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Final Regulation
Agency Background Document

Agency name	Department (Board) of Juvenile Justice
Virginia Administrative Code (VAC) Chapter citation(s)	6 VAC35-71
VAC Chapter title(s)	Regulation Governing Juvenile Correctional Centers
Action title	Comprehensive review of regulatory provisions governing juvenile correctional centers currently contained in 6VAC35-71
Date this document prepared	December 20, 2022; Updated April 27, 2026

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 19 (2022) (EO 19), any instructions or procedures issued by the Office of Regulatory Management (ORM) or the Department of Planning and Budget (DPB) pursuant to EO 19, the Regulations for Filing and Publishing Agency Regulations (1 VAC 7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

Brief Summary

Provide a brief summary (preferably no more than 2 or 3 paragraphs) of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation). Alert the reader to all substantive matters. If applicable, generally describe the existing regulation.

The Regulation Governing Juvenile Correctional Centers establishes the minimum standards to which staff in juvenile correctional centers (JCCs) must comply. The existing regulation addresses program operations, health care, personnel and staffing requirements, facility safety, residents' rights, and the facility's physical environment. It contains additional provisions for boot camps and privately operated JCCs. The regulation seeks to promote the safety and security of residents, staff, volunteers, interns, and contractors, while protecting the rights of youth committed to the Department of Juvenile Justice (department) and preparing them for successful reentry into the community following their commitment.

This regulatory action involves a comprehensive overhaul of the Regulation Governing Juvenile Correctional Centers to reflect the department's continued efforts to transform its approach to juvenile justice, including implementing aspects of the community treatment model (CTM) in its housing units, restricting the use of disciplinary room confinement in JCCs, requiring additional monitoring of confined

residents, enhancing training for department personnel and staff, placing restrictions on the use of mechanical restraints and protective devices, increasing required staff-to-resident ratios to comply with federal law, and removing provisions applicable to juvenile boot camps. Additionally, the action will strike all provisions that invalidly incorporate DJJ's written procedures into this chapter.

Acronyms and Definitions

Define all acronyms used in this form, and any technical terms that are not also defined in the "Definitions" section of the regulation.

ACA means the American Correctional Association.
CPP means a community placement program.
CPS means Child Protective Services.
CSU means court service unit.
CTM means Community Treatment Model.
DJJ means the Department of Juvenile Justice.
DSS means the Department of Social Services.
JCC means juvenile correctional center.
NCCHC means National Commission on Correctional Health Care,
QMHP means qualified mental health professional.
RDC means the Reception and Diagnostic Center,
SGA means Student Government Association.

Statement of Final Agency Action

Provide a statement of the final action taken by the agency including: 1) the date the action was taken; 2) that the agency has "adopted final amendments" to the regulation; 3) the name of the agency taking the action; and 4) the title of the regulation. A suggested statement is, "On [insert date] the Board/Department of [insert name] adopted final amendments to the [title of regulation(s)]."

On September 21, 2022, the Board of Juvenile Justice voted to approve additional amendments to the Regulation Governing Juvenile Correctional Centers for advancement to the final stage of the regulatory process. The final proposed amendments discussed in this document encompass the board-approved amendments that have survived the preceding Proposed and Revised Proposed Stages of the standard regulatory process, as well as additional amendments presented and approved at the September 21, 2022, and August 18, 2025, meetings. Thus, on August 18, 2025, the Board of Juvenile Justice adopted final amendments to the Regulation Governing Juvenile Correctional Centers that captured amendments made at the Proposed, Revised Proposed, and earlier version of the Final Stage.

Mandate and Impetus

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding the mandate for this regulatory change, and any other impetus that specifically prompted its initiation. If there are no changes to previously reported information, include a specific statement to that effect.

The Agency Background Document for the Proposed Stage of the regulatory process (Form TH-02) did not include a statement regarding the mandate and impetus for this regulatory provision, as that field was not captured at the time. The information contained in the subsequent form addressing the Revised Proposed Stage (From TH-10) merely highlighted the absence of information at the Proposed Stage.

Though not addressed on the Agency Background Document for previous stages, legislation enacted during the 2022 General Assembly Session (Chapters 414 and 415 of the 2022 Acts of Assembly) removed the department's authority to establish or contract for the establishment of juvenile boot camp programs, as well as the board's authority to prescribe standards for the development, implementation, and operation of these programs. Furthermore, the department has undergone significant restructuring while this regulation has been under review, necessitating additional amendments to eliminate references to obsolete positions and programs.

Legal Basis

Identify (1) the promulgating agency, and (2) the state and/or federal legal authority for the regulatory change, including the most relevant citations to the Code of Virginia and Acts of Assembly chapter number(s), if applicable. Your citation must include a specific provision, if any, authorizing the promulgating agency to regulate this specific subject or program, as well as a reference to the agency's overall regulatory authority.

The agency promulgating this regulatory action is the Board of Juvenile Justice (the board). The board is entrusted with general, discretionary authority to promulgate regulations by § 66-10 of the Code of Virginia, which authorizes the board to "promulgate such regulations as may be necessary to carry out the provisions of this title and other laws of the Commonwealth. Additionally, the board is entrusted with the authority to make, adopt, and promulgate regulations governing various aspects of private management and operation of juvenile correctional facilities pursuant to § 66-25.6 of the Code of Virginia, including establishing, "such other regulations as may be necessary to carry out the provisions of this chapter."

Prior to July 2022, the Department of Juvenile Justice had the authority to establish or contract with private entities for the development of juvenile boot camp programs in accordance with § 66-13. In turn, the board was given the statutory responsibility of prescribing standards for the development, implementation, and operation of these programs. Legislation enacted by the General Assembly during the 2022 General Assembly Session (Chapters 414 and 415 of the 2022 General Assembly) removed the department's authority to establish or contract for these programs and the board's statutory obligation to prescribe standards for such programs.

Purpose

Explain the need for the regulatory change, including a description of: (1) the rationale or justification, (2) the specific reasons the regulatory change is essential to protect the health, safety, or welfare of citizens, and (3) the goals of the regulatory change and the problems it is intended to solve.

This regulatory action seeks to streamline the regulatory requirements, clarify ambiguous provisions, and impose new requirements that align with operational changes that have occurred in the juvenile correctional centers since the department's last comprehensive review of the regulation. Additionally, the proposed changes are intended to properly differentiate between various programs available for youth committed to DJJ, eliminate the incorporation of procedural requirements into the regulation, and increase compliance with regulatory and statutory mandates among the regulated entity and departmental staff.

Having clear, concise regulations is essential to protecting the health, safety, and welfare of residents, staff, and visitors in JCCs and citizens in the community. Clearer expectations for the administrators running these facilities will promote efficiency and allow staff to utilize additional resources for supporting the needs of the residents, thus supporting DJJ's overall rehabilitation and community safety goals.

Specific amendments to impose tighter controls and safeguards on the use of mechanical restraints, protective devices, and room confinement practices will promote the health and safety of residents when use of these devices or restrictions is necessary.

Substance

Briefly identify and explain the new substantive provisions, the substantive changes to existing sections, or both. A more detailed discussion is provided in the "Detail of Changes" section below.

The following captures the gamut of new substantive provisions and substantive changes to existing sections that have been approved beginning at the Proposed stage through the Revised Proposed stage and including any additional changes approved in September 2022 and August 2025 for advancement to the Final stage of the standard regulatory process. Proposed amendments that were replaced or removed in any of the previous stages are not discussed in this form.

The department recommends the following new sections be added to the regulation, as summarized below:

- Section 15, (*recommended at Revised Proposed Stage)*, narrowing the scope of this regulatory chapter to apply solely to state-operated JCCs and privately operated JCCs governed by the Juvenile Corrections Private Management Act, and excluding alternative direct care programs from this chapter;
- Section 215 (*recommended at Proposed Stage)*, mandating that employees or contractors who threaten substantial harm to residents, others, or the public be removed immediately from duties involving resident supervision;
- Section 545 (*recommended at Proposed Stage)* addressing the rules staff must follow if a facility or unit lockdown is necessary;
- Section 765 (*recommended at Proposed Stage and Revised Proposed Stage)* requiring JCCs, where practicable, to increase family and natural support engagement opportunities;
- Sections 1180 and 1190 (*existing*), 1195, 1203, 1204, 1205, 1206, 1207, and 1208 (*recommended at Revised Proposed Stage)* establishing new restrictions and controls on the use of mechanical restraints, protective devices including spit guards, and mechanical restraint chairs; and
- Section 1209 (*recommended at Revised Proposed Stage)*, prohibiting the use of certain physical and mechanical restraints and protective devices on pregnant residents at various stages of the pregnancy, with certain exceptions.

