hours, for an extended period of time as a means of addressing the resident’s negative behavior; ensuring the safety of the resident, staff, or others; or ensuring the security of the facility. The legislation reflected a national trend toward reducing the use of room confinement in juvenile facilities. The substitute version of the bill required the department to consult with mental health professionals, child advocates, and other stakeholders in order to promulgate regulations establishing parameters for room confinement in juvenile detention and correctional centers. Although the legislation failed, it prompted the department to make room confinement a focal point for examination during the comprehensive review of Chapter 101.

As part of the comprehensive review, the department began convening workgroups to review and recommend amendments to the regulatory provisions addressing room confinement outlined in Sections 1100 and 1105 of the chapter. The workgroup included agency representatives as well as key stakeholders from the Department of Behavioral Health and Developmental Services and the Disability Law Center of Virginia. The detention centers are proposing a number of changes to reflect many of the recommendations made in the substitute version of SB 215 and a consideration of the impact of existing practices.

IV. DEFINITION CHANGES

The detention centers recommend the following substantive and format changes to Section 10 of the regulation, which defines terms used frequently throughout the regulation:

- *Rearrange definitions* – In order to comply with the Virginia Register of Regulations’ Style Manual, move the following definitions embedded in other sections of this regulation into Section 10 (definitions): aversive stimuli (§ 650—*minor style edits*); cooling-off period (§ 1070); human research (§ 130); legal mail (§ 660—*minor style edits*); legal representative (§ 690), medication incident (§ 1060); physical restraint (§ 1090); rest day (§ 890), volunteer or intern (§ 270), and vulnerable population (§ 655). Substantive changes are being proposed to these definitions as summarized below:
 - Cooling-off period: Clarify that the purpose is to calm the resident or deescalate a volatile situation.
 - Human research: Amend to mirror recently revised Chapter 170, Regulation Governing Minimum Standards for Juvenile Information Requests from and Research Involving Human Subjects within the Department of Juvenile Justice.
 - Legal representative: Amend to clarify that the term includes an attorney who provides a consultation to the resident if the attorney is requested by the parent of a minor resident.
 - Medication incident: Amend to exclude explicitly from this definition a facility’s failure to administer medication due to repeated unsuccessful attempts to obtain medication.
 - Rest day: Amend the definition of rest day so that it applies to periods during which a staff person has no responsibility to perform **supervision** duties in a detention center. See Section 890 for additional discussion.
 - Volunteer or intern: Amend to clarify that volunteers or interns must be under the direction and authority of a detention center.
 - Vulnerable population: Move the list of examples of residents that may be deemed “vulnerable,” to Section 655, which addresses vulnerable populations in greater detail.
- *Add definitions*—In order to provide additional clarity, add definitions for the following terms that are used regularly throughout this chapter but are not defined:
 - Contractor: Restrict the definition to individuals with legal agreements with a juvenile detention center who serve residents directly and on a regular basis.
 - Disciplinary room restriction: See discussion of Sections 1100 and 1105.
 - Full search: Replaced “strip search” term. See Section 560 for additional discussion.
 - Mechanical restraint: Incorporate the all-inclusive list of permitted mechanical restraints in the definition. See Section 1130 for additional discussion.
 - Room restriction: See discussion of Sections 1100 and 1105.
- *Amend definitions*—In order to provide additional clarity, make minor substantive revisions to the following definitions:
 - On duty: Expand the definition to include instances in which an employee is responsible for performing any position duties, rather than only those duties involving resident supervision.
 - Premises: Restrict definition so that only the land and buildings contained within the secure perimeter are included in the term.

V. SUMMARY OF SUBSTANTIVE RECOMMENDATIONS – HIGH IMPORTANCE

The subcommittee identified the following proposed revisions that are expected to have a significant impact on facility operations or residents in general.

Section 420—Toilet facilities:

The current regulation requires each sleeping room in a detention center constructed on or after January 1, 1998 to have toilet facilities for resident use. Detention centers constructed on or before December 27, 2007 must have at least one toilet, one hand basin (sink) and one shower or bathtub for every eight residents, and one toilet, one hand basin, and one shower or tub for every four residents in buildings constructed or structurally modified on or after December 28, 2007.

Proposal:

- Amend to require all detention centers to have at least one toilet and one hand basin available for resident use in all sleeping rooms. This is consistent with the current design of sleeping rooms in existing detention centers in Virginia.
- Modify the shower/tub-to-resident ratio for detention center buildings constructed or renovated on or after December 28, 2007 from 1:4 to 1:5 in order to give such facilities additional flexibility.

Section 560—Searches of residents:

The existing regulation imposes certain restrictions on strip searches and visual inspections of body cavity areas. There is no definition of a strip search under the existing regulation.

The regulation prohibits a juvenile detention center from conducting a manual or instrumental anal or vaginal body cavity search unless the facility administrator has provided written authorization or unless required by court order. The regulation establishes additional parameters regarding who may conduct and witness the search and the requirements for documenting the search.

Proposal:

- Replace references to “strip” searches with “full” searches in this section and in the definitions section. The detention centers plan to adopt this nomenclature when referring to searches of this nature.
- Strike the provision allowing body cavity searches if authorized in writing by the facility administrator, and add language authorizing the facility administrator to sign off on such searches in exigent circumstances in which the resident requires medical attention. Strike the individual parameters governing such searches and allow the facility administrator to establish the rules for such searches in accordance with written procedures.

Sections 630 (Transportation of residents); 635 (Transportation of violent or disruptive youth, or youth traveling to specified destinations) (new); and 640 (Detention center transfers to department):

In 2004, the board approved the department’s Guidelines for Transporting Juveniles in Detention, a two-part document developed by the department to comply with the statutory mandate set out in § 16.1-254 of the *Code of Virginia*. The Guidelines address the rules detention centers and court service units must follow when residents require off-facility transportation for various purposes. Part I of the Guidelines focuses on the

responsibilities of detention homes when transporting or arranging for the transportation of residents to local medical appointments, dental appointments, and psychological and psychiatric evaluations. Part II addresses the transportation of violent and disruptive youth and juveniles traveling to various specified destinations other than the medical appointments and evaluations addressed in Part I of the Guidelines.

As currently written, Section 630 of the department's regulations establishes rules regarding the provision of routine and emergency resident transportation and the rules for licensure of staff who transport residents. Section 640 addresses both transportation of residents and resident *transfers* from detention centers to the department's custody. Section 640 requires that residents be transported in accordance with the above-mentioned guidelines. Additionally, this section speaks to the required information that must accompany residents when transferred from detention centers to the department's custody. Arguably, it is not necessary to have two separate sections addressing resident transportation. Furthermore, by mandating that detention centers adhere to these guidelines when detained residents require transportation, this section violates the Code Commission's 2016 regulatory provision addressing incorporation by reference.

Also related to transporting residents, during the 2018 Virginia General Assembly Session, Delegate Cliff Hayes introduced legislation (HB 1230) that would have required the board to promulgate regulations regarding transportation requirements for department-regulated facilities and programs. Specifically, the bill would have mandated that these regulations address a suicide watch instrument. A substitute bill would have required these entities to convey written information concerning the resident's mental and medical condition to individuals handling the transport of residents. Although the bill ultimately failed, in an effort to be responsive to the objectives of the legislation, the detention centers are recommending additional language similar to the language in the substitute bill.

Proposal:

- Add to Section 630 of the regulation the provisions regarding transporting detained residents to local medical appointments and evaluations, as set out in Part I of the Guidelines.
- To effectuate the intent of HB 1230, add a provision in Section 630 directing detention centers to provide the transporting party with written information concerning the resident's immediate medical needs and mental health condition.
- Add a new Section 635 addressing transportation of violent and disruptive residents and residents traveling to destinations other than local medical appointments and evaluations and that incorporates the provisions in Part II of the Guidelines.
- Amend Section 640 to remove references to resident **transportation**, including in the section catchline.
- Strike the invalid provision in Section 640 directing residents to be transported pursuant to the Guidelines.

Section 890—Staff supervision of residents: Subsection A of this section prohibits direct care staff from being on duty and responsible for the direct care of residents for more than six consecutive days without a rest day except in an emergency. Rest day is defined as a 24-hour period during which a staff person is not responsible for performing duties regarding detention center operations, including participation in required training. This provision has made scheduling and ensuring that part-time staff receive the training necessary to perform their duties more challenging.

Currently, subsection H of this section requires the facility to implement written procedures governing the transportation of residents outside the detention center and from one jurisdiction to another.

Proposal:

- Move the definition of “rest day” to Section 10 and amend the definition so that it applies to periods during which a staff person has no responsibility to perform **supervision** duties in a detention center. This will allow detention center staff the flexibility to receive training during rest days, as needed.
- As transportation is addressed under the proposed revisions to Sections 630 and 635, strike subsection H in its entirety.

Sections 900—Staffing pattern: Currently, Section 900 of the regulation requires detention centers to have at least one direct care staff member **awake**, on duty, and responsible for the supervision of every 10 residents, both on the premises and at off-campus, detention center-sponsored events during resident waking hours. This provision is inconsistent with the PREA standard, which requires a 1:8 staff to resident ratio in juvenile facilities during resident waking hours. Though not explicitly stated in the PREA standards, the PREA Resource Center has issued guidance indicating that the staffing ratio is not an aggregate ratio and must be satisfied in every area throughout the facility.

Furthermore, subsection A of Section 900 explicitly requires staff to provide awake supervision during resident waking hours. There are no such explicit requirements in subsections B or C applicable when residents are sleeping. Section 890, however, requires that staff provide 24-hour awake supervision seven days a week.

Proposal:

- In order to discourage the unintended interpretation that staff may sleep while supervising sleeping residents, strike the reference to “awake” supervision in subsection A of Section 900.
- In order to comply with PREA, amend the required staffing ratio provided in Section 900 and mandate that the ratios apply wherever residents are present.

Section 1070—Behavior management: Detention centers are required to implement behavior management programs, governed largely by their facility’s written procedures. Among the required information contained in these procedures, a facility must define and list the privileges and sanctions that are available for use. The sanctions may include a “cooling off period,” which the resident serves in his room and which is capped at 60 minutes. Under Section 1080, staff is not required to complete a disciplinary report when a resident serves a cooling-off period.

In order to assess the effectiveness of the facility’s behavior management plan, this section also requires that the facility administrator review the behavior intervention techniques and procedures annually to determine appropriateness for the facility’s residents.

Proposal:

- To promote clarity, specify that the written procedures addressing privileges and sanctions available under the behavior management program must establish which behaviors or offenses are subject to which privileges or sanctions, as well as the maximum duration of each sanction.

- Add the following minimum requirements for residents serving a “cooling-off period: i) that the cooling off area is identified; ii) that residents who are cooling off are able to communicate with staff), and iii) that staff conduct visual checks at least every 15 minutes.
- Clarify that as part of the annual review of procedures and techniques, the facility must collect information on the behavior management techniques, specifically including the facility’s use of room restriction. Imposing a formal requirement that facilities collect and review this information will ensure that they are constantly assessing the effectiveness of their behavior management program techniques and considering ways to improve their programs.

Section 1100/Section 10 – Room restriction and new definition:

The detention centers are proposing the following changes aimed at making room confinement a more effective tool for deterrence and ensuring that the appropriate checks are placed on the system. Note that these changes are intended to apply to all forms of room confinement unless otherwise indicated.

- ***Nomenclature:*** The detention centers intend to change staff and resident perception of the concepts previously referred to as ‘room confinement’ and ‘isolation.’ The detention centers believe that use of these terms can conjure up images of juveniles left unattended in dark spaces without access to staff, administration, or humane living conditions. Residents in detention centers actually serve out these periods in their own assigned sleeping rooms and have constant access to direct care staff and medical and mental health personnel, as well as visits from their probation officers and attorneys. The detention centers believe that using the term “**room restriction**” more accurately depicts the type of intervention that is being imposed because the resident’s activities, movement, and freedom are restricted for these periods.
Proposal: Replace references to “room confinement” with “room restriction” in Sections 1070, 1080, and 1100.
- ***Content of written procedures:*** The existing regulations contain a general, broad provision requiring written procedures to govern how and when residents are placed in room confinement. Senator Favola’s legislation recommended the inclusion of additional information in the regulation to give staff and residents more guidance and to ensure consistency in the practice.
Proposal: Among the specific topics identified in Senator Favola’s legislation, mandate the following topics for inclusion in written procedures: 1) the behaviors subject to room restriction; 2) factors for consideration before placing a resident in room restriction; 3) the circumstances necessitating a debriefing with the resident; and 4) the conditions under which staff must consult with a mental health professional when such restricted residents exhibit self-injurious behavior.
- ***Frequency of room checks:*** Under the current regulation, residents confined to a locked room must be checked on visually by staff at least once every 30 minutes, and more often if indicated by the circumstances. For residents on suicide watch, staff must conduct such checks at 15 minute intervals.
Proposal: Increase the frequency of room checks to occur at least every 15 minutes. This will ensure additional monitoring during room confinement periods.
- ***Opportunities for physical exercise:*** The existing regulation requires the detention center to afford “restricted residents” with an opportunity for at least one hour of physical exercise outside of the locked

room daily unless the resident's behavior or other circumstances justify an exception, which justification must be documented.

Proposal: Amend this provision to clarify that the physical exercise must be large muscle exercise and to require the facility administrator or his designee's approval in order for the exception to apply.

- **Opportunities during restriction:**

Proposal: Add language requiring detention centers to afford residents placed in room restriction, with the exception of disciplinary room restriction, with the same opportunities as other residents in general population, unless justified by clear and substantiated evidence.

- **Restriction for more than 24 or 72 hours:** Under the existing regulation, with the exception of disciplinary room restriction, if a resident is restricted for more than 24 hours, the facility administrator or his designee must be notified. For restriction beyond 72 hours, the facility must notify the director or his designee and explain the steps being taken to resolve the situation.

Proposal: Add language requiring the facility administrator to provide written approval for restriction beyond 24 hours and the rationale for the continued restriction. For restriction beyond 72 hours, add a requirement that a qualified medical or mental health professional conduct a medical and mental health assessment of the resident within the initial 72-hour period, and daily after the initial 72-hour period elapses until the resident's release from restriction.

- **Restriction for more than five consecutive days:** Currently, the maximum permissible period for any form of room restriction in detention centers is five days unless ordered by a medical provider.

Proposal: Expand the authority to order confinement beyond the maximum 5-day period to include mental health providers, as well as medical providers.

- **Daily visits from facility administrator:** Under the current regulation, the facility administrator or designee must make personal contact with every resident placed in room restriction.

- **Proposal:** Mandate that during these visits, for residents who are not in disciplinary room restriction, the facility administrator assess and document whether the resident: i) is prepared to return to general population; and ii) requires a mental health evaluation. This will ensure that the facility administrator is daily assessing residents not confined for disciplinary purposes to determine whether they are ready to be released from restriction.

- **Single occupancy room restriction only:** The existing regulation stipulates that residents must be confined no more than two to a room when placed in administrative confinement (special housing unit reserved for special management of residents for protective custody or threatening behavioral issues). There is no maximum occupancy identified for residents placed in room restriction.

Proposal: Add a requirement that residents placed in room restriction be housed no more than one to a room. This stipulation will reduce the potential threat if a resident is placed in restriction in the same room as another resident.

Section 1105/Section 10 – Disciplinary room restriction and new definition:

The existing regulation addresses the concepts of room restriction (confinement) and disciplinary room restriction (isolation) under one section of the regulation. Neither term is defined. Room restriction is intended

to denote the general umbrella under which all forms of room restriction, including disciplinary room restriction, fall. Disciplinary room restriction, as provided in the proposed definition, applies when the resident is placed in room restriction after application of the disciplinary process.

As explicitly noted in the current regulatory provision, during disciplinary room restriction, residents are prohibited from participating in activities with other residents and all activities are restricted, with the exception of eating, sleeping, personal hygiene, reading, and writing. For safety and security reasons, sometimes it may be imprudent to allow residents access to writing utensils and reading materials while restricted, especially when the restriction results from self-injurious, violent, or assaultive behavior.

Proposal:

- Add a new section that applies solely to disciplinary room restriction and that specifies:
 - That disciplinary room restriction may be imposed only after the resident has gone through the disciplinary process, and
 - That facilities must comply with the behavior management requirements when implementing disciplinary room restriction.
- Remove the provision that precludes the facilities from restricting writing and reading activities and add language giving the facility administrator or designee the discretion to provide reading and writing opportunities for residents in disciplinary room restriction, based on the safety and security needs of the affected resident. This amendment will allow detention center staff the flexibility to restrict reading or writing if these activities would threaten the resident’s safety or security.

Section 1130—Mechanical restraints: Under the current regulation, detention centers are prohibited from restraining residents to a fixed object or in an unnatural position. The regulation does not define “fixed object” for these purposes; however, this regulatory provision has been interpreted to prohibit detention centers from restraining residents to items that are fastened down, as well as other items such as hospital beds and wheelchairs. The regulation makes no exception for residents taken to a non-secure hospital or other medical facility, where restraints may be necessary for the resident’s or other’s safety.

The existing regulation requires the detention center to have department-approved written procedures governing mechanical restraint use.

In addition, the current regulation requires detention centers to maintain a written record of routine and emergency distribution of restraint equipment.

Proposal:

- Amend the regulation to allow explicitly for single point restraint to a hospital bed or wheelchair if the resident is in an outside medical setting, provided the facility administrator gives written approval in accordance with facility procedures.
- Replace the department with the facility administrator as the individual required to approve written procedures governing mechanical restraints. Generally, the department does not approve written procedures for juvenile detention centers.
- Remove the requirement that the facilities maintain written documentation of how routine and emergency restraint equipment is distributed, allowing instead for each facility to ensure that there is a system of accountability in place in their facilities. This gives the facility the discretion and autonomy to determine how to account for the distribution of this equipment.

Section 1140—Monitoring restrained residents:

Under the current regulation, detention centers must have written procedures mandating that if a resident is mechanically restrained, staff must make a *direct personal* check on the resident at least every 15 minutes (and more often if necessary). Questions have arisen as to what constitutes a direct personal check.

Currently, if a mechanically-restrained resident exhibits self-injurious behaviors, staff must consult with a mental health professional immediately and monitor the resident using the appropriate protocols.

Proposal:

- Replace the reference to a “direct personal” check with a “face-to-face” check to clarify that the staff member and resident must be close in proximity and staff must be able to look directly at the resident’s face in order for this requirement to be satisfied.
- Mandate that staff first “take appropriate action to stabilize the threat or harm before consulting with the mental health professional and applying monitoring protocols.

VI. SUMMARY OF SUBSTANTIVE RECOMMENDATIONS – MODERATE IMPACT

The subcommittee identified the following proposed revisions that are expected to have a moderate impact on facility operations or residents in general.

Section 80—Serious incident reports: Under the existing provision, juvenile detention centers must report serious incidents to the applicable court service unit, the director or his designee, and the parent or legal guardian, all within 24 hours of the incident and *in accordance with department procedures*. By referencing these department-developed procedures and mandating that detention centers report serious incidents in accordance with the procedures, the existing regulatory provision has incorporated the department’s procedures into the regulation by reference in violation of the Code Commission’s prohibition.

The department’s certification unit also has expressed concerns with the difficulty in determining whether a detention center has complied with the 24-hour deadline for notifying the applicable court service unit, director, and parent or legal guardian of a serious incident involving a resident. Although subsection D of this section requires the facility to prepare a written report containing information regarding who notified the parent/legal guardian, and director, there is no current requirement that the date and time on which the notice was provided be noted in the report.