The department is recommending several substantive revisions to existing language expected to impact departmental or JCC operations, as summarized below:

- Section 60 (*recommended at Revised Proposed Stage)*, narrowing the incidents subject to reporting requirements to exclude incidents identified by written procedures, expanding reportable incidents to include mechanical restraint chair use, and directing the department to establish written procedures to address additional reportable incidents;
- Section 80 (*recommended at Revised Proposed Stage; additional amendments at Final Stage)*, establishing a deadline for reviewing and resolving non-emergency grievances and explaining what constitutes a resolution;
- Section 90 (*recommended at Final Stage),* directing facility administration to provide opportunities for a resident committee to meet, with some exceptions;
- Section 110 (*recommended at Revised Proposed Stage; additional amendments at Final Stage*), changing the frequency of periodic visits to housing units and the staff required to make such visits and directing the JCC administration to establish written procedures that set out rules for these visits;

- Sections 150 (*recommended at Proposed Stage)*, mandating that contractors be oriented rather than trained on expectations of working in a secure environment;
- Sections 160 and 170 (*recommended at Proposed Stage; additional amendments at Final Stage)*, amending the initial and retraining requirements to: (1) specify the required training hours for medical staff; (2) allow medical staff and direct supervision employees to receive some training before assuming their roles and the remaining hours before the end of their first year's employment; and (3) expanding the staff who must receive training in implementing a suicide prevention program;
- Section 185, (*recommended at Proposed Stage)* requiring contractors who regularly serve residents to comply with the same tuberculosis mandates as other employees;
- Section 220 (*recommended at Proposed Stage)*, removing provisions authorizing volunteers and interns to be alone with residents and adding language explicitly prohibiting them from assuming direct care or direct supervision responsibilities. Similar changes are made to Sections 230 and 240.
- Section 260, (*recommended at Revised Proposed Stage)* removing the requirement that certain records be kept up to date and uniform and directing the department to have written procedures in place for maintaining such records.
- Section 360 (*recommended at Proposed Stage)*, allowing JCC staff to make housing placement decisions on a case-by-case basis, rather than based on the resident's gender.
- Section 400, (*recommended at Revised Proposed Stage),* expanding the smoking prohibitions to include additional items and the category of individuals precluded from using such products on the JCC premises;
- Section 460, (*recommended at Proposed and Revised Proposed Stages),* amending the emergency and evacuation provisions such that certain emergencies shall be reported within the same time frames as other serious incidents, and expanding the required documentation for JCC evacuation drills;
- Section 480, (*recommended at Proposed and Revised Proposed Stages)* mandating that certain body cavity searches be conducted at a local medical facility by a qualified medical professional except in certain exigent circumstances;
- Section 510 (*recommended at Revised Proposed Stage)*, modifying the permissible purposes for having weapons on the JCC premises or during JCC-related activities;
- Section 540 (*recommended at Proposed and Revised Proposed Stages),* establishing licensure requirements for staff who transport residents; expanding the staff authorized to transport residents by vehicle; and establishing requirements when nonemployees transport residents;
- Section 610 (*recommended at Revised Proposed Stage)* removing the current exception wherein the board may excuse the department from providing residents with daily opportunities to shower, and allowing an exception for documented emergencies;
- Section 630 (*recommended at Proposed Stage),* limiting staff's authority to provide restricted diets or impose alternative dietary schedules and reducing the maximum time permitted between certain meals in a JCC;
- Section 680 (*recommended at Proposed Stage)*, loosening the requirement that staff furnish residents with a copy of written information at orientation for residents displaying maladaptive behavior;
- Section 690 (*recommended at Revised Proposed Stage)*, eliminating certain requirements related to contraband discovered at admission.
- Section 710 (*recommended at Revised Proposed Stage),* requiring staff to document due process safeguards and provide a copy to the resident in the event of a resident's orientation, reassignment or transfer;
- Section 720, (*recommended at Revised Proposed Stage)*, requiring staff to retain certain information in a determinately committed resident's case record at discharge and eliminating the discharge plan as a document that must be in the record at discharge.
- Section 820 (*recommended at Proposed Stage)*, permitting direct supervision employees to be alone with residents without direct care employees conducting the required visual checks if certain requirements are met;

- Section 830 (*recommended at Proposed and Revised Proposed Stages)*, adjusting the required staff-to-resident ratio from 1:10 to 1:8, authorizing security staff to transport residents for routine or emergency purposes, and authorizing either security employees or direct care employees to supervise residents in the infirmary or nurse's station.
- Section 1060 (*recommended at Revised Proposed Stage)*, modifying the protocol when residents need medical treatment offsite;
- Section 1110, (*recommended at Revised Proposed Stage)* extending the documentation retention period for records of disciplinary hearings from 6 months to three years and removing certain language related to room confinement.
- Section 1120 (*recommended at Revised Proposed Stage)*, limiting when timeout periods are permitted; and
- Section 1140 (*recommended at Proposed Stage and Revised Proposed Stages; additional amendments at Final Stage),* establishing new definitions, limitations, monitoring requirements, reviews, and other provisions regarding room confinement. In connection with these changes, the department is recommending the repeal of Sections 1150 and 1160, which imposes requirements for residents placed in "isolation" and on administrative segregation.

In addition to these changes, the department proposes striking the boot camp provisions contained in Part X (6VAC35-71-1230 through 6VAC35-71-1270) of this chapter to reflect the legislative changes regarding boot camps made during the 2022 Virginia General Assembly Session.

Finally, the department proposes removing provisions contained in numerous sections of the regulation that currently incorporate DJJ's written procedures into the regulation.

Issues

Identify the issues associated with the regulatory change, including: 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions; 2) the primary advantages and disadvantages to the agency or the Commonwealth; and 3) other pertinent matters of interest to the regulated community, government officials, and the public. If there are no disadvantages to the public or the Commonwealth, include a specific statement to that effect.

Primary Advantages

The proposed regulation contains numerous amendments that seek to place greater emphases on resident rehabilitation. Amendments emphasizing family inclusion will help the resident continuously establish the tools needed to function more effectively in the community upon release, which ultimately may benefit the community by reducing recidivism. Additional controls placed on the use of mechanical restraints, protective devices, and the mechanical restraint chair will help to ensure that residents mechanically restrained due to behavior that threatens themselves or others or impedes critical facility operations will be restrained in a manner that ensures their safety.

The proposed amendments restricting the use of room confinement and placing controls and safeguards on such use will allow staff to continue using room confinement in a manner that promotes resident and staff safety while enhancing resident accountability for egregious institutional offenses. Narrowing the definition of room confinement will allow staff to confine residents temporarily during these activities to ensure facility security and protection of residents and staff. Safety also will be enhanced among JCC staff and residents due to expanded smoking prohibitions within the secure perimeter, more stringent monitoring of residents demonstrating self-injurious behaviors, and more frequent room checks.

Primary Disadvantages

The department does not expect the proposed regulatory changes to disadvantage the public, the department, or the Commonwealth in general.

Requirements More Restrictive than Federal

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any requirement of the regulatory change which is more restrictive than applicable federal requirements. If there are no changes to previously reported information, include a specific statement to that effect.

Conditions of confinement in JCCs are subject to federal constitutional requirements as well as applicable federal law and regulations (e.g., the Americans with Disabilities Act of 1990, the Americans with Disabilities Amendments Act of 2008, 42 USC § 12101). Amendments made at the Proposed and Revised Proposed Stages of the standard regulatory process seek to reflect requirements in the Prison Rape Elimination Act of 2003 and changes to the Juvenile Justice Delinquency Prevention Act. The proposed regulation imposes requirements consistent with these federal provisions.

Agencies, Localities, and Other Entities Particularly Affected

List all changes to the information reported on the Agency Background Document submitted for the previous stage regarding any other state agencies, localities, or other entities that are particularly affected by the regulatory change. If there are no changes to previously reported information, include a specific statement to that effect.

No changes were made to previously reported information.

Public Comment

Summarize all comments received during the public comment period following the publication of the previous stage, and provide the agency's response. Include all comments submitted: including those received on Town Hall, in a public hearing, or submitted directly to the agency. If no comment was received, enter a specific statement to that effect.

The public comment period for the Revised Proposed Stage ended on March 16, 2022, and yielded no public comments. The department presented and the board approved additional proposed amendments at a subsequent board meeting on September 21, 2022, and no public comments were made pertaining to these amendments.

At an August 18, 2025, meeting, the department asked the board to approve additional amendments to address perceived areas of regulatory overreach and changes needed to reflect agency restructuring before re-advancing the action to the Final Stage of the process. The department received written and verbal public comment from the Legal Aid Justice Center, summarized in the table below.

Commenter	Comment	Agency response
Amy Walters, Esq; Youth	After noting concerns about the conditions at Bon Air and expressing her belief that the	After asking for additional information on the policies the commenter perceived as "more punitive," the agency director clarified that the

Justice Program	department should be endeavoring to close the JCC, the remainder of her public comment focused on the additionally proposed changes to 6VAC35-71. Specifically, Ms. Walters objected to DJJ's proposal to remove the proposed provisions that sought to create therapeutic communities, speculating that the change is motivated by DJJ's inadequate staffing and the agency's shifting philosophy to a more punitive model of justice. She asserted her belief that the initially proposed components of the therapeutic model are necessary elements of programs that meet the DJJ mission. Ms. Walters also expressed concerns with the lockdown exception permitting staff not to afford residents an hour outside their rooms if the "circumstances that required the lockdown justify an exception." Ms. Walters had heard of extended lockdowns at the JCC where residents did not receive showers or exercise for days and advocated for more specific criteria to justify refusing these rights during lockdowns. She also raised concerns regarding repeated lockdowns and the agency's perceived disregard for the residents' well-being.	board sets policies and shared her belief that the department continues to use the community treatment model, bolstered by the Facility-Wide Positive Behavioral Interventions and Supports (PBIS) program. Further, the initially proposed provisions mandating therapeutic communities in the JCCs were recommendations associated with the implementation of the Missouri Model, which was designed to address lower-level offenders, not those currently in the Bon Air JCC. With the data indicating a substantial drop in treatment completion before release, an increase in recidivism for violent felonies and in rearrest rates for youth who do not complete treatment before release, adding the Missouri Model's provisions as regulatory requirements would mean codifying a directive that has been shown ineffective. In Missouri, the recidivism rate has doubled since the model's inception. The Department continues to support treatment completion and therapeutic communities, and its programming has been successful. Since its implementation of PBIS, the department saw a 46% decline in aggressive incidents at the JCC from May to June 2025; thus, the ability to adjust DJJ's treatment options for its youth is essential. If regulations are too detailed, staff cannot adapt or make adjustments to address the population's treatment needs, and given the specifics of the current population, 75% of whom have committed a violent person felony, the department needs this flexibility to meet the resident's individualized treatment needs.

Detail of Changes Made Since the Previous Stage

*List all changes made to the text since the previous stage was published in the Virginia Register of Regulations and the rationale for the changes. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.*

Current chapter-section number	New chapter-section number, if applicable	New requirement from previous stage	Updated new requirement since previous stage	Change, intent, rationale, and likely impact of updated requirements
10	N/A	At the previous stage, the proposal added a definition for "community	*The updated revisions remove the definition for	As part of a 2023 agency restructuring that eliminated, renamed, or restructured several

		manager, the individual responsible for supervising, coordinating, and directing an assigned group of staff in multiple housing units and who oversees various other services within a juvenile correctional center.	"community manager."	positions and divisions within DJJ, the Community Manager position was abolished; thus, the department believes there is no longer a need to define this term or to use it elsewhere in the chapter. Because the proposed revisions align with the department's current practices, the change will have no additional impact.
80	N/A	At the previous stage, the proposal directed review and resolution of all grievances that do not pose an immediate risk of harm to a resident to occur as soon as practicable but capped the review at 30 business days after the grievance receipt. The proposal clarified that grievances are deemed resolved once **facility staff** have addressed, corrected, or referred the issue to an external organizational unit.	*The updated revisions expand this provision so that it allows for department staff responsible for recording, monitoring, coordinating, and resolving grievances to deem the grievance at issue resolved.	The department is proposing this amendment because the DJJ staff currently responsible for handling grievances are not employed in the facility, and therefore, would not be deemed to have resolved the grievance in accordance with the initially proposed amendment. The department believes this change is necessary to ensure the proper staff are authorized to resolve grievances and their actions count toward meeting the specified deadline for resolving grievances.
90	N/A	At the previous stage, the proposal sought to change the name of the Resident Advisory Committee to the Student Government Association, mandate the creation of governing documents to be maintained and posted in every housing unit, and require the facility administration to provide regular opportunities for the	The updated proposal, again, changes the name to the Resident Committee, eliminates the proposed requirement that the body create and maintain governing documents, and provides for an exception to the requirement that facility administration provide opportunities for the committee to meet as a body and	The additional amendments are intended to eliminate initially proposed requirements the department believes are not necessary to protect the public health, safety, and welfare, and therefore, are not appropriate for regulation pursuant to § 2.2-4013 and Executive Order 19. The department no longer utilizes the SGA Constitution and bylaws; thus, the elimination of these proposed requirements will have no impact. Additionally, DJJ

		group to meet with residents.	with their represented residents if the administration finds that resident committee meetings would threaten facility safety or security.	currently provides its advisory committee opportunities to meet with residents to address issues the residents raise via feedback forms; therefore, changes to that provision will have no additional impact.
110	N/A	At the previous stage, the proposal required the JCC administration to establish written procedures requiring the assistant superintendent and community manager for each specific housing unit to regularly, consistently, and frequently visit each housing unit under their jurisdiction.	The additional revisions replace the "community manager" with "other designated staff" as the entities that, along with the assistant superintendent, are required to make these visits to every housing unit.	Because the community manager position was abolished as part of the department's restructuring in 2023, the department eliminated reference to these positions in this section. By including "other designated JCC supervisory staff," the proposal provides more generalized language in case an additional change in title or other reorganization becomes necessary,
160; 170; 735; 1110	N/A	Initially, the proposal sought to memorialize the department's implementation of therapeutic communities in its housing units by: 1) mandating training on the requirements for sustaining a therapeutic community environment; 2) requiring retraining to address DJJ's behavior management program and the requirements to sustaining a therapeutic community; 3) requiring the JCC administration to ensure housing units function as therapeutic communities with staff and residents	The proposal removes the references to therapeutic communities in Sections 160, 170, and 1110 and eliminates Section 735 entirely.	The department believes the proposed requirements to operate JCC units as therapeutic communities and to address behavioral issues in that context are not necessary to protect the public. In light of administrative goals for regulatory reduction, the department proposed to remove these provisions, along with the related provisions imposing requirements for training on therapeutic communities. Currently, the JCC's housing units do not meet all the components of a therapeutic community, as set forth in the proposed Section 735, nor are behavioral issues always addressed in the context of a therapeutic community. Because the initially proposed change mandating the operation of such units and the

		continuously assigned to the same housing units; daily structured therapeutic activities; and monitoring by an interdisciplinary team; and 4) requiring the JCC administration to ensure behaviors are addressed in the context of a therapeutic community, as practicable.		application of these communities to address behavioral issues have not yet been implemented, their elimination is not expected to have an impact on facility operations. Similarly, because the requirements for training on the requirements for sustaining a therapeutic community have not yet attached, removing these training requirements will have no additional impact.
545; 1140	N/A	Initially, the proposal sought to impose certain specified requirements on the administrator in the JCC whose position (at that time) was two levels above the JCC superintendent in the department's reporting chain of command. Specifically, proposed § 545 sought to require submission of a report to that administrator of the steps planned or taken to resolve the situation whenever lockdowns extend beyond 72 hours. Similarly, proposed § 1140 L sought to direct that same administrator to provide written approval before a room confinement may be extended beyond 72 hours. Finally, proposed subsection M sought to allow that administrator to waive or reduce the frequency of the recurring division-	The proposal replaces the administrator two levels above the JCC superintendent with the administrator one level above the JCC superintendent in each of these cases.	Due to the 2023 agency reorganization, there is no longer an intervening position between the superintendent and the individual expected to provide the required approvals and receive these notifications and reports. Replacing the initially proposed requirement with language referencing the position one level above the facility superintendent reflects the department's current leadership hierarchy. Because the initially proposed changes had not yet taken effect, these revisions are not expected to impact facility operations.

		level committee reviews for room confinement periods exceeding five days.		

Detail of All Changes Proposed in this Regulatory Action

*List all changes proposed in this action and the rationale for the changes. For example, describe the intent of the language and the expected impact. Describe the difference between existing requirement(s) and/or agency practice(s) and what is being proposed in this regulatory change. Explain the new requirements and what they mean rather than merely quoting the text of the regulation. * Put an asterisk next to any substantive changes.*

Current chapter-section number	New chapter-section number, if applicable	Current requirements in VAC	Change, intent, rationale, and likely impact of updated requirements
10	N/A	**Definitions**: The current definitions governing JCCs are provided in § 10 (definitions) and include, among other terms, the following: **case record or record** (*written or electronic information on the resident and resident's family)*, **contraband** (*unauthorized items)*, **direct care** (*period of commitment to DJJ)*, **direct care staff** (*individuals responsible for care of residents, implementing behavior management program, and security of facility)*, **direct supervision** (*working with residents outside the presence of direct care staff)*, **emergency** (*sudden unexpected occurrence requiring immediate action)*, **health care record** (*record of medical screening and exam information)*, **health care services** (*actions taken for the resident's well-being)*, **health-trained personnel** (*individual trained by medical professional to perform specific medical-related duties)*, **individual service plan or service plan** (*written plan of action to meet a resident's needs)*, **juvenile correctional**	The *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code* instructs that all definitions be placed at the beginning of the regulation as the first numbered section. The following terms defined in other sections of the regulation were moved to § 10 and were revised slightly for style: **aversive stimuli** (550 –*forces applied to a resident that are harmful or noxious*); **behavior management** (745 –*principles to help residents achieve positive behavior and to address inappropriate behaviors*); **human research** (130 – *systematic investigation utilizing human subjects*); **legal mail** (560 – *written communication from a designated class of individuals*); **medication incident** (1070 – *error in administering medication to a resident*); **physical restraint** (1130 –*behavior intervention techniques that prevent an individual from moving*); **rest day** (820 – *a minimum 24-hour period when direct care staff have no duties related to JCC operation*); **sick call** (1040– *evaluation and treatment of a resident in a clinical setting*); **timeout** (*1120 – behavior management technique where resident moved away from*