Proposal:

- Strike the mandate in subsection A requiring that this process accord with department procedures.
- Add a requirement in subdivision D(5) that the report include the date and time on which the notice was provided to the parent, legal guardian, director, and applicable court service unit.
- Strike the provision in subsection E requiring the facility to place a written reference of the incident and all applicable reporting in the resident’s record. Because the detention centers are expected to input this information into the department’s data system, it is not necessary to mandate by regulation that this information be included in the resident’s record.

Section 170 (Employee background checks), 175 (Contractor background checks) (new), and 177(Volunteer and intern background checks) (new): The existing regulation requires individuals who accept employment in a

detention center, volunteer regularly and will be alone with a resident, or contract to provide services to residents regularly and will be alone with residents to undergo a host of background checks, including fingerprint checks with the Virginia State Police and Federal Bureau of Investigation. Under the regulation, **employees who have been hired pending the results of the fingerprint checks may not be alone with residents** and may work only with residents who are under the direct supervision of staff who have had all their background checks completed.

Proposal:

- In order to make the regulation easier to navigate, create new individual sections to address separately the background checks for contractors (175) and volunteers (177). Strike references and rules applicable to these individuals in the existing section, which will now apply solely to employees. Incorporate any existing applicable language related to background checks and contained elsewhere in the regulation into the new corresponding sections.
- Restrict employees hired under the fingerprint exception from **working directly with residents** until all background checks, including the fingerprint checks, have been completed. This amendment is more restrictive than the existing provision.
- Add language prohibiting detention centers from hiring persons convicted of the barrier crimes set out in 19.2-392.02 of the *Code of Virginia*, subject to the restrictions in 63.2-1726. The barrier crimes listed in this section are numerous and include such offenses as murder, manslaughter, and abduction.

Sections 180 (Required initial orientation for employees); 185 (Required initial orientation for contractors); and 187 (Required initial orientation for volunteers and interns): This section currently enumerates the initial orientation requirements for employees and for contractors who serve residents on a regular basis. Before the end of their seventh work day, employees must be oriented on a number of specific topics outlined in this section. Though no time frame is specified, contractors must be oriented in accordance with their position's description. This section also cross references Section 300, which addresses volunteer and intern orientation and training.

Proposal: To make the regulation easier to navigate, create new individual sections to address separately the mandated initial orientation for contractors (185) and volunteers and interns (187). Strike references, rules, and cross references applicable to these individuals in the existing section. Incorporate any existing applicable language related to volunteers in Section 300 into the newly created Section 187 and any applicable language related to contractors elsewhere in the regulation (Section 510).

Section 190 (Required initial training for employees); 195 (Required initial training for contractors); and 197 (Required initial training for volunteers and interns): This section sets out the initial training requirements for employees, contractors, and volunteers and interns. Employees, including direct care staff and individuals responsible for direct supervision of residents must receive training in a host of specified topics within 30 days of their start dates with the detention center. Contractors must receive training required to perform their position responsibilities in a detention center. This provision cross references Section 300, which sets out the requirements for volunteer and intern orientation and training.

Proposal: To make the regulation easier to navigate, create new individual sections to address separately the mandated initial required training for contractors (195) and volunteers and interns (197). Strike references and rules applicable to these individuals in the existing section and incorporate Section 300's provisions regarding training into the newly created Section 197 for volunteers and interns.

Section 200—Retraining: This section addresses the annual training requirements for detention center employees and certain professionally licensed contractors.

Proposal: Remove the reference to professionally licensed contractors and place that information in the newly created regulatory section (195) addressing training for contractors.

Section 310—Personnel records:

Proposal: Strike the requirement that every employee’s record contain: 1) educational background and employment history; 2) documentation of required reference check; 3) annual performance evaluations; and 4) documentation of the regulation-mandated training. The detention centers believe that these requirements are unnecessary in the context of a regulation. Note, however, that striking the requirement to retain this information in the employee or volunteer’s personnel record does not eliminate the requirement to produce this information in accordance with Section 40(B)(2) for purposes of establishing that the background checks and reference checks mandated in Sections 170 through 177, and training required in Sections 190 through 197, have been completed.

Section 360—Equipment and system inspections and maintenance:

Proposal: Amend to require the facility administrator to identify **critical** safety, emergency, and communications equipment and systems that periodically must be inspected, tested, and maintained by designated staff. Require the facility administrator to develop written procedures outlining the applicable items and the parameters of the process. The existing regulation requires **all** safety, emergency, and communications equipment and systems to undergo these inspections and tests.

Section 460—Smoking prohibition: The existing regulation prohibits the use of tobacco products by staff and visitors in areas of the facility where residents may see or smell the products.

Proposal: Expand the prohibition to apply to contractors, volunteers, and interns and impose an overall prohibition against the use, possession, purchase, or distribution of tobacco or nicotine vapor products by residents. Examples of tobacco and nicotine vapor products are derived from *Code of Virginia* § 18.2-371.2.

Section 650—Prohibited actions: Generally, detention centers are prohibited from depriving residents of certain opportunities and engaging in certain behaviors. Among these, detention centers may not deprive residents of: i) food and drinking water necessary to meet their daily nutritional needs; ii) opportunities to bathe or use toilet facilities; and iii) opportunities for sleep or rest. Similarly, detention centers may not administer laxatives, enemas, or emetics. This section allows exceptions from these rules if ordered by a licensed physician, generally to address a medical need or for some other legitimate medical purpose.

Proposal:

- Replace references to licensed “physicians” with “licensed health care professionals,” to give other licensed health care professionals working in the facilities the authority to make these determinations.
- Update cross references to reflect the new catchlines for the personnel-related provisions and to correct an erroneous reference to training for volunteers and interns.

Section 655—Vulnerable population: Detention centers are required to implement systems for assessing whether residents are members of a vulnerable population. This section defines “vulnerable population” and highlights a number of examples of characteristics that indicate a resident may be “vulnerable,” or susceptible to attack or harm. Under PREA, a resident’s views with respect to his safety must be considered in making this determination.

Proposal:

- Move the definition of vulnerable population to Section 10 (definitions), striking from the definition the enumerated characteristics that suggest a resident is a vulnerable population.
- Add language to this section indicating that these characteristics (e.g., height and size, English proficiency, sexual orientation, etc.) are factors that **may be considered** in determining whether a resident is “vulnerable” for these purposes.
- Incorporate PREA provision requiring consideration of the resident’s views of his safety in making the vulnerable population determination.

Section 740—Nutrition: Under the existing regulation, the detention center must provide residents with special diets or allow alternative dietary schedules in certain instances, including if prescribed by a physician, or if needed to observe a resident’s established religious dietary practices.

Proposal: Amend to allow the facility, upon written authorization by the facility administrator, his designee, or a mental health professional, to impose special diets for residents who have used food or culinary equipment in a manner which caused a threat to facility security.

Section 800—Admission and orientation: This section sets out the processes detention centers must include in their written procedures for admitting residents. Among these, residents must undergo searches of their person and possessions, a health and mental health screening, and an interview to provide the detention center with additional information. Currently, detention centers do not have explicit regulatory authority to forego admitting into their custody residents who require emergency medical attention or are under the influence of alcohol or drugs. This makes the detention center vulnerable to litigation and could threaten the safety and health of newly admitted resident, staff, or other residents in the detention center.

This section also describes the information to which residents must be oriented **prior to being assigned to a housing unit**, including, for example, the facility’s behavior management program, the grievance procedures, and the facility’s disciplinary process.

Proposal:

- Add language mandating that the facility conduct a general assessment of the resident’s physical state before admission, and prohibit the staff from admitting any resident visibly under the influence of alcohol or drugs or in need of immediate emergency medical assistance.
- Strike the requirement that each resident receive orientation before being assigned to or placed in a housing unit. Eliminating this requirement acknowledges the operational complexities of the resident admission process, including timing, facility configuration, and other issues. This amendment will allow the facilities greater discretion in scheduling orientations.
- Strike the duplicative requirement that staff must be trained before performing orientation and admission duties, as this requirement is noted in Section 190.

Section 820—Mental health screening: By virtue of §16.1-248.2 of the *Code of Virginia* and this section, detention center staff must conduct an initial mental health screening of a resident at intake to determine whether a more robust mental health assessment is necessary. Currently, the initial screening must include a structured interview and an observation, as provided in facility procedures. Additionally, the facility must administer an objective mental health screening instrument within 48 hours of admission. While not referenced in this provision, the department-issued guidelines in 2012 that require detention centers to utilize the Massachusetts Youth Screening Instrument – Second Version as their mental health screening instrument. While the MAYSI-2 includes a domain addressing suicide ideation, many detention centers have supplemented

the instrument with their own additional questions to help better determine a resident's immediacy of suicide. Based on the screening results, the facility must determine whether a mental health assessment is necessary.

Proposal: Amend this section to allow each detention center to supplement the screening instrument with additional questions or observations in accordance with the facility's written procedures.

Section 870—Written communication between staff; daily log: Detention centers are required to maintain a daily log as a mechanism for daily staff communications of significant events that occurred within the facility. Logs must identify the person making each individual entry and the date and time of each entry.

Proposal: As the manner for recording daily log entries is an operational matter, the detention centers recommend striking the mandate that the individual making each entry be recorded and add language allowing the facility to establish, by written procedures, how identifications for log entries must be documented.

Section 920—Work and employment: Detention centers often assign residents chores or allow them opportunities for paid work assignments within the facility. The chores and work assignments must accord with the resident's age, health, ability, and individual service plan.

Proposal: Remove the requirement that these internal chores and work assignments accord with the resident's individual service plan. Chores may be utilized as a behavior management tool or for other purposes and this requirement reduces the detention center's flexibility when assigning chores in the facility.

Section 1040—First aid kits: Detention centers are required to keep a well-stocked first aid kit and an inventory of its contents. The kit must be readily accessible to address minor and serious medical injuries.

Proposal: Modify the provision to require that a kit be maintained in each facility vehicle used to transport residents in addition to being maintained in the facility.

Section 1060—Medication: Under subsection B of this current section, medication must be securely locked except as **required** by 6VAC35-101-1250. That section gives facilities with residents in post-D placements for longer than 30 days the discretion to establish in written procedures whether these residents will be permitted to self-medicate. Because the determination as to whether these residents may self-medicate is discretionary, the use of the term "required" in this section is erroneous and misleading.

If a resident experiences a medication incident or adverse drug reaction, staff must contact a poison control center, pharmacist, nurse, or physician and take whatever actions are instructed. This section defines "medication incident" as "an error in administering medication" and provides a list of five specific examples that constitute a medical incident. Under the regulation, a resident's refusal of properly-offered medication does not constitute a medication incident for these purposes.

Finally, the current regulation requires detention centers to dispose and store unused, expired, and discontinued medications in accordance with applicable laws and regulations. Though subsection M of the regulation addresses storage of medical implements, it does not address disposal of such implements.

Proposal:

- Correct the erroneous reference in subsection B by replacing the term, "required," with "authorized."
- Replace the erroneous statutory citation in subsection F with the proper citation, § 54.1-3408.
- Move the definition of "medication incident" to Section 10, and add language clarifying that medication incidents do not include the facility's inability to administer medication due to repeated unsuccessful attempts to obtain the medication.

- Expand the list of entities that may be contacted to respond to a medication incident or adverse drug reaction to include a hospital.
- Add language providing that the disposal and storage of unused, expired, and discontinued medical implements must accord with applicable laws and regulations.

Section 1080—Disciplinary process: This section addresses the process detention centers must follow in order to ensure that residents are afforded due process when they are alleged to have violated a rule of the facility. For offenses that may be subject to room restriction as a disciplinary measure, staff must complete a disciplinary report describing the rule violation. An impartial staff member must review the report and if the resident denies the offense, the impartial staff person must meet with the resident and allow him the opportunity to present evidence before rendering a final decision. The entire process must occur within 12 hours after the alleged rule violation, including weekends and holidays. The current regulation specifies that if the time period ends during the resident’s scheduled sleeping hours, the facility must document the delay and the clock will resume running at the start of the resident’s waking hours.

Under the regulation, if the resident appeals the impartial employee’s decision, the facility administrator has 24 hours from the rule violation to rule on the appeal. As with the initial determination, the clock stops running during the resident’s scheduled sleeping hours, and staff must document this. Residents must be notified in writing of the results of any appeal. Residents found not guilty must have the reports removed from their case record.

Proposal:

- Eliminate the detention center’s duty to document the interruption of the twelve-hour period during the resident’s scheduled sleeping hours. This requirement is unnecessary given that the disciplinary report must identify the date, time, and location of the incident. .
- Remove the requirement that the resident be notified in writing, instead requiring both the resident and staff to sign a document indicating that the resident was informed of the outcome of the appeal. This change gives staff flexibility as to how this information will be disseminated to the affected resident.
- Strike the language that makes the duty to place the disciplinary report in the resident’s case record contingent upon a guilty outcome. The detention centers believe that retaining a record indicating that a child was alleged to have committed an infraction will not harm the child.

VII. SUMMARY OF CONTENT CHANGES – MINOR IMPACT

Section 40—Certification:

Proposal:

- Clarify that the detention center must maintain a current certification demonstrating compliance with this regulatory chapter and amend the provision to reflect the proper title for the Certification Regulations (6VAC35-20).
- Clarify that the determination of a juvenile detention center’s compliance with applicable regulatory and statutory requirements will be based on the assessment and compliance measures approved in accordance with board regulations.
- Strike the mandate requiring the detention center to ensure that areas of noncompliance do not pose a direct or immediate danger to residents. This language is unclear and could be perceived as encouraging detention centers not to comply with the regulatory provisions in this chapter.

Section 50: Relationship to the regulatory authority:

Proposal: Require that reports and information demonstrating compliance with the regulatory requirement be submitted to the audit team leader rather than the regulatory authority, as provided in the Certification Regulations (6VAC35-20).

Section 70 – Variances and waivers:

Proposal:

- Specify that variances may be issued solely for **noncritical** regulatory requirements and explain the director’s authority to issue waivers to noncritical regulatory requirements pending board action on a variance request, as authorized in the Certification Regulations.
- Amend the reference to the certification regulations to reflect the proper title.

Section 90 – Suspected child abuse or neglect:

Proposal: Amend to clarify that suspicions of child abuse or neglect may be reported to the state Department of Social Services’ toll-free child abuse and neglect hotline, in addition to the local department of social services, consistent with § 63.2-1509 of the *Code of Virginia*.

Section 95—Reporting criminal activity: The existing regulation requires staff to report all known criminal activity by residents or staff to the facility administrator, who must, in turn, notify the appropriate persons or agencies (e.g., law enforcement, child protective services, the department, and the director if the criminal offense is related to health and safety or human rights of residents.), in accordance with written procedures. Additionally, this section requires the detention center to assist and cooperate with the investigation of such complaints and allegations, as necessary.

Proposal:

- Clarify that staff must report *suspicions* of criminal activity to the facility administrator. The criminal activity does not need to be validated or result in a conviction before the report is made.
- Remove the separate requirement that the facility administrator report offenses relating to health and human safety or human rights to the director or his designee. The detention centers will continue to report all criminal offenses to the department, as required in the current regulation. Department staff can determine which offenses should be routed to the director.

Section 110 – Responsibilities of the governing authority: The existing regulation mandates that the detention center develop and implement a written decision-making plan that provides for an employee to assume temporary responsibility of facility operations. Though not explicit in the regulation, the implication is that this person would assume this role in the absence of the facility administrator.

Proposal: Add language clarifying that the plan is applicable in the facility administrator’s absence.

Section 130—Participation of residents in human research:

Proposal:

- Amend to specify that human research conducted on residents and any written procedures governing these practices is subject to the regulations set out in Chapter 170, Regulation Governing Minimum Standards for Juvenile Information Requests from and Research Involving Human Subjects within the Department of Juvenile Justice.
- Move the definition for human research to Section 10 of this chapter and amend the definition so as to reflect recent amendments to Chapter 170, which took effect in December 2016.

- Add language prohibiting the testing of medicines and drugs on residents, for both implementation and research purposes.

Section 150 – Qualifications: The current regulation requires detention centers that are not subject to the rules and regulations of a local governing authority or local government personnel office to comply with the Virginia Department of Human Resource Management’s (DHRM’s) minimum entry level qualifications. Currently, DHRM has no policies addressing minimum entry level qualifications.

Proposal: Strike this provision as obsolete.

Section 340—Face sheet:

Proposal: Strike the requirement that the resident’s face sheet include the address of the applicable court service unit. This requirement is unnecessary because the existing regulation requires the inclusion of the court service unit name (which includes the applicable district number) and telephone number.

Section 500—Animals on the premises:

Proposal: Remove the mandate that animals on the premises be housed a reasonable distance from sleeping, living, and eating areas. This amendment is intended to accommodate any potential animal training programs that may be developed in the facilities in the future.

Section 610—Area and equipment restrictions: The existing regulation provides that written procedures must govern the inventory and control of the facility’s security, maintenance, recreational and medical equipment.

Proposal: Strike as unnecessary the inclusion of recreational equipment in this requirement.

Section 660—Residents’ mail: Upon a resident’s request, detention centers must provide the resident with postage and writing materials for outgoing legal mail, as well as two additional letters per week. Detention centers must forward first-class letters and packages for transferred or released residents, though the regulation does not specify the destination to which these items must be forwarded. Written procedures addressing resident mail must be available to residents and staff and must be reviewed annually and updated as needed.

Proposal:

- Clarify that the postage and writing materials must be provided when requested for all outgoing legal mail.
- Specify that first-class letters and packages for released or transferred residents must be forwarded to the resident’s last known address or forwarding address or returned to sender.
- Remove the unnecessary requirement that written procedures regarding mail be reviewed and updated annually.

Section 710—Showers: Under this existing section, residents must be given the opportunity to shower daily. The current provision does not allow for exceptions.

Proposal: Add an exception in order to maintain facility security or to manage maladaptive behavior if approved by the facility administrator, his designee, or a mental health professional and provided for in written procedures.

Section 880—Additional assignments of direct care staff: This section prohibits detention centers from allowing residents to be solely responsible for support functions. Examples of support functions are listed to include food service, maintenance of building and grounds, and housekeeping. The department’s Compliance Manual

interprets this provision narrowly, allowing residents to assist in this manner only to the extent that the support functions are part of the established structured program.

Proposal:

- Strike the reference to “food service” as an example of a permissible support function with which residents may provide assistance. Section 480(E) of the regulation prohibits residents from working in a detention center’s food service.
- Restrict the resident’s ability to assist in support functions to those instances in which the support functions are part of the established structured program, as provided in the Compliance Manual.

Section 940—Provision of health care services.

Proposal: Remove the duplicative provision requiring other health-trained personnel to provide care based on their training and certification, as this is covered under subdivision A of Section 960.

Section 970—Consent to and refusal of health care services: This section requires health care services to be provided in accordance with § 54.1-2969, the statutory provision addressing consent for surgical and medical treatment of minors separated from the custody of their parents. This section specifies that the resident or parent or legal custodian must provide informed consent and provides a definition for informed consent.

Proposal:

- Amend the provision to clarify that it is the consent to health care services and not the health care services themselves that must be provided in accordance with § 54.1-2969. This statute focuses on the proper consent for surgical and medical treatment.
- Because the regulation makes reference to “informed consent” only once throughout the chapter, remove the reference to and definition for informed consent provided in this section.

Section 980—Health screening: This section requires that residents **immediately** undergo a preliminary health screening upon admission to a detention center, so as to prevent new residents who pose a health or safety threat from being admitted to general population.

Proposal: Remove the qualifier that the health screening occur **immediately** upon admission in order to give detention centers some additional flexibility should an outside circumstance or other condition prevent them from conducting the screening immediately.

Section 1000—Residents’ medical examination; responsibility for preexisting conditions: This section addresses the residents’ mandated physical exam, which must take place within five days of his admission to a detention center. The information that must be contained in the physical exam report is included in Section 1030, which addresses the residents’ health care records.

Proposal: Incorporate the information that must be contained in the resident’s physical exam report into this section.

Section 1010—Infectious or communicable diseases: Under this section, detention centers are prohibited from housing residents with a communicable disease in the general population unless a licensed physician certifies that the facility has the capability and knowledge needed to care for the resident without jeopardizing residents and staff.

Proposal:

- Change the individual who is authorized to make the required certifications in this section from a licensed physician to a licensed health care professional.

- Cite the appropriate cross references when addressing the initial and annual required standard precautions training.

Section 1020—Suicide prevention: Detention centers must have suicide prevention programs that are developed with the input of a qualified medical or mental health professional. Direct care staff in a detention center must be trained and retrained in implementing the suicide prevention program.

Proposal: Cite the appropriate cross reference when referencing the mandatory suicide prevention training.

Section 1030---Residents' health care records: This section addresses the information that must be included in the residents' health care records, including written documentation of the residents' initial and annual physical exams. Subsection B outlines the information that must be included in the physical exam report.

Proposal: Section 1000, which specifically addresses the residents' physical exam, is the appropriate section to address the information that must be contained in the physical examination report. Strike subsection B in its entirety and incorporate the language contained in subsection B into Section 1000 of this regulation.

Section 1050—Hospitalization and other outside medical treatment of residents: This section addresses the rules detention centers must follow if a resident requires medical treatment outside the detention center. Among the requirements, the resident must be transported safely. Although the safety of residents is always a priority with detention center staff, this regulatory provision is vague and provides no additional guidance.

Proposal: Strike this requirement as vague.

Section 1160—Approval of post-D programs:

Prior to 2013, the board was authorized by regulation to certify all juvenile residential facilities and court service units. Effective September 2013, the department amended its Certification Regulations set out in 6VAC35-20 to more accurately reflect the intended duties of the director, the board, and the department, as a whole. Based on a reading of applicable statutes and consultation with the Office of the Attorney General, the department determined that the board is responsible for establishing the standards on which the programs and facilities are audited, while the department must ensure that the programs and facilities are compliant with the board's standards. Based on this understanding, the department amended the regulation in 2013 to place certification authority in the hands of the director rather than the board. This section addresses the certification of post-D programs and appears to reflect the process as it existed prior to the 2013 regulatory change. Furthermore, under the existing regulation, the board bases its approval of the post-D detention program on the program's compliance with provisions of 6VAC35-101-1170 (agreement with the court service unit) through 6VAC35-101-1270 (release from a post-D detention program).

Proposal:

- Replace the board with the director as the entity authorized to certify post-D programs.
- Remove the provision that addresses how the board will determine whether to approve the post-D program. The director has the authority to make this determination, and a JDC seeking to operate a post-D program will not be able to comply with Sections 1170 through 1270, as required by the current regulation, until the director has authorized the facility to operate the program.

Section 1180—Placements in post-D programs: This section requires a detention center operating a post-D program to develop a written plan with the court service unit within five business days of receiving a court order enabling the resident to participate in a relevant treatment program. The Guidelines for Transporting Juveniles in Detention, discussed in Part V of this memo, mandate that the plan address how post-D residents will be transported and authorize the written plan to allow for residents receiving services or treatment or

participating in programs in the community to be transported by detention home or court service unit staff or by any other responsible adult approved by the detention home. While reflected in the Guidelines, this provision is not contained in the regulations.

Proposal: Add a provision requiring the written plan to address how post-D residents will be transported and incorporate the Guidelines' provisions regarding the written plan into this section.

Section 1200—Individual service plans in post-D programs: Under this section, detention centers must develop an individual service plan for each resident within 30 days of admission. The plan must specify: i) measurable short-term and long-term goals, ii) the objective, strategies, and time frames for reaching those goals; and iii) the persons responsible for carrying out the plan. These required elements also are part of the definition for individual service plan provided in Section 10 of the regulation.

By statute, a resident's time in a post-D program generally may not exceed 6 months. Therefore, the distinction between long- and short-term goals is not meaningful, since there is insufficient time to accomplish long-term goals while in the post-D program.

Proposal:

- Strike the reference to long- and short-term goals and impose a more general requirement that the plan specify measurable goals.
- Remove the duplicative language in the definition of individual service plan in Section 10 of the regulation.

Section 1240—Services by licensed professionals in post-D programs: This section directs the post-D program, if referring a resident to a licensed professional in private practice, to verify the professional's license by accessing the applicable licensing authority's Internet web page or by other appropriate means.

Proposal: Remove this directive in favor of a general requirement that the post-D program verify the professional's licensure. This will give the facility the latitude to determine how best to confirm this information.

VIII. SUMMARY OF REPEALED AND REORGANIZED SECTIONS

The department recommends repealing the following obsolete or unnecessary sections:

Section 30—Previous regulations terminated: This section references the various standards that were repealed during the 2013 regulatory review.

Section 270—Definition of volunteers or interns: This section consists solely of a definition for volunteers or interns. As all definitions have been moved to Section 10, this section is unnecessary.

Section 1110—Administrative confinement: The provisions addressing administrative confinement have been incorporated under the general "room restriction" umbrella in Section 1100. As a result, this section is unnecessary. (*See Section 1100 for additional discussion*).

Sections 280, 290, and 300: The committee recommends reorganizing several provisions related to personnel matters in juvenile detention centers by moving these sections elsewhere in the regulation. This necessitates the repeal of the following sections:

- Section 280—Selection and duties of volunteers and interns: Moved to Section 152.
- Section 290—Background checks for volunteers and interns: Moved to Section 177.
- Section 300—Volunteer and intern orientation and training: Moved to Sections 187 and 197.

(See Sections 177, 187, and 197 for additional discussion).

IX. LIST OF STYLE AND CLARIFICATION EDITS

Various provisions throughout this chapter refer to areas in which residents sleep using several different terms (e.g., sleeping areas, sleeping rooms, sleeping quarters). The department’s compliance manual indicates that “sleeping areas” and “sleeping rooms” are synonymous terms. The context in which “sleeping quarters” is used suggests the term has the same meaning. For purposes of consistency and clarity, the detention centers recommend replacing references to sleeping quarters and sleeping areas with sleeping rooms within this chapter, including in catchlines that use these terms, in the following sections:

- Section 410—Drinking water
- Section 430—Sleeping areas

In addition, the department recommends a number of minor changes for purposes of style or to add additional clarification, to the following sections:

- Section 20 --Applicability
- Section 60 –Relationship with the department
- Section 100—Grievance procedure
- Section 155 – Employee tuberculosis screening and follow-up.
- Section 210 –Written personnel procedures
- Section 240—Notification of change in driver’s license status
- Section 250 – Political activity
- Section 260—Physical or mental health of personnel
- Section 330—Maintenance of residents’ records
- Section 350—Buildings and inspections
- Section 370—Alternate power source:
- Section 380—Heating and cooling systems and ventilation
- Section 400—Plumbing and water supply; temperature
- Section 410—Drinking water
- Section 470—Space utilization
- Section 480—Kitchen operation and safety
- Section 490—Maintenance of the buildings and grounds
- Section 510—Emergency and evacuation procedures
- Section 520—Control center
- Section 530—Control of perimeter
- Section 540—Escapes
- Section 550—Contraband
- Section 570—Communications systems
- Section 580—Telephone access and emergency numbers

- Section 600—Weapons
- Section 620—Power equipment
- Section 670—Telephone calls
- Section 680—Visitation
- Section 690—Contact with attorneys, courts, and law enforcement
- Section 700—Personal necessities (*Strikes reference to table linens, also contained in Section 480*)
- Section 730—Residents' privacy
- Section 770—Recreation
- Section 780—Residents' funds
- Section 790—Fundraising
- Section 810—Residents' personal possessions
- Section 830—Classification plan
- Section 840—Discharge
- Section 950—Health care procedures
- Section 960—Health trained personnel
- Section 990—Tuberculosis screening
- Section 1000—Residents' medical examination; responsibility for preexisting conditions
- Section 1020—Suicide prevention (*Cross references applicable training sections*)
- Section 1090—Physical restraint (*Cross references applicable training sections*)
- Section 1150—Restraints for medical and mental health purposes
- Section 1170—Agreement with court service unit
- Section 1190—Program description
- Section 1210—Progress reports in post-D programs
- Section 1220—Case management services in post-D programs
- Section 1230—Residents' health care records in post-D programs
- Section 1250—Delivery of medication in post-D programs
- Section 1270—Release from a post-D program

X. LIST OF RETAINED SECTIONS

The detention centers are not recommending changes to any of the following sections:

- Section 75—Operational procedures
- Section 120—Insurance
- Section 140—Job descriptions
- Section 160—Physical examination
- Section 220—Code of ethics
- Section 390—Lighting
- Section 440—Furnishings
- Section 450—Disposal of garbage and management of hazardous materials
- Section 490—Maintenance of the buildings and grounds
- Section 590—Keys
- Section 750—Reading materials

- Section 760—Religion
- Section 860—Structured programming
- Section 910—Outside personnel working in the detention center
- Section 1120—Chemical agents
- Section 1260—Residents' paid employment in post-D programs
- Section 1270—Release from a post-D program

CHAPTER 101
REGULATION GOVERNING SECURE JUVENILE SECURE-DETENTION CENTERS

Part I
General Provisions

6VAC35-101-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Annual" means within 13 months of the previous event or occurrence.

"Aversive stimuli" means physical forces, such as sound, electricity, heat, cold, light, water, or noise, or substances, such as hot pepper, pepper sauce, or pepper spray, measurable in duration and intensity that, when applied to a resident, are noxious or painful to the resident.

"Behavior management" means ~~these-the~~ principles and methods employed to help a resident achieve positive behavior and to address and correct a resident's inappropriate behavior in a constructive and safe manner in accordance with written procedures governing program expectations and resident and employee-staff safety and security.

"Board" means the Board of Juvenile Justice.

"Case record" or "record" means written ~~or electronic~~ information relating to one regarding a resident and the resident's family, if applicable. This information includes, ~~but is not limited to,~~ social, medical, psychiatric, and psychological records; reports; demographic information; agreements; all correspondence relating to care of the resident; individual service plans with periodic revisions; aftercare plans and discharge-release summary; and any other information related to the resident.

"Contraband" means any-an item possessed by or accessible to a resident or found within a detention center or on its premises that: (i) ~~that~~ is prohibited by statute, regulation, or the facility's procedure, (ii) ~~that~~ is not acquired through approved channels or in prescribed amounts, or (iii) ~~that~~ may jeopardize the safety and security of the detention center or individual residents.

"Contractor" means an individual who has entered into a legal agreement with a secure juvenile detention center to provide services directly to a resident on a regular basis.

"Cooling-off period" means a temporary period in which a resident is placed in a room or area for a maximum period of 60 minutes to calm the resident or deescalate a volatile situation.

"Department" means the Department of Juvenile Justice.

"Detention center" or "secure juvenile detention center" means a local, regional, or state, publicly or privately operated secure custody facility that houses individuals who are ordered to be detained pursuant to the Code of Virginia. This term does not include juvenile correctional centers.

"Direct care staff" means the staff whose primary job responsibilities are (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 while 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.

"Director" means the ~~D~~director of the ~~D~~department of Juvenile Justice.

"Disciplinary room restriction" means the placement of a resident in room restriction as a consequence, after application of the disciplinary process as provided for in 6VAC35-101-1080 (disciplinary process), for a violation of a rule of the facility.

"Emergency" means a sudden, generally unexpected occurrence or set of circumstances demanding immediate action such as a fire, chemical release, loss of utilities, natural disaster, ~~taking of hostages situation~~, major disturbances, escape, ~~and-or~~ bomb threats. Emergency does not include regularly scheduled employee time off or other situations that reasonably could be reasonably anticipated.

"Facility administrator" means the individual who ~~has the responsibility~~ is responsible for the on-site management and operation of the detention center on a regular basis.

"Full search" means the removal of all clothing and a visual inspection of all body parts in order to determine whether contraband is present or to inspect for physical injuries.

"Health care record" means the complete record of medical screening and examination information and ongoing records of medical and ancillary service delivery including ~~but not limited to~~, all findings, diagnoses, treatments, dispositions, and prescriptions and their administration.

"Health care services" means ~~these actions~~, preventative and therapeutic, actions taken for the physical and mental well-being of a resident. Health care services include medical, dental, orthodontic, mental health, family planning, obstetrical, gynecological, health education, and other ancillary services.

"Health trained personnel" means an individual who is trained by a licensed health care provider to perform specific duties such as administering health care screenings, reviewing screening forms for necessary follow-up care, ~~preparing residents and records for sick call~~ responding to resident medical concerns, and assisting in the implementation of certain medical orders.

Human research means any systematic investigation, including research development, testing and evaluation, utilizing human subjects that is designed to develop or contribute to generalized knowledge. Human research shall not be deemed to include research exempt from federal research regulation pursuant to 45 CFR 46.101(b).

"Individual service plan" ~~or "service plan"~~ means a written plan of action developed, revised as necessary, and reviewed at specified intervals to meet the needs of a resident. ~~The individual service plan specifies (i) measurable short-term and long-term goals; (ii) the objectives, strategies, and time frames for reaching the goals; and (iii) the individuals responsible for carrying out the plan.~~

"Legal mail" means a written communication that is sent to or received from a designated class of correspondents, as defined in procedures, which shall include any court, legal counsel, or administrators of the grievance system, the governing authority, the department, or the regulatory authority.

"Legal representative means: (i) a court-appointed or retained attorney or a paralegal, investigator, or other representative from that attorney's office or (ii) an attorney visiting for the purpose of a consultation if requested by the resident, or the resident's parent, if the resident is a minor.

"Living unit" means the space in a detention center in which a particular group of residents resides that contains sleeping areasrooms, bath and toilet facilities, and a living room or its equivalent for use by the residents. Depending upon its design, a building may contain one living unit or several separate living units.

"Mechanical restraint" means the use of an approved mechanical device that involuntarily restricts the freedom of movement or voluntary functioning of a limb or portion of an individual's body as a means of controlling his physical activities when the individual being restricted does not have the ability to remove the device. For purposes of this definition, mechanical restraints shall be limited to disposable plastic cuffs, handcuffs, leather restraints, leg irons, mobile restraint chairs, and waist chains.

"Medication incident" means any one of the following errors made in administering a medication to a resident: 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 the wrong time or not at all; or v) the medication is administered through an improper method. For purposes of this regulation, a medication incident does not include: i) a resident's refusal of appropriately offered medication; or ii) a facility's failure to administer medication due to repeated, unsuccessful attempts to obtain such medication.

"On duty" means the period of time during which an employee is responsible for the direct care or direct supervision of one or more residents or the performance of the position's duties.

"Parent" or "legal guardian" means (i) a biological or adoptive parent who has legal custody of a resident, including either parent if custody is shared under a joint decree or agreement; (ii) a biological or adoptive parent with whom a resident regularly resides; (iii) a person judicially appointed as a legal guardian of a resident; or (iv) a person who exercises the rights and responsibilities of legal custody by delegation from a biological or adoptive parent, upon provisional adoption, or otherwise by operation of law.

"Physical restraint" means the application of behavior intervention techniques involving a physical intervention to prevent an individual from moving all or part of that individual's body.

"Postdispositional detention program" means a program in a detention center serving residents who are subject to a sentence or dispositional order for placement in the detention center for a period exceeding 30 days pursuant to subdivision A 16 of § 16.1-278.8 and subsection B of § 16.1.284.1 of the Code of Virginia.

"Premises" means the tracts of land within the secure perimeter on which any part of a detention center is located and any buildings on such tracts of land.

"Regulatory authority" means the board or the department as-if designated by the board.

"Resident" means an individual who is confined in a detention center.

"Rest day" means a period of not less than 24 consecutive hours during which a staff person has no responsibility to perform duties related to supervision in a detention center.

"Room restriction" means the involuntary restriction of a resident to a sleeping room, except during normal sleeping hours, for the purpose of (i) ensuring the safety of the resident, staff, or others; (ii) ensuring the security of the

facility; or (iii) holding the resident accountable for a violation of a rule of the facility. For purposes of this regulation, room restriction shall include disciplinary room restriction but shall not include any cooling-off period.

"Rules of conduct" means a listing of a detention center's rules or regulations that is maintained to inform residents and others of the behavioral expectations of the behavior management program, ~~about~~ behaviors that are not permitted, and ~~about~~ the sanctions that may be applied when impermissible behaviors occur.

"Volunteer or intern" means any individual or group who voluntarily provides goods and services without competitive compensation and who is under the direction and authority of the detention center .

"Vulnerable population" means a resident or group of residents who has been determined by designated detention center staff as reasonably likely to be exposed to the possibility of attack or harm, either physically or emotionally,

"Written" means the required information is communicated in writing. ~~Such writing may be available~~ in either hard copy or ~~in~~ electronic form.

6VAC35-101-20. Applicability.

Parts I (6VAC35-101-10 et seq.) through VIII (6VAC35-101-1070 et seq.) of this chapter apply to juvenile detention centers ~~for that operate both~~ predispositional, ~~and or~~ postdispositional programs unless specifically excluded. Part IX (6VAC35-101-1160 et seq.) of this chapter ~~only~~ applies solely to detention centers operating postdispositional detention programs ~~for residents sentenced for a period exceeding 30 days pursuant to subdivision A 16 of § 16.1-278.8 and subsection B of § 16.1.284.1 of the Code of Virginia.~~

6VAC35-101-30. Previous regulations terminated. (Repealed)

~~This chapter replaces the Standards for the Interim Regulation of Children's Residential Facilities (6VAC 35-51) and the Standards for Juvenile Residential Facilities (6VAC35-140) for the regulation of all detention centers as defined herein. The Standards for the Interim Regulation of Children's Residential Facilities and the Standards for Juvenile Residential Facilities remain in effect for juvenile correctional centers and group homes, regulated by the board, until such time as the board adopts new regulations related thereto.~~

6VAC35-101-40. Certification.

A. The detention center shall ~~maintain a current certification demonstrating compliance~~ comply with the provisions of the Regulations Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities (6VAC35-20).

B. The detention center shall:

1. Demonstrate compliance with this chapter, other applicable regulations issued by the board, and applicable statutes and regulations as interpreted by the assessment and compliance measures approved in accordance with board regulations or department procedures; and
2. Implement approved plans of action to correct findings of noncompliance ~~; and.~~
- ~~3. Ensure no noncompliance may pose any immediate and direct danger to residents.~~

B. Documentation necessary to demonstrate compliance with this chapter shall be maintained for a minimum of three years.

C. The current certificate shall be posted at all times in a place conspicuous to the public.

6VAC35-101-50. Relationship to the regulatory authority.

A. All reports and information as the regulatory authority may require to establish compliance with this chapter and other applicable regulations and statutes shall be submitted to or made available to the regulatory authority audit team leader.

B. A written report of any contemplated changes in operation that would affect the terms of the certificate or the continuing eligibility for certification shall be submitted to the regulatory authority. A change may not be implemented prior to approval by the regulatory authority.

6VAC35-101-60. Relationship with the department.

A. The director or his designee shall be notified within five working days of any significant change in administrative structure or newly hired facility administrator.