		center, **JCC, or facility** (*facility operated by or under contract with DJJ where care is provided to residents)*, **living unit** (*space for group of juvenile residents to reside)*, **on duty** *(period during which staff are responsible for directly supervising residents)*, **premises** (*tract of land and buildings)*, **Reception and Diagnostic Center or RDC** (*intake and evaluation JCC)*, **resident** (*individual committed to DJJ and residing in a JCC)*, **rules of conduct** (*list of JCC's rules or regulations)*, **superintendent** (*individual with responsibility for JCC on-site management)*, **volunteer or intern** (*individual or group providing goods and services voluntarily)*, and **written** (*communicated in hard copy or electronic writing*). Various other definitions are scattered throughout this chapter.	*source of reinforcement to address problematic behavior*); and **vulnerable population** (555 – *resident assessed reasonably likely to be exposed to the possibility of attack*). Substantive revisions were made to the following existing terms: **Case record** – removed reference to "electronic," which is contemplated in the definition of written. **Direct care staff –**replaced term with direct care employee and *expanded the term to include certain security employees who fill in for direct care staff on a primary or as-needed basis. **Direct supervision**—revised to describe the instances during which direct supervision staff are not in close proximity and do not have direct, continuous visual observation of or the ability to hear sounds or words spoken by the resident. The proposal moves the specific direct supervision duties to the definition for the new term, "direct supervision employee." -**Health care record** –amended to encompass the gamut of documentation of health-care related services provided to a resident (e.g., medical, dental, orthodontic, and mental health). -***Health-trained personnel** – modified consistent with the definition used in the ACA standards. -**Human research** – revised to comply with the December 2016 and April 2021 revisions to Chapter 170. -**Individual service plan** -- moved several elements to the individual service plan provision in § 790. -**Legal mail** - *revised to add the department and the regulatory authority as members of the designated class of correspondents. -**Living unit** – term replaced with housing unit. Definition retained. -**Mechanical restraint** –expanded to provide a list of examples of mechanical restraints in addition to defining the term. -**On duty** – removed reference to direct supervision in this definition as

			that terminology suggests that direct care staff could never be "on duty." **Premises** - clarifies that the premises of a JCC include only the tracts of land **within the secure perimeter,** thereby excluding buildings on the JCC campus outside the secure perimeter. -**Reception and Diagnostic Center** – removed term and definition, as this JCC is now closed. -**Rest day** –*expanded to exclude duties related to JCC or DJJ employment. -***Timeout** –revised to cap the timeout period at 60 minutes consistent with the ACA standards. -***Volunteer or intern** – revised to provide that volunteers and interns are under the direction and authority of the JCC, consistent with a similar change made in the Regulations Governing Juvenile Secure Detention Centers in 6VAC35-101 (Chapter 101). **Vulnerable population** - revised to clarify that the vulnerability determination is made by JCC staff. Additionally, the following definitions for undefined terms used throughout the existing regulation were added: **active supervision/ actively supervise** *(direct care employee actively patrols and conducts checks at least once every 15 minutes)*; **assistant superintendent** (*individual who assists superintendent in JCC regularly)*; **contractor** (*individual who has contracted to provide services to a JCC)*; **direct supervision employee** (*non-security staff authorized to directly supervise residents*); **disciplinary room** confinement (*placement in room confinement as a sanction for a rule violation after disciplinary process applied*); **gender identity** (*internal sense of being male or female)*; **grievance** (*resident communication reporting a condition that presents hardship or harm to a resident)*; **housing unit** (*replaced term, "living unit")*; **immediate family member** (*parent or legal guardian, step-parent, grandparent, spouse, child, sibling, or step-sibling*); **JCC administration/facility**

			administration (*the JCC superintendent or superintendent's designee*); **lockdown** (*restriction of residents to their housing unit or other area to relieve tension, conduct facility search, or respond to imminent threats or other unexpected circumstances);* **mechanical restraint chair** (*approved chair used to restrict movement or voluntary functioning of an individual's body to control their physical activities while seated*); **medical record** (*replaced, "health care record," as originally defined);* **mental health clinician** (*clinician licensed to provide certain clinical counseling services. or license-eligible clinician supervised by a licensed mental health clinician);* **natural support** (*DJJ-approved pro-social relationship that enhances the resident's life and is expected to provide post-release support)*; **protective device** (*approved device placed on part of a resident's body to protect the resident or staff from injury)*; **room confinement** *(involuntary placement of resident in room excluding timeouts, or confinement during sleeping hours, resident showers, facility counts, shift changes, and lockdowns);* **security employee** (*staff responsible for maintaining the safety, care, and well-being of residents and the safety and security of the facility*); **sexual abuse** (*nonconsensual sexual contact by a resident or staff);* **sexual misconduct** (*sexual conduct or act by a resident either individually, with another resident, or directed towards staff*); and **spit guard** (*protective device designed to prevent the spread of communicable diseases from spitting or biting).* The proposal removes the term "boot camp" from the definitions, as explained in the summary of §§ 1230-1270. -*Additionally, provisions contained in these definitions that improperly incorporated the department's procedures by reference are stricken. For additional information, see the summary to § 30.

			-Finally, minor nonsubstantive edits were made to the following definitions: board, contraband, emergency, health care services, juvenile correctional center, resident, rules of conduct, superintendent, and written. These changes are intended to clarify terms used throughout the regulation.
N/A	15	The existing regulation does not include a section addressing the types of programs that are and are not subject to this chapter.	**Applicability**: The proposal adds a new § 15 that provides that the chapter applies to state-operated JCCs and privately operated JCCs governed by the Juvenile Corrections Private Management Act. The new section expressly exempts from this chapter locally, regionally, or privately operated alternative direct care programs, such as CPPs and detention reentry programs. This is a clarification that will have no additional impact.
20	N/A	**Previous regulations terminated**: This section outlines the regulatory chapters that were replaced when the department last revised the JCC regulations in January 2014.	These chapters were part of a previous regulatory iteration and reference to them is now obsolete. The proposal is not expected to impact facility operations, residents, or staff.
30	N/A	**Certification**: Subsection A requires the JCC to maintain a current certification showing compliance with the certification regulations (6VAC35-20). Subsection B requires the JCC to demonstrate compliance with this chapter, other applicable board regulations, and applicable statutes and regulations, as interpreted by the compliance measures approved according to board regulations or DJJ procedures.	(A) - Various provisions throughout this chapter impose a requirement on the JCC itself rather than the individual or entity responsible for carrying out the requirements. Because a JCC is an entity and not a person, the department has recommended replacing each of these references with “the JCC administration.” This and similar nonsubstantive changes made throughout the chapter will have no additional impact. (A and B) - The proposal amends these provisions to clarify that the duties of maintaining certification and proving compliance rest with the JCC administration rather than the JCC, as explained above. (B) - *The proposal removes the directive that JCCs comply with the assessment and compliance measures approved in accordance with board regulations **or DJJ procedures**. The existing regulation contains multiple provisions directing compliance with facility procedures. It is the department’s understanding that each of these provisions is an example of an

			improper incorporation by reference in violation of 1VAC7-10-140, which precludes agencies from incorporating into a regulatory provision by reference a document or procedure established by that agency. The department is free to continue issuing these procedural documents as standalone requirements, but reference to the procedure as a way of incorporating the procedure's requirements into the regulation is not permitted. This and similar changes made throughout the chapter will reduce the burden placed on DJJ's Certification Team of assessing compliance with these procedural requirements.
40	N/A	**Relationship to the regulatory authority**: JCCs must provide the regulatory authority with reports and information needed to establish compliance with the regulatory chapter.	*The proposal requires that this information be submitted to the audit team leader rather than the regulatory authority, consistent with the current mandate in Chapter 20. This amendment will not impact facility operations, staff, or residents.
50	N/A	**Variances**: As set out in this section and in Chapter 20, a variance may be requested to relieve the JCC from meeting certain regulatory requirements. Subsection A gives the superintendent the authority to request the variance, as provided in the certification regulations and in accordance with written procedures.	The proposal amends the catchline to "Variances and waivers." *The proposal amends the language in subsection A to give the director or the director's designee, rather than the superintendent, the authority to request a variance. This will ensure an additional level of review and scrutiny before these requests are submitted to the board. *The proposal also specifies, as in Chapter 20, that variances may be granted only for noncritical regulatory requirements. *Additionally, the proposal removes the language in subsection A requiring compliance with procedures to address the incorporation by reference issue explained in § 30 above. (C) - *Finally, the proposal adds a new subsection that describes the director's authority to issue waivers to noncritical regulatory requirements pending the board's determination on a variance. These amendments are intended to closely mirror the language in Chapter 20 and are not expected to have an additional impact on facility operations, residents, or staff.
55	N/A	**Operational procedures**: This section currently requires	*The proposed revisions add a qualifier that these procedures be readily accessible to staff, consistent with the