B. Any of the following that may be related to the health, safety, or human rights of residents shall be reported to the director or his designee within 10 days: (i) lawsuits against the detention center or its governing authority and (ii) settlements with the detention center or its governing authority.

6VAC35-101-70. Variances and waivers.

A. A facility administrator may request board ~~Board~~ action ~~may be requested by the facility administrator~~ to relieve a detention center from having to meet or develop a plan of action for the requirements of a specific section or subsection of this regulation, provided the section or subsection is a noncritical regulatory requirement. The variance request may be granted either permanently or for a determined period of time, as provided in the Regulations Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities (6VAC35-20).

B. ~~Any such~~A variance may not be implemented prior to approval of the board.

C. When the facility administrator has submitted a variance request to the director or his designee concerning a noncritical regulatory requirement and board action has been requested formally by the director or his designee, the director may, but is not required to, grant a waiver temporarily excusing the facility from meeting the requirements of a specific section or subsection of this regulation. The waiver shall be subject to the requirements in 6VAC35-20-93, (waivers).

6VAC35-101-75. Operational procedures.

The current program or operating procedure manual shall be readily accessible to all staff.

6VAC35-101-80. Serious incident reports.

A. The following events shall be reported, ~~in accordance with department procedures,~~ within 24 hours to (i) the applicable court service unit; (ii) either the parent or legal guardian, as appropriate and applicable; and (iii) the director or his designee:

1. ~~Any~~A serious incident, accident, illness, or injury to the resident;
2. The death of a resident;
3. ~~Any~~A suspected case of child abuse or neglect at the detention center, on a detention center-sponsored event or excursion, or involving detention center staff as provided in 6VAC35-101-90 (suspected child abuse and neglect);
4. ~~Any~~A disaster, fire, emergency, or other condition that may jeopardize the health, safety, and welfare of residents; and
5. ~~Any~~A resident's absence from the detention center without permission.

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

C. If an incident involving the death of a resident occurs at the facility, the facility shall notify the parents or legal guardians, as appropriate and applicable, of all residents in the facility provided such notice does not violate any confidentiality requirements or jeopardize any law-enforcement or child protective services investigation or the prosecution of any criminal cases related to the incident.

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

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

~~E. The resident's record shall contain a written reference (i) that an incident occurred and (ii) of all applicable reporting.~~

F. In addition to the requirements of this section, any serious incident involving an allegation of child abuse or neglect at the detention center, at a detention center sponsored event, or involving detention center staff shall be governed by 6VAC35-101-90 (suspected child abuse or neglect).

6VAC35-101-90. Suspected child abuse or neglect.

A. 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 or to the state Department of Social Services' toll-free child abuse and neglect hotline as required by § 63.2-1509 of the Code of Virginia and in accordance with written procedures.

B. Written procedures shall be distributed to all staff members and shall, at a minimum, provide for:

1. Handling accusations against staff;
2. Reporting and documenting suspected cases of child abuse and neglect;
3. Cooperating during any-an investigation; and
4. Measures to be taken to ensure the safety of the residents and the staff.

C. ~~Any case~~ Cases of suspected child abuse or neglect against a resident shall be reported and documented as required in 6VAC35-101-80 (serious incident reports). The resident's record shall contain a written reference that a report was made.

6VAC35-101-95. Reporting criminal activity.

A. Written procedures shall require staff to report all known criminal activity suspected to have been committed by residents or staff to the facility administrator, ~~including but not limited to any physical abuse, sexual abuse, or sexual harassment and the offenses listed in §§ 53.1-203 (felonies by prisoners); 18.2-55 (bodily injuries caused by~~

prisoners); ~~18.2-48.1 (abduction by prisoners); 18.2-64.1 (carnal knowledge of certain minors); 18.2-64.2 (carnal knowledge of an inmate, parolee, probationer, detainee, or pretrial or posttrial offender); and 18.2-477.1 (escapes from juvenile facility) of the Code of Virginia.~~

B. The facility administrator, in accordance with written procedures, shall notify the appropriate persons or agencies, including law enforcement, child protective services, ~~if applicable and appropriate,~~ and the department, ~~if applicable and appropriate,~~ of suspected criminal violations by residents or staff. ~~Suspected criminal violations relating to the health and safety or human rights of residents shall be reported to the director or designee.~~

C. The detention center shall assist and cooperate with the investigation of any such complaints and allegations ~~subject to restrictions in federal or state law as necessary.~~

6VAC35-101-100. Grievance procedure.

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

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

B. ~~Each resident~~ Residents shall be oriented to the grievance procedure in an age ~~or-and~~ developmentally appropriate manner.

C. The grievance procedure shall be (i) written in clear and simple language and (ii) posted in an area easily accessible to residents and their parents and legal guardians.

D. Staff shall assist and work cooperatively with other employees in facilitating the grievance process.

Part II

Administrative and Personnel

Article 1

General Provisions

6VAC35-101-110. Responsibilities of the governing authority.

A. The detention center's governing ~~body or authority (governing authority)~~ shall be clearly identified in writing.

B. The governing authority shall appoint a facility administrator to whom it delegates the authority and responsibility for the on-site administrative direction of the detention center.

C. A written decision-making plan shall be developed and implemented and shall provide for a staff person with the qualifications of a facility administrator to be designated to assume the temporary responsibility for the operation of the detention center in the absence of the facility administrator. Each plan shall include an organizational chart.

D. Written procedures shall be developed and implemented to monitor and evaluate service quality and effectiveness on a systematic and on-going basis. Improvements shall be implemented when indicated.

6VAC35-101-120. Insurance.

A. Documentation of the following insurance coverage shall be maintained:

1. Liability insurance covering the premises and the detention center's operations, including all employees and volunteers, if applicable.
2. Insurance necessary to comply with Virginia's minimum insurance requirements for all vehicles used to transport residents, including vehicles owned by staff.

B. Staff who use personal vehicles for official business, including transporting residents, shall be informed of the requirements to provide and document insurance coverage for such purposes.

6VAC35-101-130. Participation of residents in human research.

A. Residents shall not be used as subjects of human research except as provided in 6VAC35-170 (Regulation Governing Minimum Standards for Juvenile Information Requests from and Research Involving Human Subjects within the Department of Juvenile Justice) and in accordance with Chapter 5.1 (§ 32.1-162.16 et seq.) of Title 32.1 of the Code of Virginia. Written procedures approved by its governing authority shall govern the review, approval, and monitoring of human research. Human research means any systematic investigation, involving a resident or a resident's parents, guardians, or family members as the subject of the research, which may expose the subject to physical or psychological injury and which departs from the application of established and accepted therapeutic methods appropriate to meet the individual's needs. Human research does not include statistical analysis of information readily available on the subject that does not contain any identifying information or research exempted by federal research regulations pursuant to 45 CFR 46.101(b). The testing of medicines or drugs for implementation or research is prohibited.

B. Information on residents shall be maintained as provided in 6VAC35-101-330 (maintenance of residents' records) and all records and information related to the human research shall be kept confidential in accordance with applicable laws and regulations.

C. Written procedures governing the human research of residents may be implemented in the facility, provided they are consistent with 6VAC35-170 and Chapter 5.1 (§32.1-162.16 et seq.) of Title 32.1 of the Code of Virginia. The procedures may require periodic progress reports of any research project and a formal final report of all completed research projects.

Article 2

Hiring, Qualifications, and Selection, Generally

6VAC35-101-140. Job descriptions.

A. There shall be a written job description for each position that, at a minimum, includes the:

1. Job title or position;
2. Duties and responsibilities of the incumbent;
3. Job title or identification of the immediate supervisor; and
4. Minimum education, experience, knowledge, skills, and abilities required for entry-level performance of the job.

B. A copy of the job description shall be given to each person assigned to a position ~~prior to~~before assuming that position's duties.

6VAC35-101-150. Qualifications.

A. Detention centers subject to (i) the rules and regulations of the governing authority or (ii) the rules and regulations of a local government personnel office shall develop written minimum entry-level qualifications in accordance with the rules and regulations of the supervising personnel authority. ~~Detention centers not subject to rules and regulations of the governing authority or a local government personnel office shall follow the minimum entry-level qualifications of the Virginia Department of Human Resource Management.~~

B. When services or consultations are obtained on a contractual basis, they shall be provided by professionally qualified personnel.

6VAC35-101-152. Selection and duties of volunteers or interns

A. A detention center that uses volunteers or interns shall develop and implement written procedures governing their selection and use. The procedures shall provide for the objective evaluation of persons and organizations in the community who wish to associate with the residents.

B. Volunteers and interns shall have qualifications appropriate for the services provided.

C. The responsibilities of interns and individuals who volunteer on a regular basis shall be defined clearly in writing.

D. Volunteers and interns shall neither be responsible for the duties of direct care staff nor for the direct supervision of residents.

6VAC35-101-155. Employee tuberculosis screening and follow-up.

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

B. Employees shall undergo a subsequent tuberculosis screening or evaluation, as applicable, in the following circumstances:

1. The employee comes into contact with a known case of infectious tuberculosis; ~~and/or~~
2. The employee develops chronic respiratory symptoms of three weeks' duration.

C. Employees suspected of having tuberculosis in a communicable form shall not be permitted to return to work or have contact with staff or residents until a physician has determined that the individual does not have tuberculosis in a communicable form.

D. Any active case of tuberculosis developed by an employee or a resident shall be reported to the local health department in accordance with the requirements of the Commonwealth of Virginia State Board of Health Regulations for Disease Reporting and Control (12VAC5-90).

E. Documentation of any screening results shall be retained in a manner that maintains the confidentiality of information.

F. The detection, diagnosis, prophylaxis, and treatment of pulmonary tuberculosis shall be performed in accordance with any current recommendations of the Virginia Department of Health's Division of Tuberculosis Prevention and Control and the federal Department of Health and Human Services Centers for Disease Control and Prevention.

6VAC35-101-160. Physical examination.

When the qualifications for a position require a given set of physical abilities, all persons selected for such positions shall be examined by a physician at the time of employment to ensure that they have the level of medical health or physical ability required to perform assigned duties. Persons hired into positions that require a given set of physical abilities may be reexamined annually in accordance with written procedures.

6VAC35-101-170. Employee ~~and volunteer~~ background checks.

A. Except as provided in subsection B of this section, all persons who ~~(i) accept a position of employment at a juvenile detention center, (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 that person's duties~~ ~~(i) accept a position of employment at a juvenile detention center, (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 that person's duties~~ 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:

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

B. To minimize vacancy time, when the fingerprint checks required by subdivision A 3 of this section have been requested, employees may be hired, pending the results of the fingerprint checks, provided:

1. All of the other applicable components of subsection A of this section have been completed;
2. The applicant is given written notice that continued employment is contingent on the fingerprint check results required by subdivision A 3 of this section; and
3. Employees hired under this exception shall not be allowed to ~~work directly with the residents~~ ~~be alone with residents and may work with residents only when under the direct supervision of staff whose background checks have been completed~~ until such time as all the requirements of this section are completed.

C. Documentation of compliance with this section shall be retained in the individual's personnel record as provided in 6VAC35-101-310 (personnel records).

D. Written procedures shall provide for the supervision of nonemployee persons, who are not subject to the provisions of subsection A of this section who have contact with residents.

E. No juvenile detention center shall hire for employment any person who has been convicted of any barrier crimes listed in § 19.2-392.02 of the Code of Virginia, subject to the exceptions permitted under § 63.2-1726 of the Code of Virginia.

6VAC35-101-175. Contractor background checks.

A. All contractors who will be alone with a resident in the performance of that person's duties 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.

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

B. Documentation of compliance with this section shall be retained in the individual's personnel record as provided in 6VAC35-101-310 (personnel records).

C. No juvenile detention center shall hire for contract services a contractor who meets the requirements of subsection A and who has been convicted of any barrier crimes listed in § 19.2-392.02 of the Code of Virginia, subject to the exceptions permitted under § 63.2-1726 of the Code of Virginia.

6VAC35-101-177. Volunteer and intern background checks.

A. All persons who volunteer or intern on a regular basis and will be alone with a resident in the performance of their duties in a juvenile detention center 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:

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

B. Documentation of compliance with the background check requirements shall be maintained for each volunteer or intern for whom a background check is required. The records shall be maintained in accordance with 6VAC35-101-310 (personnel records).

C. A detention center that uses volunteers or interns shall have procedures for supervising volunteers or interns on whom background checks are not required or whose background checks have not been completed, who have contact with residents.

D. No juvenile detention center shall allow any person to volunteer who has been convicted of any barrier crime listed in §19.2-392.02 of the Code of Virginia, subject to the exceptions permitted under § 63.2-1726(B) of the Code of Virginia.

Article 3

~~Employee Orientation and Training~~

6VAC35-101-180. Required initial orientation for employees.

A. Initial orientation shall be provided to all full-time, ~~and part-time staff, and relief staff, and contractors who provide services to residents on a regular basis,~~ in accordance with each position's job description.

B. Before the expiration of the individual's seventh work day at the facility, each employee shall ~~be provided~~ with receive 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 ~~as provided for in~~ accordance with 6VAC35-101-510 (emergency and evacuation procedures);
6. The practices of confidentiality;
7. The residents' rights, including but not limited to the prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
8. The basic requirements of and competencies necessary to perform in his positions;
9. The facility's program philosophy and services;
10. The facility's behavior management program as provided for in 6VAC35-101-1070 (behavior management);
11. The facility's behavior intervention procedures and techniques, including the use of least restrictive interventions and physical restraint;
12. The residents' rules of conduct and responsibilities;
13. The residents' disciplinary process as provided for in 6VAC35-101-1080 (disciplinary process);
14. The residents' grievance procedures as provided for in 6VAC35-101-100 (grievance procedure);
15. 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);
16. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases); and
17. Documentation requirements as applicable to the position's duties.

~~C. Volunteers shall be oriented in accordance with 6VAC35-101-300 (volunteer and intern orientation and training).~~

6VAC35-101-185. Required initial orientation for contractors

A. Contractors shall receive an initial orientation regarding the expectations of working within a secure environment.

B. Contractors shall be oriented in their responsibilities in implementing the evacuation plan in the event of an emergency, in accordance with 6VAC35-101-510.

6VAC35-101-187. Required initial orientation for volunteers and interns.

Volunteers and interns shall be provided with a basic, initial 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 6VAC35-101-650 (prohibited actions); and
8. The basic requirements of and competencies necessary to perform their duties and responsibilities.

Article 4

Training and Retraining

6VAC35-101-190. Required initial training for employees.

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 the position's duties. 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.

~~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 detention center.~~

B. Within 30 days following the employee's start date at the facility or before the employee is responsible for the direct care or direct supervision of a resident, all direct care staff and staff who provide direct supervision of the residents shall complete training in the following areas:

1. Emergency preparedness and response as provided for in 6VAC35-101-510 (emergency and evacuation procedures);
2. The facility's behavior management program as provided for in 6VAC35-101-1070 (behavior management);
3. The residents' rules of conduct and the rationale for the rules;
4. The facility's behavior intervention procedures, with-including physical and mechanical restraint training required as applicable to their duties and as required by subsection D-C of this section, and room restriction and disciplinary room restriction as provided for in 6VAC35-101-1100 (room restriction) and 6VAC35-101-1105 (disciplinary room restriction);
5. 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);
6. Maintaining appropriate professional boundaries and relationships;
7. Appropriate interaction~~Interaction~~ among staff and residents;
8. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);
9. Residents' rights, including but not limited to prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
10. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases); and
11. Procedures applicable to the employees' position and consistent with their work profiles.

C. Employees who are authorized by the facility administrator to restrain a resident, as provided for in 6VAC35-101-1090 (physical restraint) and 6VAC35-101-1130 (mechanical restraints), shall be trained in the facility's approved restraint techniques within 90 days of such authorization and prior to~~before~~ applying any restraint techniques.

D. Employees who administer medication shall, prior to such administration, as provided for in 6VAC35-101-1060 (medication), and in accordance with the provisions of § 54.1-3408 of the Code of Virginia, either (i) have successfully completed a medication management training program approved by the Board of Nursing or (ii) be licensed-certified by the Commonwealth of Virginia to administer medication.

~~E. When an individual is employed by contract to provide services for which licensure by a professional organization is required, documentation of current licensure shall constitute compliance with this section.~~

~~F. Volunteers and interns shall be trained in accordance with 6VAC35-101-300 (volunteer and intern orientation and training).~~

G. Employees who perform the duties required in 6VAC35-101-800 (admission and orientation) shall be trained in the requirements contained therein.

6VAC35-101-195. Required initial training for contractors

A. Contractors shall receive training required to perform their position responsibilities in a detention center.

B. When a contractor enters into an agreement to provide a resident or residents with services for which licensure by a professional organization is required, documentation of licensure shall constitute compliance with this section.

6VAC35-101-197. Required initial training for volunteers and interns.

Volunteers and interns shall be trained within 30 days from their start date at the facility in the following:

1. Their duties and responsibilities in the event of a facility evacuation as provided for in 6VAC35-101-510 (emergency and evacuation procedures); and
2. All other procedures that are applicable to their duties and responsibilities.

6VAC35-101-200. Retraining requirements for employees.

A. Each full-time and part-time employee and relief staff shall complete retraining that is specific to the individual's occupational class, the position's job description, and addresses any professional development needs.

B. All full-time and part-time employees and relief staff shall complete an annual training refresher on the facility's emergency preparedness and response plan and procedures as provided for in 6VAC35-101-480 (emergency and evacuation procedures).

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. Appropriate interaction~~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, including room restriction and disciplinary room restriction, as provided in 6VAC35-101-1100 (room restriction) and 6VAC35-101-1105 (disciplinary room restriction).

D. All staff approved to apply physical restraints, as provided for in 6VAC35-101-1090 (physical restraint) shall be trained as needed to maintain the applicable current certification.

E. All staff approved to apply mechanical restraints shall be retrained annually as required by 6VAC35-101-1130 (mechanical restraints).

F. Employees who administer medication, as provided for in 6VAC35-101-1060 (medication), shall complete an annual refresher training, which shall, at a minimum, include a review of the components required in 6VAC35-101-1060 (medication).

~~G. When an individual is employed by contract to provide services for which licensure by a professional organization is required, documentation of current licensure shall constitute compliance with this section.~~

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

Article ~~45~~

Personnel

6VAC35-101-210. Written personnel procedures.

Written personnel procedures ~~approved by the governing authority or facility administrator~~ shall be developed, approved by the governing authority or facility administrator, implemented, and readily accessible to each staff member.

6VAC35-101-220. Code of ethics.

A written code of ethics shall be available to all employees.

6VAC35-101-230. (Reserved.)

6VAC35-101-240. Notification of change in driver's license status.

Staff whose job responsibilities may involve transporting residents shall be required to (i) maintain a valid driver's license and (ii) report to the facility administrator or his designee any change in their driver's license status including ~~but not limited to~~ suspensions, restrictions, ~~and or~~ revocations.

6VAC35-101-250. Political activity.

Written procedures governing any campaigning, lobbying, and political activities conducted by employees of the detention center that are consistent with applicable statutes and state or local policies shall be developed, and implemented, ~~and~~. ~~The procedure shall be~~ made available to all employees. The written procedures shall be consistent with applicable statutes and state or local policies.

6VAC35-101-260. Physical or mental health of personnel.

When an individual poses a significant risk of substantial harm~~direct threat~~ to the health and safety of a resident, others at the facility, ~~or the public, or himself,~~ or is unable to perform essential job-related functions, that individual shall be removed immediately from all duties involved in the direct care or direct supervision of residents. The facility may require a medical or mental health evaluation to determine the individual's fitness for duty prior to before returning to duties involving the direct care or direct supervision of residents. The results of any medical information or documentation of any disability-related inquiries shall be maintained separately from the employee's personnel records maintained in accordance with 6VAC35-101-310 (personnel records). ~~For the purpose of this section a direct threat means a significant risk of substantial harm.~~

Article 5

Volunteers

~~6VAC35-101-270. Definition of volunteers or interns. (Repeal)~~

~~For the purpose of this chapter, volunteer or intern means any individual or group who of their own free will provides goods and services without competitive compensation.~~

~~6VAC35-101-280. Selection and duties of volunteers and interns.~~

~~A. Any detention center that uses volunteers or interns shall develop and implement written procedures governing their selection and use. Such procedures shall provide for the objective evaluation of persons and organizations in the community who wish to associate with the residents.~~

~~B. Volunteers and interns shall have qualifications appropriate for the services provided.~~

~~C. The responsibilities of interns and individuals who volunteer on a regular basis shall be clearly defined in writing.~~

~~D. Volunteers and interns shall neither be responsible for the duties of direct care staff nor for the direct supervision of the residents.~~

6VAC35-101-290. Background checks for volunteers and interns.

~~A. Any individual who (i) volunteers on a regular basis or is an intern and (ii) will be alone with a resident in the performance of that person's duties shall be subject to the background check requirements in 6VAC35-101-170 A (employee and volunteer background checks).~~

~~B. Documentation of compliance with the background check requirements shall be maintained for each intern and volunteer for whom a background check is required. Such records shall be kept in accordance with 6VAC35-101-310 (personnel records).~~

~~C. A detention center that uses volunteers or interns shall have procedures for supervising volunteers or interns, on whom background checks are not required or whose background checks have not been completed, who have contact with residents.~~

6VAC35-101-300. Volunteer and intern orientation and training.

~~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 6VAC35-101-650 (prohibited actions); and~~
- ~~8. The basic requirements of and competencies necessary to perform their duties and responsibilities.~~

~~B. Volunteers and interns shall be trained within 30 days from their start date at the facility in the following:~~

- ~~1. Any procedures that are applicable to their duties and responsibilities; and~~
- ~~2. Their duties and responsibilities in the event of a facility evacuation as provided for in 6VAC35-101-510 (emergency and evacuation procedures).~~

Article 6
Records

6VAC35-101-310. Personnel records.

A. Separate up-to-date written ~~or automated~~ personnel records shall be maintained on each (i) employee and (ii) volunteer or intern on whom a background check is required.

B. The records of each employee shall include:

1. A completed employment application form or other written material providing the individual's name, address, phone number, and social security number or other unique identifier;
- ~~2. Educational background and employment history;~~
- ~~3. Documentation of required reference check;~~
- ~~4. Annual performance evaluations;~~
5. Date of employment for each position held and separation date;
6. Documentation of compliance with requirements of Virginia law regarding child protective services and criminal history background investigations;

~~74.~~ Documentation of the verification of any educational requirements and of professional certification or licensure, if required by the position;

~~8. Documentation of all training required by this chapter and any other training received by individual staff; and~~

~~95.~~ A current job description.

C. If applicable, health care records, including reports of any required health examinations, shall be maintained separately from the other records required by this section.

D. Personnel records on ~~contract service providers~~contractors, and volunteers, and interns may be limited to ~~the verification verifying that the applicable background checks have been completed~~of the completion of any required background checks as required by 6VAC35-101-170 (employee and volunteer background checks).

6VAC35-101-320. (Reserved.)

6VAC35-101-330. Maintenance of residents' records.

A. A separate written ~~or automated~~ case record shall be maintained for each resident, ~~which that~~ shall include all correspondence and documents received by the detention center relating to the care of that resident and documentation of all case management services provided.

B. A separate health care record shall be kept on each resident. The resident's active health care records shall be kept in accordance with this section, 6VAC35-101-1030 (residents' health care records), ~~this section~~, and applicable laws and regulations.

C. Each case record and health care record shall be kept (i) up to date, (ii) in a uniform manner, and (iii) confidential from unauthorized access. Case records shall be released only in accordance with §§ 16.1-300 and 16.1-309.1 of the Code of Virginia and applicable state and federal laws and regulations.

D. Written procedures shall provide for the management of all records, ~~written and automated~~, and shall describe address confidentiality, accessibility, security, and retention of records pertaining to residents, including:

1. Access, duplication, dissemination, and acquisition of information only to persons legally authorized according to federal and state laws;

2. If automated records are utilized, the procedures shall address:

a. How records are protected from unauthorized access, including unauthorized Internet access or other unauthorized electronic access;

~~b. How records are protected from unauthorized Internet access;~~

~~cb.~~ How records are protected from loss;

~~cc.~~ How records are protected from unauthorized alteration; and

~~cd.~~ How records are backed up.

3. Security measures to protect records: ~~from~~ (i) from loss, unauthorized alteration, inadvertent or unauthorized access, or disclosure of information; and (ii) during transportation of records between service sites;

4. Designation of person responsible for records management; and

5. Disposition of records in the event the detention center ceases to operate.

E. The procedure shall specify what information is available to the resident.

F. Active and closed written records shall be kept in secure locations or compartments that are accessible to authorized staff only and shall be protected from unauthorized access, fire, and flood.

G. All case records shall be retained as governed by The Library of Virginia.

6VAC35-101-340. 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, sex, race, unique numerical identifier, religious preference, and admission date; ~~and~~
2. Names, addresses, and telephone numbers of ~~the applicable court service unit,~~ emergency contacts, and parents or legal guardians, as appropriate and applicable; ~~and~~ .
3. Name and telephone number of the applicable court service unit.

B. Information shall be updated when changes occur.

C. Upon discharge, the (i) date of discharge and (ii) name of the person to whom the resident was discharged, if applicable, shall be added to the face sheet.

Part III

Physical Environment

6VAC35-101-350. Buildings and inspections.

A. All newly constructed buildings, major renovations to buildings, and temporary structures shall be inspected and approved by the local building official. Approval shall be documented by a certificate of occupancy.

B. 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 detention center's buildings and equipment, documentation of the facility's request to schedule the annual inspection ~~as well as~~ and documentation of any necessary follow-up with fire prevention authorities shall be maintained.

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

1. General sanitation;
2. Sewage disposal system;
3. Water supply; and
4. Food service operations.

D. Building plans and specifications for new construction, change in use of existing buildings, and any structural modifications or additions to existing buildings shall be submitted to and approved by the regulatory authority and by other appropriate regulatory agencies. Any planned construction, renovation, enlargement, or expansion of a detention center shall follow the submission and approval requirements of the Regulation Governing State Reimbursement of Local Juvenile Residential Facility Costs (6VAC35-30) and of any other applicable regulatory authorities.

6VAC35-101-360. Equipment and systems inspections and maintenance.

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

quarterly. The facility administrator shall develop written procedures for the development, maintenance, and review of safety, emergency, and communications equipment and systems that the facility administrator identifies as critical, as well as the testing intervals for such equipment and systems.

B. Whenever safety, emergency, ~~and-or~~ communications equipment or ~~a-systems~~ is-are found to be determined defective, immediate steps shall be taken to rectify the situation and to repair, remove, or replace the defective equipment or systems.

6VAC35-101-370. Alternate power source.

The facility shall have access to an alternate power source ~~for use in an~~ to maintain essential services in the event of an emergency.

6VAC35-101-380. Heating and cooling systems and ventilation.

A. Heat shall be distributed in all rooms occupied by the residents such that a temperature no less than 68°F is maintained, unless otherwise mandated by state or federal authorities.

B. Air conditioning or mechanical ventilating systems, such as electric fans, shall be provided in all rooms occupied by residents when the temperature in those rooms exceeds 80°F unless otherwise mandated by state or federal authorities.

6VAC35-101-390. Lighting.

A. Sleeping and activity areas shall provide natural lighting.

B. All areas within buildings shall be lighted for safety and the lighting shall be sufficient for the activities being performed.

C. There shall be night lighting sufficient to observe residents.

D. Operable flashlights or battery powered lanterns shall be accessible to each direct care staff member on duty.

E. Outside entrances and parking areas shall be lighted.

6VAC35-101-400. Plumbing and water supply; temperature.

A. Plumbing shall be maintained in operational condition, as designed.

B. An adequate supply of hot and cold running water shall be available at all times.

C. Precautions shall be taken to prevent scalding from running water. ~~Hot water~~ Water temperatures ~~should~~ shall be maintained at 100°F to 120°F.

6VAC35-101-410. Drinking water.

A. In all detention centers constructed after January 1, 1998, all sleeping ~~areas~~ rooms shall have fresh drinking water for the residents' use.

B. All activity areas shall have potable drinking water available for the residents' use.

6VAC35-101-420. Toilet facilities.

- A. There shall be one toilet and one hand basin facilities available for resident use in all sleeping rooms for each detention center building constructed or structurally modified on or after January 1, 1998.
- B. There shall be at least one toilet, one hand basin, and one shower or bathtub for every eight residents for detention centers-center buildings constructed on or before December 27, 2007. There shall be one toilet, one hand basin, and one shower or tub for every four-five residents in any building constructed or structurally modified on or after December 28, 2007.
- C. There shall be at least one bathtub in each facility.
- D. The maximum number of staff members on duty in the living unit shall be counted in determining the required number of toilets and hand basins when a separate bathroom is not provided for staff.

6VAC35-101-430. Sleeping areasrooms.

- A. Males and females shall have separate sleeping rooms.
- B. Beds shall be at least three feet apart at the head, foot, and sides; and double-decker beds shall be at least five feet apart at the head, foot, and sides.
- C. Sleeping quarters rooms established, constructed, or structurally modified after July 1, 1981, shall have:
1. At least 80 square feet of floor area in a bedroom accommodating one person;
 2. At least 60 square feet of floor area per person in rooms accommodating two or more persons; and
 3. Ceilings with a primary height at least 7-1/2 feet in height exclusive of protrusions, duct work, or dormers.
- D. Mattresses shall be fire retardant as evidenced by documentation from the manufacturer except in buildings equipped with an automated sprinkler system as required by the Virginia Uniform Statewide Building Code (13VAC5-63).
- E. During sleeping hours, The environment of sleeping areas living units and sleeping rooms shall be during sleeping hours, maintained in a manner that is conducive to sleep and rest.

6VAC35-101-440. Furnishings.

All furnishings and equipment shall be safe, clean, and suitable to the ages and number of residents.

6VAC35-101-450. Disposal of garbage and management of hazardous materials.

- A. Provision shall be made for the collection and legal disposal of all garbage and waste materials.
- B. All flammable, toxic, medical, and caustic materials within the facility shall be stored, used, and disposed of in appropriate receptacles and in accordance with federal, state, and local requirements.

6VAC35-101-460. Smoking prohibition.

Residents shall be prohibited from using, possessing, purchasing, or distributing any tobacco product or nicotine vapor products. Tobacco products, including cigarettes, cigars, smokeless tobacco, pipes pipe tobacco, bidis and smokeless tobacco, such as chewing tobacco or snuff, wrappings and vapor products, such as electronic cigarettes, electronic cigars, electronic cigarillo, electronic pipes or similar products or devices shall not be used by staff,

[contractors, volunteers, interns](#), or visitors in any areas of the facility or its premises where residents may see or smell the tobacco product.

6VAC35-101-470. Space utilization.

A. Each detention center shall provide for the following:

1. Indoor and outdoor recreation areas;
2. Kitchen facilities and equipment for the preparation and service of meals;
3. Space and equipment for laundry, if laundry is done at the detention center;
4. A designated visiting area that permits informal communication between residents and visitors, including opportunity for physical contact in accordance with written procedures;
5. Storage space for items such as first aid equipment, household supplies, recreational equipment, and other materials;
6. Space for administrative activities including, as appropriate to the program, confidential conversations and the storage of records and materials; and
7. A central medical [room-area](#) with medical examination [facilities-rooms or other spaces](#) developed and equipped in consultation with the health authority.

B. If a school program is operated at the facility, school classrooms shall be designed in consultation with appropriate education authorities to comply with applicable state and local requirements.

C. Spaces or areas may be [interchangeably](#)-utilized [interchangeably](#) but shall be in functional condition for the designated purposes.

6VAC35-101-480. Kitchen operation and safety.

A. Meals shall be served in areas equipped with tables and benches or chairs that are size and age appropriate for the residents.

B. Written procedures shall govern access to [all](#)-areas where food or utensils are stored and the inventory and control of [all](#)-culinary equipment to which the residents reasonably may be expected to have access.

C. Walk-in refrigerators and freezers shall be equipped to permit emergency exits.

D. Bleach or another sanitizing agent approved by the federal Environmental Protection Agency to destroy bacteria shall be used in laundering table and kitchen linens.

E. Residents shall not be permitted to work in the detention center's food service.

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

A. The interior and exterior of all buildings and grounds shall be safe, maintained, and reasonably free of clutter and rubbish. This ~~includes, but is not limited to,~~ [requirement applies to all areas of the facility and to items within the facility, including](#) (i) required locks, mechanical devices, indoor and outdoor equipment, and furnishings and (ii) all areas where residents, staff, and visitors reasonably may be expected to have access.

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

C. Buildings shall be kept reasonably free of flies, roaches, rats, and other vermin.

6VAC35-101-500. Animals on the premises.

A. ~~Animals maintained on the premises shall be: housed at a reasonable distance from sleeping, living, eating, and food preparation areas, as well as a safe distance from water supplies.~~

1. Housed a reasonable distance from eating and food preparation areas, as well as a safe distance from water supplies;
2. Tested, inoculated, and licensed as required by law; and
3. Provided with clean sleeping areas and adequate food and water.

~~B. Animals maintained on the premises shall be tested, inoculated, and licensed as required by law.~~

~~CB. The premises shall be kept reasonably free of stray domestic animals.~~

~~D. Pets shall be provided with clean sleeping areas and adequate food and water.~~

Part IV Safety and Security

6VAC35-101-510. Emergency and evacuation procedures.

A. Each detention center shall develop a written emergency preparedness and response plan ~~shall be developed, which shall address~~ The plan shall address:

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

B. Emergency preparedness and response training shall be developed and required for all employees to ensure they are prepared to implement the emergency preparedness plan in the event of an emergency. Such training shall be conducted in accordance with 6VAC35-101-180 (required initial orientation) through 6VAC35-101-200 (retraining) and include-shall outline the employees' responsibilities for:

1. Alerting emergency personnel and sounding alarms;
2. Implementing evacuation procedures, including evacuation of ~~residents~~individuals with special-needs~~disabilities~~ who require special accommodations, such as (i.e., deaf, blind, and nonambulatory) individuals;
3. Using, maintaining, and operating emergency equipment;
4. Accessing emergency information for residents including medical information; and
5. Utilizing community support services.

C. Contractors, ~~and~~ volunteers, and interns shall be oriented in their responsibilities in implementing the evacuation plan in the event of an emergency. Such orientation shall be in accordance with the requirements of 6VAC35-101-180~~5~~ (required initial orientation for contractors), ~~and~~ 6VAC 35-101-190-187 (required initial training~~orientation for volunteers and interns~~), ~~and 6VAC35-101-300 (volunteer and intern orientation and training).~~

D. ~~The~~ An annual review of the emergency preparedness plan shall be conducted and documented, and revisions shall be made as deemed necessary. Such revisions shall be communicated to employees, contractors, interns, and volunteers, ~~and~~ incorporated into training for employees, contractors, interns and volunteers, and orientation of residents to services.

E. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety, and welfare of residents, the detention center shall take appropriate actions ~~shall be taken~~ to protect the health, safety, and welfare of the residents and to remedy the conditions as soon as possible.

F. In the event of a disaster, fire, emergency, or any other condition that may jeopardize the health, safety, and welfare of residents, the detention center first ~~should~~ shall respond and stabilize the disaster or emergency. After Once the disaster or emergency is stabilized, the detention center shall report the disaster or emergency ~~shall be reported~~ to the parent or legal guardian, ~~and~~ the applicable court service unit, and the director no later than 24 hours after the incident occurs in accordance with 6VAC35-101-80 (serious incident reports). Additionally, the detention center shall report within 24 hours of the incident ~~and~~ the conditions at the detention center ~~and the disaster or emergency shall be reported~~ to the director or his designee ~~as seen as possible, but no later than 24 hours after the incident occurs and in accordance with 6VAC35-101-80 (serious incident reports).~~

G. Floor plans showing primary and secondary means of emergency exiting shall be posted on each floor in locations where they ~~can be seen~~ are easily visible by staff and residents.

H. The ~~responsibilities of the~~ residents' responsibility to ~~in~~ implementing the emergency and evacuation procedures shall be communicated to all residents within seven days following admission or a substantive change in the procedures.

I. The detention center shall conduct at ~~At~~ least one evacuation drill in which its emergency procedures are simulated, ~~(the simulation of the detention center'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.

J. Evacuation drills shall include, at a minimum:

1. Sounding of emergency alarms;
2. Practice in evacuating buildings;
3. Practice in alerting emergency authorities;

4. Simulated use of emergency equipment; and
5. Practice in accessing resident emergency information.

K. A record shall be maintained for each evacuation drill and shall include the following:

1. ~~The b~~Buildings in which the drill was conducted;
2. ~~The d~~Date and time of ~~the~~ drill;
3. ~~The a~~Amount of time ~~taken~~ to evacuate the buildings;
4. ~~The s~~Specific problems encountered, ~~if applicable~~;
5. ~~The s~~Staff tasks completed, including ~~head counts and practice in notifying emergency authorities; :~~
 - a. ~~Head count, and~~
 - b. ~~Practice in notifying emergency authorities;~~ and
6. The name of the staff members responsible for conducting and documenting the drill and preparing the record.

L. One staff member shall be assigned ~~to who shall~~ ensure that all requirements regarding the emergency preparedness and response plan and the evacuation drill program are met.

6VAC35-101-520. Control center.

To maintain the internal security, a control center that is secured from residents' access shall be staffed 24 hours a day, ~~seven days a week~~, and shall integrate all external and internal security functions and communications networks.

6VAC35-101-530. Control of perimeter.

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

B. Pedestrians and vehicles shall enter and leave at designated points in the perimeter.

6VAC35-101-540. Escapes.

Written procedures shall govern ~~the action~~ staff ~~actions-to-be-taken must take regarding to address a resident's escapes and-or unauthorized any-absence from the facility-without-permission~~. Any such procedure shall ~~provide authorizefor~~ the release of information ~~consistent with~~subject to the provisions of § 16.1-309.1 of the Code of Virginia.

6VAC35-101-550. Contraband.

Written procedure shall provide for the control, detection, and disposition of contraband. Such procedures shall govern searches of residents, as required by 6VAC35-101-560 (searches of residents), ~~and~~ other individuals, and ~~searches-of~~ the premises and shall provide for ~~respecting-the protection of~~ residents' rights.

6VAC35-101-560. Searches of residents.

A. Written procedures shall govern searches of residents, including patdown and frisk searches, ~~strip-full~~ searches, and body cavity searches, and shall include the following:

1. Searches of residents' persons shall be conducted only for the purposes of maintaining facility security and controlling contraband while protecting the dignity of the resident.
2. Searches ~~are-shall be~~ conducted only by personnel who are authorized to conduct such searches.
3. The resident shall not be touched any more than is necessary to conduct the search.

B. Patdown and frisk searches shall be conducted by employees of the same sex as the resident being searched, except in emergencies.