		operational procedures to be accessible to all staff.	JDC regulations in Chapter 101. The department believes these procedures give staff clear guidance on how to operate within the JCCs and should be easily accessible.
60	N/A	**Serious incident reports**: (A) Within 24 hours after an incident occurs, the JCC must report the following to the director or his designee: serious illnesses, incidents, injuries, or accidents involving the injury of a resident; unpermitted absences from the facility; and other events listed in written procedures. (B) – The facility is required to report the mandatory incidents in subsection A to the parent or legal guardian and the supervising CSU or agency as soon as practicable but no later than 24 hours after the incident and in accordance with written procedures. (D) - The JCC must maintain a written report of these events that includes, among other information, the name or identifying information of the person to whom the report was made, including any law enforcement or CPS personnel.	The proposal modifies the catchline to "Incident reports" to provide a more generalized catchline. (A), (B) - *The proposal removes the improper reference to written procedures in subsection A and replaces it with language in a new subsection E directing DJJ to establish written procedures to address reportable serious incidents, the process for notifying the applicable parties, and the steps for completing and submitting the required report. *The proposal also removes the requirement in subsection A that "all other situations mandated by procedures" be subject to the incident reporting requirements, and the language in subsection B requiring the incident notification made to the parents, legal guardian, CSU, or other agency comply with written procedures. These changes resolve any incorporation by reference concerns, as explained in the § 30 summary. *Additionally, the proposal adds to the list of incidents subject to the reporting requirements in subsection A all mechanical restraint chair use, regardless of the duration or purpose. Under DJJ's current reporting structure, some mechanical restraint use is not subject to the department's serious incident reporting requirements. While the Bon Air JCC has not used the mobile restraint chair since 2015, this change will ensure that if JCC staff elect to resume such use, these incidents will be documented sufficiently for DJJ and board monitoring. In these cases, the proposal will impose additional reporting requirements on staff and may impact operational resources. (D) - *The proposal removes the requirement that the incident report include the name or identifying information of the report recipient and instead allows staff to identify the law enforcement agency or local

			department of social services that received the report. This eliminates the unnecessary burden of obtaining the name of the report's recipient, particularly when the calls will be routed to a local social service division. The proposal makes additional, nonsubstantive changes that will have no operational impact.
70	N/A	**Suspected child abuse or neglect**: (A) - When staff reasonably suspect a resident is being abused or neglected, the matter shall be reported to the local department of social services in accordance with state law and DJJ's written procedures. (B) - A child abuse or neglect incident occurring at a JCC, during a JCC-sponsored event, or involving JCC staff must be reported to the CSU and others within 24 hours and in accordance with DJJ's written procedures. (C) – If a suspicion of child abuse or neglect is reported to CPS, staff shall maintain a record at the facility containing, among other information, the name or identifying information of the person to whom the report was made at the local CPS unit.	(A) - *The proposal expands the entities to which suspected child abuse or neglect cases may be reported to include the state DSS' toll-free child abuse and neglect hotline. Conforming changes are made to subsection C. These changes are consistent with current law and will have no impact. (B) - The proposal clarifies that the report must be made to the supervising CSU. This clarification will help JCCs comply with the regulation. *The proposal also removes the two provisions in subsections (B) and (C) directing that the reports be made to the applicable parties in accordance with written procedures. This change resolves the potential incorporation by reference issue explained in the § 30 summary. (C) - For consistency, the proposal replaces the reference to the CPS unit with the department of social services. These changes are not expected to impact operations, residents, or staff.
75	N/A	**Reporting criminal activity**: (A) - JCC staff must report all known resident or staff criminal activity to the superintendent or designee. (B) - Upon receiving this information, the superintendent must notify the proper persons or agencies, including applicable law enforcement or CPS agencies, and must cooperate with the investigation. The notification shall accord with written procedures. (C) – The JCC shall assist and cooperate with the investigation of such complaints and allegations as necessary.	(A) - *The proposal clarifies that the reporting obligation refers to all criminal activity alleged to have been committed by residents or staff and that the reporting shall be made to the superintendent or the superintendent's designee. (B) -The proposal clarifies that either the superintendent or the superintendent's designee must notify the appropriate persons, including the local DSS's division of CPS. These changes are intended to provide clarity and consistency with the reporting requirements elsewhere in this chapter. *The proposal also removes the requirement that the notification accord with procedures to resolve the improper incorporation by reference issue explained in the § 30 summary.

			(C) – The proposal clarifies that the JCC's cooperation with investigations is subject to restrictions in federal and state law. The proposal clarifies that the duty to cooperate falls on the JCC superintendent and other applicable staff rather than the JCC, as explained in the § 30 summary. The proposal makes additional technical changes that will have no additional impact.
80	N/A	**Grievance procedure**: (A) - The superintendent or designee shall ensure the JCC's compliance with the department's grievance procedure. The grievance procedure must, among other requirements, provide for: (7) immediate review of emergency grievances posing an immediate risk of harm to a resident, with resolution no later than eight hours after the initial review. (B) – Residents' orientation to the grievance procedure must be provided in an age **or** developmentally appropriate manner. (C) - The procedure must be posted in an area that is: ii) accessible to residents, and iii) easily accessible to parents and legal guardians.	(A) - *The proposal strikes the language directing compliance with DJJ's procedure, instead requiring DJJ to have a grievance procedure in place that includes certain specified information. This change resolves the incorporation by reference issue explained in the § 30 summary. (A)(7) - *The proposal adds language requiring all non-emergency grievances be reviewed and resolved as soon as practicable but no later than 30 business days after receipt of the grievance. This new 30-day cap is intended to address the disability Law Center of Virginia's concern that the current regulations do not impose a deadline for resolving non-emergency grievances and may result in unnecessary delays in conducting such reviews. *The proposal treats these grievances as resolved once addressed or corrected by designated facility staff or other department staff responsible for various tasks associated with grievances or once referred to an external organizational unit. DJJ expects this change to decrease the number of days taken to resolve non-emergency grievances. (B) – *The proposal changes the conjunction to "and" to indicate that the orientation should be age appropriate **and** developmentally appropriate. As staff already meet this requirement, the change will have no additional impact. *(C) - The proposal replaces the language requiring posting of the grievance procedure in an area easily accessible to parents and legal guardians with language requiring it be **available** in an area easily accessible to those individuals. This change gives staff the flexibility to determine how to disseminate information when the

			parties are in an area where information cannot be posted. Finally, the proposal makes additional nonsubstantive changes that are not expected to impact facility operations.
90	N/A	**Resident advisory committee**: Every JCC, except the RDC, must have a resident advisory committee consisting of residents that meets monthly with the superintendent or designee to raise issues on behalf of residents and to have input into planning, problem-solving, and decision-making in the residential program.	**Resident Committee** – Though earlier versions of this proposal sought to memorialize the department's former Student Government Association and its organizational documents, the department has since determined that detailed references to the SGA and a mandate to comply with its organizational documents run counter to the rule that regulations be necessary to protect public health, safety, and welfare. As such, updated proposed amendments remove any suggested language specifically addressing the SGA, and instead, retain most of the existing requirements for the resident advisory committee. The proposal strikes the reference to the shuttered RDC, as well as the language allowing the superintendent's designee to satisfy the requirement for monthly meetings with the committee. The updated proposal also grants an exception to the proposed requirement that the JCC provide opportunities for the committee to meet as a body and with resident representatives, in instances in which the JCC administration determines such meetings would threaten facility safety or security. These changes have been implemented in the facility and will have no additional operational impact.
100	N/A	**Administration and organization**.	The proposal makes minor edits for style purposes.
110	N/A	**Organizational communications**: (B) - The superintendent, assistant superintendent, chief of security, treatment program supervisor, or counseling supervisor, if designated by the superintendent, must visit the living units and activity areas in the JCC at least weekly to encourage contact with employees and residents and for informal observation of the facility's conditions.	(B) - *The proposal eliminates references to the chief of security, treatment program supervisor, and counseling supervisor positions, which no longer exist. *In addition, it changes the duties of the assistant superintendent by requiring that position and the community manager assigned to each housing unit to regularly and frequently visit each housing unit under their jurisdiction. *Rather than imposing this directive outright, the proposal requires the JCC administration to establish written