C. ~~Strip-Full~~ searches ~~and visual inspections of the vagina and anal cavity areas~~ shall be subject to the following:

1. The search shall be performed by personnel of the same sex as the resident being searched;
2. The search shall be conducted in an area that ensures privacy; and
3. Any witness to the search shall be of the same sex as the resident.

D. Manual and instrumental searches of the anal cavity or vagina, not including medical examinations or procedures conducted by medical personnel for medical purposes, shall be:

1. Performed only ~~with the written authorization of the facility administrator or by a~~ pursuant to court order or upon occurrence of an exigent circumstance requiring medical attention, in which case, the search shall be conducted in accordance with written procedures.;
- ~~2. Conducted by a qualified medical professional;~~
- ~~3. Witnessed by personnel of the same sex as the resident; and~~
- ~~4. Fully documented in the resident's medical file.~~

6VAC35-101-570. Communications systems.

A. There shall be a means ~~for~~of communicating between the control center and living ~~areas~~units.

B. The detention center shall be able to provide communications in an emergency.

6VAC35-101-580. Telephone access and emergency numbers.

A. There shall be at least one continuously operable, nonpay telephone accessible to staff in each building in which residents sleep or participate in programs.

B. There shall be an emergency telephone number where a staff person may be ~~immediately~~ contacted immediately, 24 hours a day and seven days per week.

C. An emergency telephone number shall be provided to residents and the adults responsible for their care when a resident is away from the facility and not under the supervision of direct care staff or law-enforcement officials.

6VAC35-101-590. Keys.

A. The detention center shall have a written key control plan to keep keys secure at all times.

B. Fire and emergency keys shall be instantly identifiable by sight and touch.

C. There shall be different master keys for the interior security and outer areas.

6VAC35-101-600. Weapons.

Written procedures shall be developed and implemented to govern the possession and use of firearms, pellet guns, air guns, and other weapons on the detention center's premises. The procedure shall ~~provide that no~~prohibit firearms, pellet guns, air guns, or other weapons ~~shall be permitted~~ on the premises unless the weapons are:

1. In the possession of and used by authorized law-enforcement personnel admitted to facilities in response to emergencies; or
2. Stored in secure weapons' lockers outside the secure perimeter of the facility by law-enforcement personnel conducting official business at the facility.

6VAC35-101-610. Area and equipment restrictions.

Written procedures shall govern the inventory and control of all security, maintenance, recreational, and medical equipment of the detention center to which residents reasonably may be expected to have access.

6VAC35-101-620. Power equipment.

The facility shall develop and implement written ~~Written~~ safety rules ~~shall be developed and implemented~~ for the use and maintenance of power equipment.

6VAC35-101-630. Transportation of residents.

A. Except as otherwise provided in 6VAC35-101-635 (transportation of violent, disruptive, and other detained youth), a detention center shall follow the requirements of this section if a resident requires transportation.

AB. Each detention center shall have transportation available or make the necessary arrangements for routine facility-approved and emergency transportation of residents.

1. Pursuant to Code of Virginia § 16.1-254, each detention center shall be responsible for transporting juvenile residents in their custody to all local medical and dental appointments and all local psychological and psychiatric evaluations.

2. Unless otherwise provided by agreement, the detention center shall not be required to transport youth to appointments that are outside of the geographical boundaries of the Commonwealth, or that are more than 25 miles from the facility in one direction.

3. A detention center may assign its own staff to transport a detained juvenile or may enter into an agreement or contract with a public or private agency to provide the transportation services for the juvenile.

BC. Written safety and security procedures shall be implemented governing the use of vehicles and the transportation of residents outside the detention center and from one jurisdiction to another. There shall be written safety rules for transportation of residents and for the use of vehicles. The written procedures shall be in accordance with § 16.1-254 of the Code of Virginia and shall, at a minimum, provide the following:

1. No juvenile shall be transported with an adult or adults suspected of or charged with a criminal act.

2. If a person or entity other than the detention center assumes custody of the resident for purposes of transportation, the detention center shall:

a. Provide the person or entity, except the resident's parent or guardian, with a written document that identifies any pertinent information known to the detention center concerning the juvenile's immediate medical needs or mental health condition that reasonably could be considered necessary for the juvenile's safe transportation and supervision, including the resident's recent suicidal ideations or suicide attempts;

b. Provide the individual transporting the resident with any medication the resident may be required to take during transport or while absent from the facility.

3. The ratio of staff to residents, the frequency and manner of searches of residents, the parameters for use of mechanical restraints, and the manner by which communications will be accomplished during transit shall be in

accordance with 6VAC35-101-890 (staff supervision of residents), 6VAC35-101-560 (searches of residents), 6VAC35-101-1130 (mechanical restraints), and 6VAC35-101-580, and in accordance with written procedures.

4. If the vehicle transporting the resident becomes inoperable, is involved in an accident, or encounters a similar emergency, the individual transporting the resident shall notify his agency immediately and contact local law enforcement for assistance, if necessary. Detention center staff transporting residents shall observe the required staffing ratios and shall never leave the juvenile or juveniles unattended.

5. If a juvenile absconds during transport, the detention center staff conducting the transport shall report the incident immediately in accordance with 6VAC35-101-80 (serious incident reports).

6. If a juvenile requires a meal during transit, the detention center shall provide a bagged lunch, if feasible.

GD. Written procedure shall provide for the verification of appropriate licensure for staff whose duties involve transporting residents.

E. The detention center shall observe the following if a resident requires transport to a local medical or dental appointment:

1. If detention center staff transport the detained juvenile to a local medical or dental appointment as authorized in subdivision B(3) of this section, the detention center shall not be obligated to pay for any costs associated with the appointment, unless provided for otherwise by agreement.

2. The detention center may require notice of the date and time of the local medical appointment, dental appointment, or psychological and psychiatric evaluation at least 72 hours in advance.

F. When the medical staff of a detention center have made a written determination that a resident's medical condition can be treated without transporting the resident to a routine or previously scheduled appointment, the detention center is not required to transport the resident unless ordered by a court.

G. A juvenile who was confined in a juvenile detention center immediately before a court hearing may not be transported to a juvenile correctional center's intake unit directly from court upon commitment. Instead, the juvenile shall be returned to the detention center until the department completes the commitment packet and arranges transportation for the resident.

6VAC35-101-635. Transportation of violent, disruptive, or youth traveling to specified destinations

A. Only juvenile detention center staff or law enforcement personnel, excluding the State Police, may transport violent and disruptive juveniles.

B. The court service unit responsible for supervising the juvenile or the agency or parent seeking placement shall be responsible for transporting a detained juvenile to a residential placement pursuant to § 16.1-294 of the Code of Virginia, unless otherwise ordered by the court.

C. The chief judge of the juvenile and domestic relations district court shall designate an appropriate agency to transport detained juveniles who do not meet the requirements of subsection A and are traveling to any one of the following destinations: i) destinations across jurisdictional boundaries, or that are more than 25 miles, from the detention home in one direction, when there is not a standing administrative agreement or commission charter governing transportation of detained residents; ii) destinations in other states; iii) other secure detention facilities, such as detention centers or jails, when there is not a standing administrative agreement governing transportation of residents; iv) a law enforcement agency for interrogation; v) funerals, death bed visits, and other extreme

circumstances; vi) other destinations as determined by the court; and vii) any other destination that is not: a) designated in subdivision B(1) of 6VAC35-101-630 or b) a special placement made pursuant to Code of Virginia § 16.1-286. Appropriate agencies may include the detention center, the court service unit, a local law enforcement agency, or a public or private agency, but may not include the Department of State Police.

D. The transportation of a juvenile detained in a postdispositional detention program to any destination listed in subsection C of this section must be at the designation of the court by individual court order, by standing order, or by court approval of the plan for treating postdispositionally detained juveniles required in 6VAC35-101-1180 (placements in postdispositional detention programs).

E. Consistent with the requirements in § 37.1-67.01 of the Code of Virginia, when a court commits a juvenile to a mental hospital or training center for observation, the committing court shall designate the appropriate law enforcement agency, other than the Department of State Police, to transport the juvenile.

6VAC35-101-640. ~~Transportation of residents;~~ Detention center transfers to department.

~~A. Residents shall be transported in accordance with Guidelines for Transporting Juveniles in Detention issued by the board in accordance with § 16.1-254 of the Code of Virginia.~~

~~B.~~ When a resident is ~~transported~~ transferred to the department from a detention center, all information pertaining to the resident's medical, educational, behavioral, and family circumstances during the resident's stay in detention shall be sent either in a written document or electronically to the department (i) with the resident, if the detention center is given at least 24 hours' notice; or (ii) within 24 hours after the resident is transported, if such notice is not given.

Part V Residents' Rights

6VAC35-101-650. Prohibited actions.

~~A. The following actions are prohibited~~ Residents shall not be subjected to the following actions:

1. Discrimination in violation of the Constitution of the United States, the Constitution of the Commonwealth of Virginia, and state and federal statutes and regulations.
2. Deprivation of drinking water or food necessary to meet a resident's daily nutritional needs, except as ordered by a licensed physician health care professional for a legitimate medical purpose and documented in the resident's record;
3. Denial of contacts and visits with the resident's attorney, ~~a probation officer~~, the regulatory authority, a supervising agency representative, or representatives of other agencies or groups as required by applicable statutes or regulations;
4. Any action that is humiliating, degrading, or abusive, including ~~but not limited to~~ any form of physical abuse, sexual abuse, or sexual harassment;
5. Corporal punishment, which is administered through the intentional inflicting-infliction of pain or discomfort to the body through actions such as ~~;~~ but not limited to (i) striking or hitting with any part of the body or with an implement; (ii) pinching, pulling, or shaking; or (iii) any similar action that normally inflicts pain or discomfort;
6. Subjection to unsanitary living conditions;
7. Deprivation of opportunities for bathing or access to toilet facilities, except as ordered by a licensed physician health care professional for a legitimate medical purpose and documented in the resident's record;
8. Denial of health care;
9. Denial of appropriate services and treatment;
10. Application of aversive stimuli, except as permitted pursuant to other applicable state regulations;
11. Administration of laxatives, enemas, or emetics, except as ordered by a licensed physician health care

professional or poison control center for a legitimate medical purpose and documented in the resident's health care record;

12. Deprivation of opportunities for sleep or rest, except as ordered by a licensed physician-health care professional for a legitimate medical purpose and documented in the resident's health care record;

13. Use of pharmacological restraints; and

14. Other constitutionally prohibited actions.

B. Employees shall be trained on the prohibited actions as provided in 6VAC35-101-190 (required initial training for employees) and 6VAC35-101-200 (retraining requirements for employees); volunteers and interns shall be trained given a basic orientation on prohibited actions as provided in 6VAC35-101-~~300-187~~ (volunteer and intern required initial orientation and training for volunteers and interns); and residents shall be oriented on the prohibited actions as provided in 6VAC35-101-800 (admission and orientation).

6VAC35-101-655. Vulnerable population.

A. The facility shall implement a procedure for assessing whether a resident is a member of a vulnerable population. Factors including the resident's height and size, English proficiency, sexual orientation, history of being bullied, or history of self-injurious behavior may be considered in determining whether a resident is a member of a vulnerable population. The resident's own views with respect to his or her safety shall be taken into consideration.

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

~~C. For the purposes of this section, vulnerable population means a resident or group of residents who have been assessed to be reasonably likely to be exposed to the possibility of being attacked or harmed, either physically or emotionally (e.g., very young residents; residents who are small in stature; residents who have limited English proficiency; residents who are gay, lesbian, bi-sexual, transgender, or intersex; residents with a history of being bullied or of self-injurious behavior).~~

6VAC35-101-660. Residents' mail.

A. A resident's incoming or outgoing mail may be delayed or withheld only in accordance with this section, as permitted by other applicable regulations, or by order of a court.

B. Staff may open and inspect residents' incoming and outgoing nonlegal mail for contraband. When based on legitimate interests of the facility's order and security, nonlegal mail may be read, censored, or rejected in accordance with written procedures. The resident shall be notified when incoming or outgoing letters are withheld or redacted, as appropriate in part or in full.

C. In the presence of the resident recipient and in accordance with written procedures, staff may open legal mail to inspect for contraband, but shall not read ~~legal mail it.~~

D. Staff shall not read outgoing mail addressed to parents, immediate family members, legal guardians, guardians ad litems, counsel, courts, officials of the committing authority, public officials, or grievance administrators unless permission has been obtained from a court or the facility administrator or his designee has determined that there is a reasonable belief that the security of the facility is threatened. When so authorized, staff may read such mail in accordance with written procedures.

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

F. If requested by the resident, postage and writing materials shall be provided for unlimited outgoing legal ~~correspondence-mail~~ and at least two other letters per week.

G. First-class letters and packages received for residents who have been transferred or released shall be forwarded to the resident's last known address or forwarding address or returned to sender.

H. Written procedure governing resident correspondence ~~of residents~~ shall be made available to all staff and residents ~~and shall be reviewed annually and updated as needed.~~

6VAC35-101-670. Telephone calls.

Residents shall be permitted to make Telephone calls ~~shall be permitted~~ in accordance with written procedures that take into account the need for security and order, resident behavior, and program objectives.

6VAC35-101-680. Visitation.

A. A resident's contacts and visits with family or legal guardians shall not be subject to unreasonable limitations, and any limitations shall be implemented only as permitted by written procedures, other applicable regulations, or by order of a court.

B. Residents shall be permitted reasonable visiting privileges and, whenever possible, flexible visiting hours, consistent with written procedures, that take into account (i) the need for security and order, (ii) the behavior of the residents and visitors, and (iii) the importance of helping the resident maintain strong family and community ties, ~~and (iv) whenever possible, flexible visiting hours.~~

C. Visitation procedures shall be provided upon request to the parent or legal guardian, as appropriate and applicable, and the residents.

6VAC35-101-690. Contact with attorneys, courts, and law enforcement.

A. Residents shall have uncensored, confidential contact with their legal representative in writing, as required by 6VAC35-101-660 (residents' mail), by telephone, or in person. Reasonable limits may be placed on such contacts as necessary to protect the security and order of the facility.

B. Residents shall not be denied access to the courts.

C. Residents shall not be required to submit to questioning by law enforcement, although they may do so voluntarily.

1. Residents' consent shall be obtained prior to before any contact with law enforcement.
2. No employee may coerce a resident's decision to consent to have contact with law enforcement.
3. Each facility shall have written procedures for establishing a resident's consent to any such contact and for documenting the resident's decision. The procedures may ~~provide for require~~ (i) notification of the parent or legal guardian, as appropriate and applicable, prior to before the commencement of questioning; and (ii) opportunity, at the resident's request, to confer with an attorney, parent or legal guardian, or other person in ~~making the decision~~ deciding whether to consent to questioning.

6VAC35-101-700. Personal necessities.

A. At admission, each resident shall be provided the following:

1. An adequate supply of personal necessities for hygiene and grooming;
2. Size appropriate clothing and shoes for indoor and outdoor wear;
3. A separate bed equipped with a mattress, a pillow, blankets, bed linens, and, if needed, a waterproof mattress cover; and
4. Individual washcloths and towels.

B. At the time of issuance, all items shall be clean and in good repair.

C. Personal necessities shall be replenished as needed.

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

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

6VAC35-101-710. Showers.

Residents shall have the opportunity to shower daily except as provided in written procedures for the purpose of maintaining facility security or for the special management of maladaptive behavior if approved by the facility administrator, his designee, or a mental health professional.

6VAC35-101-720. (Reserved.)

6VAC35-101-730. Residents' privacy.

Residents shall be provided privacy from routine sight supervision by staff members of the opposite sex while bathing, dressing, or conducting toileting activities, except when constant supervision is necessary to protect the resident due to mental health issues involving self-injurious behaviors or suicidal ideations or attempts. This section does not apply to medical personnel performing medical procedures or to staff providing assistance to residents whose physical or mental disabilities dictate the need for assistance with these activities as justified in the resident's health care record.

6VAC35-101-740. Nutrition.

A. Each resident, except as provided in subsection B of this section, shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals and an evening snack, (ii) includes an adequate variety and quantity of food for the age of the resident, and (iii) meets minimum applicable federal nutritional requirements.

B. Special diets or alternative dietary schedules, as applicable, shall be provided (i) when prescribed by a physician licensed health care professional or (ii) when necessary to observe the established religious dietary practices of the resident. In such circumstances, the meals shall meet the minimum applicable federal nutritional requirements. Special diets may be provided to a resident who has used food or culinary equipment inappropriately, resulting in a threat to facility security, provided the facility administrator, his designee, or a mental health professional provides written approval.

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

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.

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

F. Each detention center shall ensure that Food-food shall be madeis available to residents who, for documented medical or religious reasons, need to eat breakfast before the 15 hours have expired.

6VAC35-101-750. Reading materials.

A. Reading materials that are appropriate to residents' ages and levels of competency shall be available to all residents.

B. Written procedure shall be developed and implemented governing resident access to publications.

6VAC35-101-760. Religion.

A. Residents shall not be required or coerced to participate in or unreasonably denied participation in religious activities.

B. Procedures on religious participation shall be available to residents.

6VAC35-101-770. 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 and with the ages, developmental levels, interests, and needs of the residents. The recreation program that shall includes:

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, and 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-shall 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.

B. The recreational program shall (i) address the means by which residents will be medically assessed for any physical limitations or necessary restrictions on physical activities and (ii) provide for the supervision of and safeguards for residents, including when participating in water-related and swimming activities.

6VAC35-101-780. Residents' funds.

A. The facility shall develop and implement written procedures for safekeeping and for recordkeeping of any money that belongs to residents.

B. Residents' personal funds shall be used only (i) for their-the resident's benefit; (ii) for payment of any fines, restitution, costs, or support ordered by a court; or (iii) to pay restitution for damaged property or personal injury as determined by the disciplinary process.

6VAC35-101-790. Fundraising.

Residents shall not be used in fundraising activities without the written permission of the parent or the legal guardian, as applicable and the consent of residents.

Part VI

Program Operation

Article 1

Admission, Transfer, and Release

6VAC35-101-800. Admission and orientation.

A. Written procedure governing the admission and orientation of residents shall provide for:

1. Verification of legal authority for placement;
2. Search of the resident and the resident's possessions, including inventory and storage or disposition of property, as appropriate and required by this section and 6VAC35-101-810 (residents' personal possessions);
3. A general assessment of the resident's physical condition by staff. The facility administrator or his designee shall not admit for custody an individual who is: (i) visibly under the influence of alcohol or drugs; or (ii) in need of immediate emergency medical attention.
- ~~34.~~ Health screening of the resident as required by 6VAC35-101-980 (health screening at admission);
- ~~45.~~ Mental health screening of the resident as required by 6VAC35-101-820 (mental health screening);
- ~~56.~~ Notification-Notice of to the parent or legal guardian of the resident's admission, during which, facility staff shall include an inquiry ask regarding whether the resident has any immediate medical concerns or conditions;
- ~~67.~~ Provision to the parent or legal guardian of information on (i) visitation, (ii) how to request information, and (iii) how to register concerns and complaints with the facility;
- ~~78.~~ Interview with resident to answer questions and obtain information; and
- ~~89.~~ Explanation to resident of program services and schedules.

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).

~~C. Such orientation shall occur prior to assignment of the resident to a housing unit or room.~~

~~D. Staff performing admission and orientation requirements contained in this section shall be trained prior to performing such duties.~~

6VAC35-101-810. Residents' personal possessions.