			procedures that mandate and establish rules for these visits. This change will ensure that procedures are in place to address these facility visits. By removing the regulatory requirement for such visits, however, the proposal will reduce the regulatory burden on the assistant superintendent currently required to make such visits. The proposal makes additional nonsubstantive changes that will have no impact.
120	N/A	**Community relationships**: Among its requirements, the JCC shall designate a community liaison and, if appropriate, an advisory committee to connect the facility and the community.	The proposal replaces the JCC with the JCC administration, as explained in the § 30 summary. The proposal makes minor additional edits for clarification and style purposes.
130	N/A	**Participation of residents in human research**: Currently, JCCs are prohibited from using residents as subjects of human research except as authorized in Chapter 170, which governs human research requests. The definition for human research is contained in this section.	The proposal adds the official title for the regulation governing human research in Chapter 170 and moves the definition of "human research" to § 10. These non-substantive revisions will not impact JCC operations, residents, or staff.
140	N/A	**Background checks**: (A) – Employees in a JCC and contractors who directly serve residents and will be alone with residents in a JCC must undergo a series of background checks in accordance with § 63.2-1726 of the Code of Virginia, including a fingerprint check. (B) - Employees may be hired pending the fingerprint results provided all other applicable components **of subsection B** are complete but may work with residents only when directly supervised by staff with completed background checks.	(A) - The proposal makes a technical change to remove the reference to § 63.2-1726 in subsection A because that Code section does not impose background check requirements on juvenile correctional centers. Because the underlying background check mandate remains in place, this change will have no additional impact. (B) - *The proposal modifies the language to allow hiring of JCC employees pending the fingerprint check results, provided all other applicable components of **subsection A** are satisfied (i.e., *reference check, criminal history record check, FBI and State Police fingerprint checks, CPS central registry checks, and a driving record check, if applicable to the individual's job duties)*. This change corrects a drafting error and ensures that employees hired under the fingerprint exception have undergone all other required background checks. Historically, DJJ has interpreted this provision consistently with the proposed language; therefore, this change will have no additional impact.

			*The proposal clarifies that when employees exercise the option to begin work pending the fingerprint results, they may work only with residents who are under the direct or active supervision of staff whose background checks have been completed. Currently, the regulation does not contemplate the scenario where an employee who uses this fingerprint exception is with a resident actively or directly supervised by a direct care employee. Finally, the proposal makes minor nonsubstantive changes, none of which will impact operations.
150	N/A	**Required initial orientation**: (A) - All employees must receive a basic orientation on eight general topics before the expiration of their seventh workday, including the basic objectives of the program. (B) - All direct care staff shall receive basic orientation on the facility's philosophy and services, the behavior management program, behavior intervention procedures, residents' rules of conduct, resident disciplinary and grievance procedures, child abuse and neglect, standard precautions, and documentation requirements. (C) - The current subsection C cross references 6VAC35-71-240 for volunteer orientation requirements.	(A) - The proposal clarifies that the orientation required before expiration of the seventh workday includes the basic tenets of the behavior management program. This clarifying amendment ensures that every employee is oriented to the department's current behavior management program. (B) - *The proposal removes the orientation requirements for direct care employees in subsection B, as these topics are required training topics under 6VAC35-71-160. (New B) - The proposal clarifies that § 240 addresses orientation requirements for volunteers and interns. (New C) – The proposal adds a new subsection C requiring that contractors be oriented on the expectations of working within a secure environment rather than mandating training to perform their position responsibilities in a correctional setting, as required under current § 160. These revisions will ensure that all employees are acclimated to the behavior management program, remove any duplicative orientation requirements on direct care employees, and ensure that contractors receive the information needed to carry out their duties as appropriate to the setting.
160	N/A	**Required initial training**: (A) JCC employees must complete initial training that is based on the JCC population's needs and ensures the individual builds competencies to perform their	(A) *The proposal removes the requirement that the initial training be based on the population's needs and intended to give employees the competencies to perform their duties. Instead, the proposal mandates that

		duties. Contractors must receive training to perform their duties in a correctional setting. (B) Direct care staff and direct supervision staff (e.g., teachers, therapists, etc.) must complete at least 120 hours of training in the following 16 enumerated topics before assuming direct supervision responsibilities: (1) emergency preparedness; (2) first aid and CPR; (3) the behavior management program; (4) rules of conduct; (5) behavior interventions and restraint training, if applicable to their duties; (6) child abuse/neglect; (7) mandatory reporting; (8) maintaining appropriate relationships; (9) appropriate staff and resident interactions; (10) suicide prevention; (11) resident rights; (12) standard precautions; (13) signs and symptoms; (14) adolescent development; (15) rules applicable to the position; and (16) other required topics. (E) - Employees providing medical services are not required to fulfill a specified number of initial training hours but must receive training in tuberculosis control. Confirmation of licensure for contract employees satisfies the requirements for training.	all employees receive agency-approved training. This will give DJJ's training unit the authority to determine the appropriate level and type of training for each individual position. *The proposal strikes the provision requiring contractor training, as the proposed orientation provisions address contractors. (B) *The proposal adds security employees to the list of employees that must receive 120 hours of initial training in the 16 enumerated topics. At the inception of the proposed amendments, security employees were the staff required to maintain facility and resident safety and security but did not meet the definition of "direct care staff" because they were not responsible for implementing the program of care or the behavior management program. Nevertheless, because of their duties and interaction with residents, DJJ required all such staff to complete the same training as direct care staff. Therefore, this change will have no additional impact on facility operations. The proposal also removes direct supervision staff from the requirements of this subsection. (B)(3) - *The proposal also establishes the information that must be covered as part of the training on DJJ's behavior management program, which shall include (i) the components and basic principles of the program; (ii) the main tenets of DJJ's graduated incentive system; and (iii) the tools available to address noncompliance. (B)(4) - * The proposal adds, as a required training topic regarding the residents' rule of conduct, training on the disciplinary process in accordance with § 1110. (B)(5) - *The proposal also adds as a required training topic for staff whose duties involve the use of such items, training on using protective devices and mechanical restraint chairs. (New C) - *The proposal modifies the training requirements for direct supervision employees by mandating that they complete an initial 80 hours of agency-approved training before

			taking on their direct supervision responsibilities and the remaining 40 hours before the end of their first year of employment. This change addresses the logistical challenges associated with scheduling training for teachers and other staff who work directly with residents and have rolling start dates in the facilities. The board has had a variance in place for several years allowing new direct supervision staff to receive 40 of their required 120 hours of training prior to assuming their responsibilities and the remaining 80 hours before the end of their first year. The proposal will require that DJJ make additional changes to ensure direct supervision staff can accomplish the additional 40 hours before assuming their responsibilities. (New D) - *The proposal mandates that, in addition to training in tuberculosis control as required under the current subsection E, employees providing medical services receive 40 hours of agency-approved training inclusive of each of the topics required for direct care and direct supervision staff, with the exception of first aid and CPR, recognition of signs and symptoms, behavior management, residents' rules of conduct; and the department's behavior interventions. Medical providers must receive the remaining 80 hours of training before the end of their first year of employment. (I) - *The proposal adds a new subsection requiring that DJJ's written procedures delineate which positions fall under which categories for training purposes. These modifications are intended to ensure that staff receive the appropriate levels of training needed to maintain facility safety and security. The proposal makes additional stylistic changes that will have no impact.
170	N/A	**Retraining**: (A1) – Direct care and direct supervision staff must receive 40 hours of annual training. (A4) – Contractors shall receive the retraining needed to perform	The proposal changes the requirements related to retraining to reflect many of the changes to the required initial training section. (A1) - The proposal expands the existing requirement to receive 40 hours of annual retraining to include

		their responsibilities in the correctional environment. (C) - Direct care staff and employees providing direct supervision of residents must receive 40 hours of annual training in the following topics: (1) suicide prevention; (2) appropriate professional relationships; (3) appropriate interaction among staff and residents; (4) child abuse and neglect; (5) mandatory reporting; (6) residents' rights (7) standard precautions; (8) behavior management techniques; and (9) other topics. (D) – Such staff also shall receive training sufficient to maintain CPR certification. (E) - Employees administering medication must receive annual training on medication administration.	medical service providers and security staff. (A4) – The proposal strikes the subsection requiring contractors to receive retraining. Under the proposed § 150, contractors will need a basic orientation regarding the facility rather than formal training. (D) - The proposal specifies that employees providing medical services are not required to receive retraining in DJJ's behavior management program, given that the behavior management program is unrelated to the provision of medical services. (New E) - The proposal adds security and direct supervision employees to the list of individuals who must receive retraining to maintain a current certification in first aid and CPR. The proposal clarifies that the required training for employees who administer medication shall, at a minimum, include a review of the components required in the regulatory provision addressing medication (§1070). Finally, the proposal prohibits staff who have failed to timely complete their retraining requirements from having direct supervision responsibilities, as well as direct care responsibilities, pending completion of the retraining requirements.
180	N/A	**Code of ethics**: Currently, a written set of rules describing acceptable standards of conduct for employees shall be available to all employees.	The proposal clarifies that the obligation to make this information available rests with the facility administrator, as explained in the § 30 summary. The proposal makes minor additional changes for style, which will have no impact on facility operations.
185		**Employee tuberculosis screening and follow-up**: (A) – By their start dates and annually, JCC employees must submit a tuberculosis screening or assessment no older than 30 days. (C) - An employee who encounters infectious tuberculosis or develops chronic respiratory symptoms for a three-week period must undergo a subsequent tuberculosis screening.	(A) – (D) - *The proposal expands the existing tuberculosis screening requirements, as well as the prohibition against returning to work or having contact with residents to contractors who regularly provide services directly to residents. DJJ believes these contractors may be just as susceptible to contracting and spreading communicable tuberculosis as other employees and should be subject to the same requirements. The proposal seeks to prevent the spread of disease among staff and residents in JCCs by expanding the categories of individuals