A. ~~Each detention center shall inventory Residents' every resident's~~ personal possessions ~~shall be inventoried~~ upon admission and ~~such inventory shall document be documented the information~~ in the resident's case record. When a resident arrives at a facility with items not permitted in the detention center, staff shall:

1. Dispose of contraband items in accordance with written procedures; and
2. If the items are nonperishable property that the resident may otherwise legally possess, securely store the property and return it to the resident upon release.

B. Each detention center shall implement a written procedure regarding the disposition of personal property unclaimed by residents after release from the facility.

6VAC35-101-820. Mental health screening.

A. Each resident shall undergo a mental health screening, as required by § 16.1-248.2 of the Code of Virginia, administered by trained staff, to ascertain the resident's suicide risk level and need for a mental health assessment.

~~Such screening shall include the following:~~

- ~~1. A preliminary mental health screening, at the time of admission, consisting of a structured interview and observation as provided in facility procedures; and~~
- ~~2. The administration of an objective mental health screening instrument within 48 hours of admission.~~

B. The mental health screening shall include the following:

1. A preliminary mental health screening at the time of admission, consisting of a structured interview and observation, as provided in facility procedures; and
2. The administration of an objective, department-approved mental health screening instrument within 48 hours of admission. The facility may supplement the screening instrument with additional questions or observations, as authorized in the facility's written procedures.

~~B. If the mental health screening indicates that a mental health assessment is needed, the assessment shall take place within 24 hours of such determination as required in § 16.1-248.2 of the Code of Virginia.~~

C. If the mental health screening indicates that a mental health assessment is needed, the assessment shall be conducted within 24 hours of the determination pursuant to the requirements in § 16.1-248.2 of the Code of Virginia.

6VAC35-101-830. Classification plan.

~~Detention center staff shall assign residents~~ Residents shall be assigned to sleeping rooms and living units according to a written plan that takes into consideration the ~~the~~ detention center's s design, staffing levels, and the behavior and characteristics of individual residents.

6VAC35-101-840. DischargeRelease.

- A. Residents shall be released from a detention center only in accordance with written procedure.
- B. Each resident's record shall contain a copy of the documentation authorizing the resident's dischargerelease.
- C. Residents shall be discharged-released only to the parent, legal guardian, or legally authorized representative.
- D. As applicable and appropriate, information concerning current medications shall be provided to the parent, legal guardian, or legally authorized representative.

6VAC35-101-850. (Reserved.)

6VAC35-101-860. Structured programming.

A. Each facility shall implement a comprehensive, planned, and structured daily routine, including appropriate supervision, designed to:

1. Meet the residents' physical, emotional, and educational needs;
2. Provide protection, guidance, and supervision;
3. Ensure the delivery of program services; and
4. Meet the objectives of any individual service plan.

B. The structured daily routine shall be followed for all weekday and weekend programs and activities. Deviations from the schedule shall be documented.

6VAC35-101-870. Written communication between staff; daily log.

A. Procedures shall be implemented ~~providing for the~~requiring the creation and maintenance of a daily log or other daily written means of communication between staff, ~~such as the use of daily logs~~. This means of communication shall ~~be maintained to~~ inform staff of significant happenings-incidents or problems experienced by residents, such as ~~any~~ resident medical or dental complaints or injuries.

B. ~~The date and time of the entry and the identity of the individual making each entry shall be recorded. Log entries shall provide clear indication of the date and time that entries are made. The individual making entries shall be identified in the manner set out in facility procedures.~~

C. If the means of communication between staff is electronic, all entries shall be made in accordance with subsection B of this section~~post the date, time, and name of the person making an entry~~. The computer program shall prevent previous entries from being overwritten.

Article 3

Supervision

6VAC35-101-880. Additional assignments of direct care staff.

A. Direct care staff and staff responsible for the direct supervision of residents may assume the duties of nondirect care personnel, only when these duties do not interfere with their direct care or direct supervision responsibilities.

B. Residents may assist in support functions that are part of the established, structured program, such as building and ground maintenance and housekeeping, but shall may not be solely responsible for ~~support these~~ functions; ~~including but not necessarily limited to, food service, maintenance of building and grounds, and housekeeping.~~

6VAC35-101-890. Staff supervision of residents.

A. Staff shall provide 24-hour awake supervision seven days a week.

B. No member of the direct care staff shall be on duty and responsible for the direct care of residents for more than six consecutive days without a rest day, except in an emergency. ~~For the purpose of this section, rest day shall mean a period of not less than 24 consecutive hours during which a staff person has no responsibility to perform duties related to the operation of a detention center. Such duties shall include participation in any training that is required by (i) this chapter, (ii) the employee's job duties, or (iii) the employee's supervisor.~~

- C. Direct care staff shall ~~be scheduled have~~ an average of at least two rest days per week in any four-week period.
- D. Direct care staff shall not be on duty more than 16 consecutive hours except in an emergency.
- E. When both males and females are housed in the same living unit, at least one male and one female staff member shall be actively supervising at all times.
- F. Staff shall always be in plain view of another staff person when entering an area occupied by residents of the opposite sex.
- G. Staff shall regulate the movement of residents within the detention center in accordance with written procedures.
- ~~H. Written procedures shall be implemented governing the transportation of residents outside the detention center and from one jurisdiction to another.~~

6VAC35-101-900. 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 ~~40-eight~~ residents, or portion thereof, ~~on the premises wherever there are residents present in the facility, as well as wherever residents are attending or participating in~~ off-campus, detention center-sponsored activities.
- B. During the hours that residents are scheduled to sleep there shall be no ~~less-fewer~~ than one direct care staff member on duty and responsible for supervision of every 16 residents, or portion thereof, ~~on the premises wherever there are residents present in the facility.~~
- C. There shall be at least one direct care staff member on duty and responsible for the supervision of residents in each building where residents are sleeping.
- D. At all times, there shall be no ~~less-fewer~~ than one direct care staff member with current certifications in standard first aid and cardiopulmonary resuscitation on duty for every 16 residents, or portion thereof, being supervised by staff.

6VAC35-101-910. Outside personnel working in the detention center.

- A. Detention center staff shall monitor all situations in which outside personnel perform any kind of work in the immediate presence of residents in the detention center.
- B. Adult inmates shall not work in the immediate presence of any resident and shall be monitored in a way that there shall be no direct contact between or interaction among adult inmates and residents.

Article 4
Work Programs

6VAC35-101-920. Work and employment.

- A. ~~Paid and unpaid work assignments, including chores, that are assigned by or carried out at the juvenile detention center~~ ~~Assignment of chores that are paid or unpaid work assignments~~ shall be in accordance with the age, health, ~~and~~ ability, ~~and service plan~~ of the resident.

B. ~~Chores~~ Assignments specified in subsection A shall not interfere with school programs, study periods, meals, or sleep.

C. ~~In both work assignments~~ For and external employment opportunities for residents, the facility administrator or his designee shall evaluate the appropriateness of the work and the fairness of the pay.

Part VII

Health Care Services

6VAC35-101-930. Health authority.

The facility administrator shall designate a physician, nurse, nurse practitioner, psychiatrist, government authority, health administrator, health care contractor, or health agency to serve as the facility's health authority responsible for organizing, planning, and monitoring the timely provision of appropriate health care services, including arrangements for all levels of health care and the ensuring of quality and accessibility of all health services, consistent with applicable statutes and regulations, prevailing community standards, and medical ethics.

6VAC35-101-940. Provision of health care services.

Nursing personnel shall provide treatment~~Treatment by nursing personnel shall be performed~~ pursuant to the laws and regulations governing the practice of nursing within the Commonwealth. ~~Other health-trained personnel shall provide care within their level of training and certification.~~

6VAC35-101-950. Health care procedures.

- A. The facility shall develop and implement written~~Written~~ procedures ~~shall be developed and implemented~~ for:
1. Providing or arranging for the provision of medical and dental services for health problems identified at admission;
 2. Providing or arranging for the provision of on-going and follow-up medical and dental services after admission;
 3. Providing or arranging for the provision of dental services for residents who present with acute dental concerns;
 4. Providing emergency services for each resident as provided by statute or by ~~the~~ agreement with the resident's legal guardian, as applicable;
 5. Providing emergency services for any resident experiencing or showing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems; and
 6. Ensuring that the required information in subsection B of this section is accessible and up to date.

B. The following written information concerning each resident shall be readily accessible to designated staff who may have to respond to a medical or dental emergency:

1. Name, address, and telephone number of the physician and dentist to be notified;
2. Name, address, and telephone number of a relative or other person to be notified; and
3. Information concerning:
 - a. Use of medication;
 - b. ~~All~~Allergies, including medication allergies;
 - c. Substance abuse and use; and
 - d. Significant past and present medical problems.

6VAC35-101-960. Health-trained personnel.

A. Health-trained personnel shall provide care as appropriate to their level of training and certification and shall not administer health care services for which they are not qualified or specifically trained.

B. The facility shall retain documentation of the training received by health trained personnel necessary to perform any designated health care services. Documentation of applicable, current licensure or certification shall constitute compliance with this section.

6VAC35-101-970. Consent to and refusal of health care services.

A. Consent to h~~H~~health care services, as defined in 6VAC35-101-10 (definitions), shall be provided in accordance with § 54.1-2969 of the Code of Virginia. The juvenile detention center shall obtain consent from the resident or parent or legal custodian, as required by law, before providing health care services to a resident. The consent shall be knowing and voluntary, without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion. ~~The knowing and voluntary agreement, without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion, of a person who is capable of exercising free choice (informed consent) to health care shall be obtained from the resident or parent or legal custodian, as required by law.~~

B. An appropriately trained medical professional shall advise the~~The~~ resident and parent or legal guardian, as appropriate and applicable, ~~shall be advised by an appropriately trained medical professional~~ of (i) the material facts

regarding the nature, consequences, and risks of the proposed treatment, examination, or procedure and (ii) the alternatives to the proposed treatment, examination, or procedures.

C. Residents may refuse in writing medical treatment and care. Facilities shall have written procedures for:

1. Explaining the implications of refusals; and
2. Documenting the reason for the refusal.

This subsection does not apply to medication refusals, which that are governed by 6VAC35-101-1060 (medication).

D. When health care is rendered against the resident's will, it shall be in accordance with applicable laws and regulations.

6VAC35-101-980. Health screening at admission.

A. To prevent newly arrived residents who pose a health or safety threat to themselves or others from being admitted to the general population, all residents shall ~~immediately upon admission~~ undergo a preliminary health screening upon admission consisting of a structured interview and observation by health care personnel or health trained personnel, as defined in 6VAC35-101-10 (definitions), as approved by the health authority.

B. Admitted Residents ~~admitted~~ who are identified during the screening required in subsection A as pose-posing a health or safety threat to themselves or others shall be separated from the detention center's general population until they are no longer a risk. During the period of separation, but provision shall be made for them to receive comparable services.

C. Immediate health care ~~is shall be~~ provided to admitted residents who need it.

6VAC35-101-990. Tuberculosis screening.

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

B. A screening assessment for tuberculosis shall be completed annually on each resident.

C. The facility's screening practices shall be performed in a manner consistent with any current recommendations of the Virginia Department of Health, Division of Tuberculosis Prevention and Control and the federal Department of Health and Human Services Centers for Disease Control and Prevention for the detection, diagnosis, prophylaxis, and treatment of pulmonary tuberculosis.

6VAC35-101-1000. Residents' medical examination; responsibility for preexisting conditions.

A. Within five days of admission, all residents who are not directly transferred from another detention center shall be medically examined by a physician or a qualified health care practitioner operating under the supervision of a physician to determine if the resident requires medical attention or poses a threat to the health of staff or other residents. A full medical examination is not required if there is documented evidence of a complete health examination within the previous 90 days; in such cases, a physician or qualified health care practitioner shall review the resident's health care record and update as necessary.

B. Each physical examination report shall include:

1. Information necessary to determine the health and immunization needs of the resident, including:

a. Immunizations administered at the time of the exam;

b. Vision exam;

c. Hearing exam;

d. A statement of the resident's general physical condition and documentation of communicable disease status, including tuberculosis;

e. Allergies, chronic conditions, and disabilities, if any;

f. Nutritional requirements, including special diets, if any;

g. Restrictions on physical activities, if any; and

h. Recommendations for further treatment, immunizations, and other examinations indicated.

2. Date of the physical examination; and

3. Signature of a licensed physician, the physician's designee, or an official of a local health department.

BC. A detention center shall not accept financial responsibility for preexisting medical, dental, psychological, or psychiatric conditions, except on an emergency basis.

6VAC35-101-1010. Infectious or communicable diseases.

A. A resident with a confirmed communicable disease shall not be housed in the general population unless a licensed physician-health care professional certifies that:

1. The facility is capable of providing care to the resident without jeopardizing residents and staff; and
2. The facility is aware of the required treatment for the resident and the procedures to protect residents and staff.

B. The facility shall implement written procedures approved by a medical-health care professional that:

1. Address staff (i) interactions with residents with infectious, communicable, or contagious medical conditions; and (ii) use of standard precautions;
2. Require staff training in standard precautions, initially and annually thereafter in accordance with 6VAC 35-101-190 (required initial training for employees) and 6VAC35-101-200 (required retraining for employees); and
3. Require staff to follow procedures for dealing with residents who have infectious or communicable diseases.

6VAC35-101-1020. Suicide prevention.

Written procedure shall provide-for-require (i) a suicide prevention and intervention program developed in consultation with a qualified medical or mental health professional and (ii) all direct care staff to be trained and retrained in the implementation of the program, in accordance with 6VAC35-101-190 (required initial training for employees) and 6VAC35-101-200 (retraining requirements for employees).

6VAC35-101-1030. Residents' health care records.

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

~~B. Each physical examination report shall include:~~

~~1. Information necessary to determine the health and immunization needs of the resident, including:~~

~~a. Immunizations administered at the time of the exam;~~

~~b. Vision exam;~~

~~c. Hearing exam;~~

~~d. General physical condition, including documentation of apparent freedom from communicable disease, including tuberculosis;~~

~~e. Allergies, chronic conditions, and handicaps, if any;~~

~~f. Nutritional requirements, including special diets, if any;~~

~~g. Restrictions on physical activities, if any; and~~

- ~~h. Recommendations for further treatment, immunizations, and other examinations indicated.~~
- ~~2. Date of the physical examination; and~~
- ~~3. Signature of a licensed physician, the physician's designee, or an official of a local health department.~~

CB. Each resident's health care record shall include:

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

6VAC35-101-1040. First aid kits.

A. A well-stocked first aid kit shall be maintained within the facility, as well as in facility vehicles used to transport residents. ~~The first aid kit shall contain an inventory of contents, be stocked in accordance with and in accordance with an~~the inventory of contents, and be readily accessible for dealing with minor injuries and medical emergencies.

B. First aid kits ~~should~~shall be monitored in accordance with established facility~~written~~ procedures to ensure kits are maintained, stocked, and ready for use.

6VAC35-101-1050. Hospitalization and other outside medical treatment of residents.

A. When a resident needs hospital care or other medical treatment outside the detention center:

~~1. The resident shall be transported safely; and~~

~~2.~~ A staff member or a law-enforcement officer, as appropriate, shall accompany the resident until appropriate security arrangements are made. This subdivision shall not apply to the transfer of residents under The Psychiatric Inpatient Treatment of Minors Act (§ 16.1-355 et seq. of the Code of Virginia).

B. 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.

6VAC35-101-1060. Medication.

A. All medication shall be properly labeled consistent with the requirements of the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia). Medication prescribed for individual use shall be so labeled.

B. Except as: i) authorized in written procedures pursuant to 6VAC35-101-1250 (delivery of medication in post dispositional programs) or ii) otherwise ordered by a physician on an individual basis for keep-on-person or equivalent use; ~~a~~All medication shall be securely locked, ~~except (i) as required by 6VAC35-101-1250 (delivery of medication in postdispositional programs) or (ii) if otherwise ordered by a physician on an individual basis for keep-on-person or equivalent use.~~

C. All staff responsible for medication administration who do not hold a license issued by the Virginia Department of Health Professions authorizing the administration of medications shall, in accordance with the provisions of § 54.1-3408 of the Code of Virginia, either (i) have successfully completed a medication training program approved by the Board of Nursing or (ii) be licensed by the Commonwealth of Virginia to administer medications before they can~~may~~ administer medication as stated~~provided~~ in 6VAC35-101-190 (required initial training). Such staff members shall undergo an annual refresher training as stated~~provided~~ in 6VAC35-101-200 (retraining).

D. Staff authorized to administer medication shall be informed of any known side effects of the medication and the symptoms of the effects.

~~E. A program of medication, including procedures regarding the use of over-the-counter medication pursuant to written or verbal orders issued 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.~~

E. A program of medication shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication. This includes over-the-counter medication administered pursuant to a written or verbal order that is issued by personnel authorized by law to give such orders.

F. All medications shall be administered in accordance with the physician's or other prescriber's instructions and consistent with the requirements of ~~§ 54.2-2408~~ § 54.1-3408 of the Code of Virginia and the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).

G. A medication administration record shall be maintained ~~of that identifies~~ all medicines received by each resident and ~~shall that~~ includes:

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

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

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

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

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

K. Disposal and storage of unused, expired, and discontinued medications and medical implements shall be in accordance with applicable laws and regulations.

L. The telephone number of a regional poison control center and other emergency numbers shall be posted on or next to each nonpay telephone that has access to an outside line in each building in which residents sleep or participate in programs.

M. Syringes and other medical implements used for injecting or cutting skin shall be locked and inventoried in accordance with facility procedures.

Part VIII
Behavior Management

6VAC35-101-1070. Behavior management.

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

C. A facility that allows for and utilizes a cooling-off period as part of its behavior management program shall develop and follow written procedures that:

1. Identify the area in which a resident will serve a cooling-off period;
2. Require that any resident serving a cooling-off period shall have a means of communicating with staff either verbally or electronically; and
3. Require that staff check the resident serving a cooling-off period visually at least once every 15 minutes and more often if indicated by the circumstances.

ED. When substantive revisions are made to the behavior management program, written information concerning the revisions shall be provided to the residents, and direct care staff shall be oriented on the changes ~~prior to~~ before implementation.

DE. The facility administrator shall collect information review on the detention center's behavior intervention techniques and procedures, including the use of room restriction, and shall review the information at least annually or more frequently to inform the facility's practices and determine appropriateness for the population served.

6VAC35-101-1080. Disciplinary process.

A. ~~Procedures.~~ Written procedures shall govern the disciplinary process and shall contain the following:

1. Graduated sanctions and progressive discipline;
2. Training on the disciplinary process and rules of conduct; and
3. Documentation on the administration of privileges and sanctions as provided in the behavior management program.

B. ~~Disciplinary report.~~ A disciplinary report shall be completed when it is alleged that a resident has violated a rule of conduct for which room confinement restriction, including a bedtime earlier than that provided on the daily schedule, may be imposed as a sanction.

1. All disciplinary reports shall contain the following:
 - a. A description of the alleged rule violation, including the date, time, and location;

- b. A listing of any staff present at the time of the alleged rule violation;
 - c. The signature of the resident and the staff who completed the report; and
 - d. The sanctions, if any, imposed.
2. A disciplinary report shall not be required when a resident is placed in restricted to a room or area for a "cooling off" period as defined in Section 10 of this regulation, and in accordance with written procedures, ~~that does not exceed 60 minutes.~~

C. ~~Review of rule violation.~~ A review of the disciplinary report shall be conducted by an impartial person. After the resident receives notification of the alleged rule violation, the resident shall be provided with the opportunity to admit or deny the charge.