		(D) - An employee suspected of having communicable tuberculosis may not return to work or have contact with residents or staff until cleared by a physician or health-trained personnel.	subject to this requirement. The proposal will subject such contractors or DJJ to the additional expense associated with these screenings and assessments. (D) - *The proposal permits licensed medical providers to sign off on staff suspected of having tuberculosis returning to work. The proposal clarifies that when physicians sign off, they must be licensed to make this determination. The proposal makes additional nonsubstantive changes that will have no operational impact.
N/A	215	N/A	**Physical or mental health of personnel**: *The proposal adds a new section mandating that employees or contractors with medical or other issues that significantly risk substantial harm to the health and safety of individuals in the facility or who are unable to perform their job-related functions be removed from resident supervision duties. The proposal authorizes a mandatory health evaluation before the individual may resume supervision responsibilities. This proposal will ensure that staff responsible for supervising residents are mentally and physically capable of performing essential job-related supervisory functions. The measure is consistent with DJJ's current practices; and will impose no additional burden on facility operations.
220	N/A	**Selection and duties of volunteers and interns**: (A) - When JCCs use volunteers or interns, they are required to implement written procedures governing the use of these individuals. (D) - Volunteers and interns may not be responsible for the duties of direct care staff. Under § 10 of the regulations, direct care staff are responsible for maintaining the safety of residents, implementing the behavior management program, and maintaining facility security.	(A) -*The proposal amends this subsection to require JCCs using volunteers or interns to have procedures in place, rather than requiring the facility to implement procedures. It is the department's understanding that mandating the implementation of procedures is akin to requiring compliance with the procedures, which violates the incorporation by reference issue explained in the § 30 summary. (D) - *The proposal expands the list of duties that volunteers and interns are prohibited from assuming to include direct supervision duties. Direct supervision staff provide services to residents outside the presence of direct care staff and may be alone with residents for temporary periods.

			Volunteers and interns are not subject to the same rigorous training requirements as staff in the JCC. Therefore, to promote safety, they should not have direct supervision responsibilities, nor should they be allowed to be alone with residents. This change reflects current practices in the JCC and will have no additional impact. The proposal makes other nonsubstantive changes of no impact.
230	N/A	**Volunteer and intern background checks**: (A) - Regular volunteers or interns in a JCC who will be alone with a resident in performing their duties must undergo a background check, including a reference check, criminal history record check, fingerprint check with the Virginia State Police and FBI, central registry check with CPS, and a driving record check if applicable to their duties.	The proposal makes a minor change to the catchline for style purposes. (A) – *The proposal removes the requirement that the volunteer or intern be alone with the resident in order to have to undergo the requisite background checks. DJJ does not support leaving volunteers and interns alone with residents and does not engage in this practice. The modified language requires background checks for all volunteers or interns who regularly provide such services in a JCC and therefore, may result in increased costs to DJJ to carry out these requirements. (C) - *The proposal also removes the requirement that JCCs that use volunteers or interns must implement written procedures. Instead, the proposal requires such JCCs to have procedures in place, so as not to run afoul of the incorporation by reference issue discussed in the summary to § 30. The proposal makes additional edits that will have no impact.
240	N/A	**Volunteer and intern orientation and training**: Currently, individuals who volunteer regularly or are interns in a JCC and will be alone with the resident or are the designated leader for a group of volunteers must receive a basic orientation on eight topics regarding the JCC.	The proposal removes the precondition that the volunteer or intern must be alone with the resident to trigger the orientation requirement. DJJ does not support leaving volunteers and interns alone with residents. The proposal also expands the orientation requirement to include individuals who volunteer and have contact with residents. These changes may result in additional costs to DJJ to ensure these volunteers and interns are sufficiently oriented. The proposal makes additional stylistic changes that will have no impact.
260	N/A	**Maintenance of records**: (A) - A separate written or automated case record shall be maintained for each resident.	(A) - The proposal removes the reference to automated case records as unnecessary. Section 10 defines "written" to include electronic records,

		(B) - Separate health care records, including behavioral health records, shall be maintained for each resident in accordance with § 1020 and applicable statutes and regulations. (C) - Case records and medical records shall be kept current and uniform, in accordance with procedures. (D) - Procedures for managing residents' written records shall address confidentiality, accessibility, security, and record retention pertaining to residents and certain specific subcategories of such information.	which encompasses automatic records. This change will have no operational impact. (C and D) - *The proposal removes the requirement in subsection C that case and medical records be kept current and uniform, in accordance with procedures, and adds language in subsection D requiring DJJ to have procedures in place for maintaining and managing case records in JCCs. These amendments avoid violating the incorporation by reference rule explained in the § 30 summary and give DJJ the authority to determine how case records should be maintained in its procedures. The proposal makes additional technical changes that will have no impact.
270	N/A	**Face sheet**: (A) - At admission, staff must complete a face sheet for each resident containing certain information, including but not limited to, the resident's full name, last known residence, birth date, sex, and race. (B) - The face sheet shall be updated when changes occur and maintained in accordance with procedures.	(A) - *The proposal expands the information that must be captured on the resident's face sheet at admission to include the resident's gender identity. The purpose of this change is to provide staff with additional information regarding the resident that may help the facility make important decisions regarding staffing, monitoring, placement, and other issues. The department currently captures this information on the face sheet; therefore, this change will have no additional facility impact. (B) - *The proposal removes the requirement to maintain the face sheet in accordance with procedures. Striking this requirement resolves the incorporation by reference issue explained in the § 30 summary. The proposal makes additional edits that will have no additional impact.
280	N/A	**Buildings and inspections**: (B) - The JCC shall maintain a current copy of its annual inspection by fire prevention authorities indicating compliance with the Virginia Statewide Fire Prevention Code. If the fire prevention authorities have not inspected the facility in a timely manner, the JCC shall maintain documentation of the request to schedule the inspection. While § 10 of the existing regulation defines "annual" as "13 months	(A) - *The proposal eliminates the Virginia Department of Fire Programs' authority to define "annual" for these purposes. Additionally, the proposal strikes the use of "timely" such that if the fire prevention authorities fail to inspect the facility's buildings and equipment, the JCC will only need to maintain documentation of its request to schedule the annual inspection. While the State Fire Marshall's office may operate on a different inspection schedule, this revision ensures that the

		from the previous incident," for these inspections, annual is defined by the Virginia Department of Fire Programs, State Fire Marshall's Office. (C) - The facility shall maintain a copy showing compliance with the annual inspection.	JCC will make efforts, as needed, to schedule these inspections annually. (B and C) - The proposal also modifies subsections B and C to clarify that the requirements apply to the facility administration rather than the facility, as explained in the § 30 summary. Finally, the proposal makes minor, nonsubstantive changes that will have no additional impact.
290	N/A	**Equipment and systems inspections and maintenance**: This section imposes various requirements on the facility, including, in subdivision (A)(1), maintaining a list of all safety, emergency, and communications equipment and the schedule for inspection and testing.	The proposal clarifies that the responsibility for maintaining the list rests with the facility administration rather than the facility, as explained in the summary for § 30. The proposal makes several additional technical changes that will have no impact on facility operations.
310	N/A	**Heating and cooling systems and ventilation**: (A) - Heat must be distributed in all occupied rooms to maintain a temperature no less than 68 degrees, unless otherwise mandated by state or federal authorities. (B) - Air conditioning or mechanical ventilating systems must be provided in all resident-occupied rooms when the room temperature exceeds 80 degrees. Subsection B does not address mandates by other authorities.	(B) - *The proposal adds an exception to the requirement regarding air conditioning and ventilating systems if otherwise mandated by state or federal authorities to mirror the language in subsection (A) addressing heat distribution. This change is not expected to impact facility operations.
320	N/A	**Lighting**: (D) - JCCs must ensure that operable flashlights or battery-powered lanterns are accessible to each direct care staff on duty.	*(D) - *The proposal expands the individuals to whom these flashlights and lanterns must be accessible to include security staff in order to ensure that security staff with supervisory roles will have access to these essential items. This is consistent with DJJ's current practices. In addition, the proposal replaces all references to "staff" with "employees," to reflect the terminology in § 10. This technical change will have no additional impact.
330	N/A	**Plumbing and water supply; temperature**: Subsection C provides that hot water temperatures **should** be maintained at 100°-120° F.	*The proposal replaces "should" with "shall" to clarify that the temperatures referenced are mandatory rather than recommended. This is consistent with DJJ's current practices and will have no additional impact.
350	N/A	**Toilet facilities**: A JCC must have a specified number of toilets, hand basins, and showers/tubs per resident.	(D) - The proposal replaces the reference to living unit with "housing unit," to reflect DJJ's current terminology. This nonsubstantive