1. The resident may admit to the charge, in writing, and accept the sanction (i) prescribed for the offense or (ii) as amended by the impartial person.
2. The resident may deny the charge and the impartial person shall:
 - a. Meet in person with the resident;
 - b. Review the allegation with the resident;
 - c. Provide the resident with the opportunity to present evidence, including witnesses;
 - d. Upon the resident's request, provide, ~~upon the request of the resident, for~~ an impartial staff member to assist the resident in ~~the conducting of~~ the review;
 - e. Render a decision and inform the resident of the decision and rationale supporting this decision;
 - f. Complete the review within 12 hours of the time of the alleged rule violation, including weekends and holidays but excluding the resident's scheduled sleeping hours, unless the time frame ends during the resident's scheduled sleeping hours. In such circumstances, the delay shall be documented and the review shall be conducted within the same time frame thereafter;
 - g. Document the review, including any statement of the resident, evidence, witness testimony, the decision, and the rationale for the decision; and
 - h. Advise the resident of the right to appeal the decision.

D. ~~Appeal.~~ The resident shall have the right to appeal the decision of the impartial person.

1. The resident's claim appeal shall be reviewed by the facility administrator or his designee and shall be decided within 24 hours of the alleged rule violation, including weekends and holidays, but excluding the resident's scheduled sleeping hours, unless the time frame ends during the resident's scheduled sleeping hours. In such circumstances, the delay shall be documented and the review shall be conducted within the same time frame thereafter. The review by the facility administrator may be conducted via electronic means.
2. The resident shall be notified in writing of the results immediately thereafter, and the signature of the resident and the staff shall be documented, indicating that the resident was informed of the results of the appeal.

E. ~~Report retention.~~ Disciplinary reports shall be maintained in the resident's case record as required by 6VAC35-101-330. If the resident is found guilty of the rule violation, a copy of the disciplinary report shall be placed in the case record. If a resident is found not guilty of the alleged rule violation, the disciplinary report shall be removed from the resident's case record and shall be maintained as required by 6VAC35-101-330 (maintenance of residents' records).

6VAC35-101-1090. Physical restraint.

- A. Physical restraint shall be used as a last resort only after less restrictive interventions have failed or to control residents whose behavior poses a risk to the safety of the resident, ~~others~~staff, or ~~the public~~others.
1. Staff shall use the least force deemed reasonably necessary to eliminate the risk or to maintain security and order and shall never use physical restraint as punishment or with the intent to inflict injury.
 - ~~2. Staff may physically restrain a resident only after less restrictive behavior interventions have failed or when failure to restrain would result in harm to the resident or others.~~
 3. Physical restraint may be implemented, monitored, and discontinued only by staff who have been trained in the proper and safe use of restraint in accordance with the requirements in 6VAC35-101-190 (required initial training) and 6VAC35-101-200 (retraining).
- B. Each JDC shall implement Written-written procedures ~~shall-govern~~ing the use of physical restraint, ~~and~~which shall include:
1. The staff position that will write the report and time frame for completing the report;
 2. The staff position that will review the report and time frame for completing the review;
 3. Methods to be followed should physical restraint, less intrusive interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior; and
 4. An administrative review of the use of each physical restraints to ensure conformity with the procedures.
- C. Each application of physical restraint shall be fully documented in the resident's record. The documentation ~~and~~ shall include:
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~~before using physical restraint;
 5. Duration of the restraint;
 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.

6VAC35-101-1100. Room ~~confinement-restriction~~and isolation.

- A. Written procedures ~~shall govern how and when residents may be confined to a locked room for both segregation and isolation purposes governing room restriction shall address the following~~:
1. The actions or behaviors that may result in room restriction;
 2. The factors that should be considered before placing a resident in room restriction, such as age, developmental level, or disability;
 3. The circumstances under which a debriefing with the resident should occur; the party that should conduct the debriefing; and the topics that should be discussed in the debriefing, including, but not limited to, the cause and impact of the room restriction and the appropriate measures post-release to support positive resident outcomes; and
 4. When and under what conditions staff must consult with a mental health professional and monitor the resident as directed by the mental health professional if a resident placed in room restriction exhibits self-injurious behavior.
- B. Whenever a resident is ~~confined to a locked room, including but not limited to being~~ placed in isolation room restriction, staff shall check the resident visually at least every 30-15 minutes and more often if indicated by the circumstances. ~~Staff shall conduct a check at least every 15 minutes in accordance with approved procedures when the resident is on suicide watch.~~
- C. Residents who are ~~confined to a room, including but not limited to being~~ placed in isolation room ;restriction shall be afforded the opportunity for at least one hour of ~~physical exercise~~large muscle activity; outside of the locked

room, every calendar day unless the resident's behavior or other circumstances justify an exception. The reasons for any such exception shall be approved by the facility administrator or his designee and shall be documented.

D. Unless a resident is placed in disciplinary room restriction, as provided in 6VAC35-101-1105, the resident shall be afforded the same opportunities as any other resident in general population, including treatment, education, and as much time out of his or her room as security considerations allow. Exceptions may be made in accordance with established procedures when justified by clear and substantiated evidence.

DE. If a resident is ~~confined to his~~ placed in room ~~restriction, excluding disciplinary room~~ -~~restriction~~, for any reason for more than 24 hours, the facility administrator or ~~his~~ designee shall be notified and shall provide written approval for the continued room restriction. The written approval shall include a rationale of why the continued room restriction is necessary.

EF. If the ~~confinement~~ room restriction extends to more than 72 hours, the (i) ~~confinement~~ restriction and (ii) steps being taken or planned to resolve the situation shall be immediately reported to the director or ~~his~~ designee. If this report is made verbally, it shall be followed immediately with a written, faxed, or secure email report in accordance with written procedures. For any room restriction anticipated to exceed 72 hours, the medical and mental health status of the resident shall be assessed by a qualified medical or mental health professional within the initial 72-hour room restriction period, and on a daily basis after the 72-hour period has elapsed until such time as the resident is released from room restriction.

FG. Room ~~confinement~~ restriction, including isolation or administrative confinement, shall not exceed five consecutive days except when ordered by a medical or mental health provider.

GH. When ~~confined to~~ placed in room restriction, the resident shall have a means of communication with staff, either verbally or electronically.

HI. The facility administrator or ~~his~~ designee shall make daily personal contact with each resident who is ~~confined to a locked room~~ placed in room restriction in order to ensure that all such residents, with the exception of those placed in disciplinary room restriction, are restricted only for the minimum amount of time required to address the resident's negative behavior or threat, including being placed in isolation, each day of confinement. During the daily visit, the facility administrator shall assess and document: (i) whether the resident is prepared to return to general population, unless the resident is placed in disciplinary room restriction for a specified time period; and (ii) whether the resident requires a mental health evaluation.

I. ~~During isolation, the resident is not permitted to participate in activities with other residents and all activities are restricted, with the exception of (i) eating, (ii) sleeping, (iii) personal hygiene, (iv) reading, and (v) writing.~~

J. Residents who are placed in room restriction shall be housed no more than one to a room.

6VAC35-101-1105. Disciplinary room restriction

A. Unless otherwise provided, when a resident is placed in disciplinary room restriction, the provisions of 6VAC35-101-1100 (room restriction) apply.

B. Written procedures governing disciplinary room restriction shall:

1. Specify that residents may be placed in room restriction only after application of the disciplinary process, as provided for in 6VAC35-101-1080; and

2. Comply with the behavior management requirements set out in 6VAC35-101-1070.

C. Residents placed on disciplinary room restriction generally shall not be permitted to participate in activities with other residents, and all activities are restricted unless an exception is issued by the facility administrator or his designee. However, the following activities shall not be restricted: (i) eating; (ii) sleeping (iii) personal hygiene; (iv) any legally required educational programming or special education services; and (v) large muscle activity, except as permitted in 6VAC35-101-1100(C). The facility administrator or his designee shall provide opportunities for residents placed in disciplinary room restriction to engage in reading or writing, in accordance with the safety and security needs of the resident.

~~6VAC35-101-1110. Administrative confinement (Repeal).~~

~~A. Residents shall be placed in administrative confinement only by the facility administrator or designee, as a last resort for the safety of the residents. The reason for such placement shall be documented in the resident's case record.~~

~~B. Residents who are placed in administrative confinement shall be housed no more than two to a room. Single occupancy rooms shall be available when indicated for residents with severe medical disabilities, residents suffering from serious mental illness, sexual predators, residents who are likely to be exploited or victimized by others, and residents who have other special needs for single housing.~~

~~C. Residents who are placed in administrative confinement shall be afforded basic living conditions approximating those available to the facility's general population and, as provided for in approved procedures, shall be afforded privileges similar to those of the general population. Exceptions may be made in accordance with established procedures when justified by clear and substantiated evidence. If residents who are placed in administrative confinement are confined to a room or placed in isolation, the provisions of 6VAC35-101-1100 (room confinement and isolation) and 6VAC35-1140 (monitoring restrained residents) apply, as applicable.~~

6VAC35-101-1120. Chemical agents.

Staff are prohibited from using pepper spray and other chemical agents to manage resident behavior or maintain institutional security.

6VAC35-101-1130. Mechanical restraints.

A. Written procedure shall govern the use of mechanical restraints. Such procedures shall be approved by the department facility administrator and shall specify:

1. The conditions under which handcuffs, waist chains, leg irons, disposable plastic cuffs, leather restraints, and a mobile restraint chair-mechanical restraints may be used;
2. That the facility administrator or his designee shall be notified immediately upon using restraints in an emergency situation;
3. That restraints shall never be applied as punishment or a sanction;
4. That residents shall not be restrained to a fixed object or restrained in an unnatural position. For purposes of this regulation, securing a resident to a hospital bed or wheelchair may be permitted in an outside medical setting upon written approval by the facility administrator and in accordance with written procedures, as specified in Section 1150;
5. That each use of mechanical restraints, except when used to transport a resident or during video court hearing proceedings, shall be recorded in the resident's case file or in a central log book; and
6. That a written system of accountability is in place to ensure record of routine and emergency distribution of restraint equipment be maintained.

B. Written procedure shall provide that (i) all staff who are authorized to use restraints shall receive training in such use in accordance with 6VAC35-101-190 and 6VAC35-101-200, including how to check the resident's circulation and how to check for injuries and (ii) only trained staff shall use restraints.

6VAC35-101-1140. Monitoring restrained residents.

A. Written procedure shall provide that when a resident is placed in restraints, staff shall:

1. Provide for the resident's reasonable comfort and ensure the resident's access to water, meals, and toilet; and
2. Make a direct-personal-face-to-face check on the resident at least every 15 minutes and more often if the resident's behavior warrants. Such checks shall include monitoring the resident's circulation in accordance with the procedure provided for in 6VAC35-101-1130 B.

B. When a resident is placed in mechanical restraints for more than two hours cumulatively in a 24-hour period, with the exception of use in routine transportation of residents, staff shall immediately consult with a health care provider and a mental health professional. This consultation shall be documented.

C. If the resident, after being placed in mechanical restraints, exhibits self-injurious behavior, staff shall: (i) staff shall take appropriate action to ensure the threat or harm is stabilized; (ii) immediately consult with ~~and document that they have consulted with~~ a qualified mental health professional immediately thereafter and document the consultation; and (ii) monitor the resident ~~shall be monitored~~ in accordance with established protocols, including constant supervision, if appropriate. Any such protocols shall be in compliance with the procedures required by 6VAC35-101-1150 (restraints for medical and mental health purposes).

6VAC35-101-1150. Restraints for medical and mental health purposes.

Written procedure shall govern the use of restraints for medical and mental health purposes. Written procedure shall identify the authorization needed; the circumstances, location, and manner in which restraints when, where, and how restraints may be used/applied; for how long the permitted duration of use; and what the type of restraint that may be used.

Part IX

Postdispositional Detention Programs

6VAC35-101-1160. Approval of postdispositional detention programs.

A detention center that accepts placements in a postdispositional detention program, as defined herein, must be certified by the director approved by the board to operate a postdispositional detention program. The certificate issued by the board-director shall state that the detention center is approved to operate a postdispositional detention program and the maximum number of residents that may be included in the postdispositional detention program. ~~The board will base its approval of the postdispositional detention program on the program's compliance with provisions of 6VAC35-101-1170 (agreement with the court service unit) through 6VAC35-101-1270 (release from a postdispositional detention program).~~

6VAC35-101-1170. Agreement with court service unit.

The postdispositional detention program shall request-enter into a written agreement with the court service unit of the ~~committing~~ court ordering placement into the program defining working relationships and responsibilities in the implementation and utilization of the postdispositional detention program.

6VAC35-101-1180. Placements in postdispositional detention programs.

A. A detention center that accepts placements in a postdispositional detention program shall have written procedures ensuring reasonable utilization of the detention center for both predispositional detention and the postdispositional detention program. This procedure shall provide for a process to ensure that the postdispositional detention program does not cause the detention center to exceed its rated capacity.

B. When a court orders a resident detained in a postdispositional detention program, the detention center shall:

1. Obtain from the court service unit a copy of the court order, the resident's most recent social history, and any other written information considered by the court during the sentencing hearing; and
2. Develop a written plan with the court service unit within five business days to enable ~~such the~~ resident to take part in one or more locally available treatment programs appropriate for the resident's rehabilitation that may be provided in the community or at the detention center. The plan shall address how the resident will be transported and may authorize detention center staff, court service unit staff, or any other responsible adult approved by the detention center to carry out the transport.

C. When a detention center accepts placements in a postdispositional detention program, the detention center shall:

1. Provide programs or services for the residents in the postdispositional detention program that are not routinely available to predispositionally detained residents. This requirement shall not prohibit residents in the postdispositional detention program from participating in predispositional services or any other available programs; and
2. Establish a schedule clearly identifying the times and locations of programs and services available to residents in the postdispositional detention program.

D. Upon the receipt of (i) a referral of the probation officer of a potential resident who meets the prerequisite criteria for placement provided in § 16.1-284.1 of the Code of Virginia or (ii) an order of the court, the detention center shall conduct the statutorily required assessment as to whether a resident is an appropriate candidate for placement in a postdispositional detention program. The assessment shall assess the resident's need for services using a process that is outlined in writing, approved by the department, and agreed to by both the facility administrator and the director of the court service unit. Based on these identified needs, the assessment shall indicate the appropriateness of the postdispositional detention program for the resident's rehabilitation.

E. When programs or services are not available in the detention center, a resident in a postdispositional detention program may be considered for temporary release from the detention center to access such programs or services in the community.

1. ~~Prior to~~Before any such temporary release, both the detention center and the court service unit shall agree in writing as to the suitability of the resident to be temporarily released for this purpose.
2. Residents who present a significant risk to themselves or others shall not be considered suitable candidates for participation in programs or services outside the detention center or for paid employment outside the detention center. Such residents may participate in programs or services within the detention center, as applicable, appropriate, and available.

6VAC35-101-1190. Program description.

The postdispositional detention program shall have a written statement of its:

1. Purpose and philosophy;
2. Treatment objectives;
3. Criteria and requirements for accepting residents;
4. Criteria for measuring a resident's progress;
5. General rules of conduct and the behavior management program, with specific expectations for behavior and appropriate sanctions;
6. Criteria and procedures for terminating services, including terminations ~~prior to~~before the resident's successful completion of the program;

7. Methods and criteria for evaluating program effectiveness; and
8. Provisions for appropriate custody, supervision, and security when programs or services are delivered outside the detention center.

6VAC35-101-1200. Individual service plans in postdispositional detention programs.

- A. ~~A written plan of action, the~~The individual service plan, shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter. The individual service plan shall:
1. Be revised as necessary and reviewed at intervals; and
 2. Specify (i) measurable ~~short-term and long-term~~ goals; (ii) the objectives, strategies, and time frames for reaching the goals; and (iii) the individuals responsible for carrying out the plan.

B. Individual service plans shall describe in measurable terms the:

1. Strengths and needs of the resident;
2. Resident's current level of functioning;
3. Goals, objectives, and strategies established for the resident;
4. Projected family involvement; and
5. Projected date for accomplishing each objective.

C. Each individual service plan shall include the date it was developed and the signature of the person who developed it.

D. The resident and facility staff shall participate in the development of the individual service plan.

E. The (i) supervising agency and (ii) resident's parents, legal guardian, or legally authorized representative, if appropriate and applicable, shall be given the opportunity to participate in the development of the resident's individual service plan.

F. The initial individual service plan shall be distributed to the resident, the resident's parents or legal guardian as appropriate and applicable, and the applicable court service unit.

G. Staff responsible for daily implementation of the resident's individual service plan shall be able to describe the resident's behavior in terms of the objectives in the plan.

6VAC35-101-1210. Progress reports in postdispositional detention programs.

A. There shall be a documented review of each resident's progress in accordance with § 16.1-284.1 of the Code of Virginia. The review shall report the resident's:

1. ~~Resident's p~~Progress toward meeting the plan's objectives;
2. Family's involvement; and
3. Continuing needs ~~of the resident~~.

B. Each progress report shall include (i) the date it was developed and (ii) the signature of the person who developed it.

6VAC35-101-1220. Case management services in postdispositional detention programs.

A. The facility shall implement and follow written procedures governing case management services that shall address:

1. Helping the resident and the parents or legal guardian ~~to~~ understand the effects on the resident of separation from the family and the effect of group living;

2. Assisting the resident and the family ~~to~~in maintaining their relationships and preparinging for the resident's future care;
3. Utilizing appropriate community resources to provide services and maintain contacts with such resources;
4. Helping the resident strengthen his capacity to function productively in interpersonal relationships;
5. Conferring with the child care staff to help them understand the resident's needs in order to promote adjustment to group living; and
6. Working with the resident, the family, or any placing agency that may be involved in planning for the resident's future and in preparing the resident for the return home or to another family, for independent living, or for other residential care.

B. The provision of case management services shall be documented in the case record.

6VAC35-101-1230. Residents' health care records in postdispositional detention programs.

A. In addition to the requirements of 6VAC35-101-1030 (residents' health care records), each resident's health care record shall include or document all efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports, if applicable.

B. In addition to the information required by 6VAC35-101-950 (health care procedures), the following information shall be readily accessible to staff who may have-need to respond to a medical or dental emergency:

1. Medical insurance company name and policy number or Medicaid number; and
2. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent.

6VAC35-101-1240. Services by licensed professionals in postdispositional detention programs.

When a postdispositional detention program refers a resident to a licensed professional in private practice, the program shall ~~check with the appropriate licensing authority's Internet web page or by other appropriate means to~~ verify that the individual is appropriately licensed.

6VAC35-101-1250. Delivery of medication in postdispositional detention programs.

A detention center that accepts postdispositional placements exceeding 30 consecutive days pursuant to § 16.1-284.1 of the Code of Virginia shall have-implement and follow written procedures, approved by its health authority, that either permits or prohibits self-medication by postdispositional residents. The procedures may distinguish between residents who receive postdispositional services entirely within the confines of the detention center and those who receive any postdispositional services outside the detention center. The procedures shall conform to the specific requirements of the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).

6VAC35-101-1260. Residents' paid employment in postdispositional detention programs.

A. Paid employment may be part of the rehabilitation and treatment plan for a postdispositional resident. Such work must be in a setting that the facility administrator has determined to be appropriate.

B. Paid employment for any resident participating in a postdispositional detention program must be in accordance with 6VAC35-101-920 (work and employment).

6VAC35-101-1270. Release from a postdispositional detention program.

In addition to the requirements in 6VAC35-101-840 (dischargeRelease), information concerning the resident's need for continuing therapeutic interventions, educational status, and other items important to the resident's continuing

care shall be provided to the legal guardian or legally authorized representative, as appropriate, at the time of the resident's discharge-release from the facility.