		(D) The maximum employees on duty in the living unit are counted in the calculation when there is no separate bathroom for staff	revision is not expected to impact facility operations, staff, or residents.
360	N/A	**Sleeping areas**: (A) - Male and female residents shall have separate sleeping areas. (B) - Double decker beds in JCCs established, constructed, or structurally modified after 7/1/81 shall be positioned at least five feet apart at the head, foot, and sides.	(A) - *The proposal clarifies that although the separate sleeping areas for males and females is the general requirement, facilities are authorized to make placement decisions based on a case-by-case analysis of whether a placement would ensure a resident's health and safety or present management or security problems. Adding this language enables JCCs to remain compliant with the PREA provision in §115.342(d) that an agency must consider individually whether a placement for a transgender or intersex resident in a unit for male or female residents would ensure the resident's health and safety and present management or security problems. (B) - The proposal replaces the reference to "double decker beds" with "bunk beds" and makes additional technical changes. These changes are intended to provide clarity and will have no additional impact.
400	N/A	**Smoking prohibition**: Residents may not use, possess, purchase, or distribute tobacco products. Staff and visitors may not use these products in areas of the facility or its premises where residents may see or smell the product.	*The proposal adds nicotine vapor products, alternative nicotine products, CBD oil or THC-A, and other substances prohibited by state or federal law to the list of products residents are prohibited from using, possessing, purchasing, or distributing. *The proposal expands the prohibition on use of such items to include contractors and interns, removes the qualifier prohibiting use in areas where residents may see or smell the product, and prohibits any use on the premises. These revisions are intended to ensure that the facility remains smoke-free and to prevent residents from accessing these items.
410	N/A	**Space utilization**: (A) - JCCs shall make use of their spaces by providing, among other requirements: (1 and 2) both an indoor and outdoor recreation area, with the indoor area having appropriate recreation materials; (7) a designated visiting area allowing informal communication	The proposal places the obligation to provide the required space on the JCC administration, rather than the JCC, as explained in the § 30 summary. (A)(2) - *The proposal requires JCCs to include appropriate recreation materials in their outdoor recreation areas to mirror the existing requirement for indoor recreation

		and opportunities for physical contact between residents and visitors in accordance with procedures; (8) space for administrative activities, including, as appropriate to the program, confidential conversations and the storage of records and materials; and (9) a central medical room with medical examination facilities equipped in consultation with the health authority. (C) - Spaces or areas may be used interchangeably, but such spaces shall be in functional condition for the intended purpose.	areas. This is consistent with the ACA requirements for JCC recreation programs and ensures that residents have options for outdoor activities. (A)(7) - *The proposal clarifies that the designated visiting area must allow only for opportunities for limited, monitored physical contact and removes the mandate that the area accord with procedures. This will resolve a potential incorporation by reference issue as explained in the § 30 summary. (A)(8) - *The proposal removes the unnecessary qualifier that the requirement to provide space for confidential conversations is necessary only if appropriate to the program. A resident may need to have confidential conversations with attorneys or mental health clinicians, and JCCs should ensure that these areas are available. (A)(9) - The proposal modifies the requirements regarding medical rooms by requiring that the JCC have a central medical area with medical examination rooms or other spaces designated to ensure privacy of care. The term "JCC" is synonymous with "facility," thus the existing reference to examination facilities is inconsistent with the current definition. (C) – The proposal amends the language to allow spaces to be used for multiple purposes rather than interchangeably. This nonsubstantive change seeks to simplify the provision. These changes will provide additional clarity and guidance and may increase compliance with these provisions.
420	N/A	**Kitchen operation and safety**: (A) - Each facility shall have a food service operation maintenance plan addressing certain topics. (B) - The facility shall follow procedures governing access to areas where food or utensils are stored and the inventory and control of accessible culinary equipment.	The proposal replaces all references to the "facility" in this section with "facility administration" as explained in the § 30 summary. (B) - *The proposal also amends this subsection to require the facility to have procedures in place rather than following such procedures. This change resolves the potential incorporation by reference issue, as explained in the summary to § 30. The proposal makes a minor modification to clarify that the procedures must be written, consistent with other references to procedures throughout

			the chapter. These changes will not impact facility operations.
430	N/A	**Maintenance of buildings and grounds**: (A) - Buildings and grounds shall be safe, maintained, and reasonably free of clutter and rubbish. (C) - Each JCC shall have a written plan to control pests and vermin, conditions conducive to harboring pests and vermin shall be eliminated immediately, and the facility shall document efforts to eliminate such conditions.	(A) - The proposal modifies the wording to emphasize that the JCC is responsible for maintaining the interior and exterior areas of the facility, as well as items and fixtures in the JCC, such as locks, mechanical devices, and furniture. This is a minor clarification and is not expected to have an additional impact. (C) - The proposal changes the party required to fulfill the documentation obligation from the facility to the facility administration, as explained in the § 30 summary. These changes will have no impact on facility operations.
440	N/A	**Animals on the premises**: (A) - Animals maintained on the JCC premises shall be housed a reasonable distance from sleeping, living, eating, and food preparation areas and a safe distance from water supplies.	(A) - The proposal replaces the term "housed" with "kept" and *removes the requirement that such animals be housed a reasonable distance from sleeping and living areas. This amendment will give the department greater flexibility to allow animals on the JCC premises for animal training or similar programs in the future and ensures that if animals are housed in the facility, for hygienic purposes, they are kept reasonably distant from eating and food preparation areas. To the extent that DJJ adopts such a program, this change would impact residents and staff in the JCCs.
450	N/A	**Fire prevention plan**: The existing regulation requires each JCC to develop and implement a fire prevention plan providing an adequate fire protection service.	The proposal places this obligation on the JCC administration, rather than the JCC, as explained in the § 30 summary. This amendment is not expected to impact facility operations.
460	N/A	**Emergency evacuation procedures**: (A)(4)(j) - JCCs must have written emergency response procedures for restoring services during or after emergencies that address providing a planned, personalized means of effective egress for residents who use wheelchairs and other mechanical devices. (B) - All employees shall be trained to implement the emergency preparedness plan and evacuation procedures, including evacuation of residents with special needs.	(A)(4)(j) - *The proposal expands the language to require that the egress plan consider not only residents who use mechanical devices, but also visitors, volunteers, interns, staff, or others in the facility that may have other special needs. The proposal also replaces the references to "egress" with "evacuation," consistent with the catchline. (B) - The proposal cross references the required initial and retraining requirements in §§ 160 and 170 and explains that the training regarding evacuation procedures must address individuals who require special

		(C) - Contractors and volunteers shall receive an orientation regarding their duties in implementing the evacuation plan. (D) - The JCC shall document its review of the emergency plan and make annual revisions, as necessary; communicate the changes to employees, contractors, volunteers, and interns; and incorporate the changes into training for these individuals, as well as into resident orientation. (F) - The facility, when encountering an emergency or condition that may threaten a resident's health, safety, and welfare, first shall respond and stabilize the emergency, and once stabilized, shall report the emergency to the parent or legal guardian, the director or the director's designee, and the board as soon as possible, but no later than 72 hours after stabilizing the incident. (H) - Staff shall communicate the resident's duties regarding these evacuation procedures to all residents within seven days after admission or a substantive change in the procedures. (I and J) - The JCC shall conduct evacuation drills monthly and maintain a record for each drill that identifies the date and time of the drill and other specified information. Finally, subsections D, E, F, I, and K impose certain requirements on the "facility" or the "JCC" related to documentation, taking action, responding, reporting, conducting drills, and designating employees.	accommodations to conform to other changes to this section. (C) - *The proposal expands the pool of staff who must be oriented to evacuation procedures to include interns. This mirrors the existing requirements for contractors and volunteers, is consistent with DJJ's current practices, and is not expected to impact facility operations. (D) - *The proposal adds residents to the list of individuals to whom the annual revisions must be communicated to ensure that all residents are aware of changes to the evacuation plan. (F) - *The proposal directs the information required in subsection F be reported to the parents or legal guardians **of all residents**, and not just those involved in or directly impacted by the emergency. This will ensure that when facility staff encounter such emergencies, all parents or legal guardians will be notified. This is consistent with DJJ's current practices and will impose no additional duties on DJJ or JCC staff. *The proposal also provides that this information shall be reported to the parent or legal guardian, director (or the director's designee), the applicable CSU, and the board, all in accordance with the incident reporting requirements imposed in § 60 of the regulation (i.e., within 24 hours of the incident's occurrence), rather than within 72 hours of stabilizing the incident. Staff may have additional responsibilities resulting from this change, but the change will ensure that the necessary parties are notified in a timely manner. (H) - The proposal also clarifies that the residents' duties in implementing the emergency and evacuation procedures shall be communicated to all residents within seven days of a substantive change in the procedures, as well as within seven days of the resident's admission. This clarifying change will have no additional impact. (J) - The proposal expands the information that must be included in the record documenting the evacuation

			drill to include: 5) the staff tasks completed and 6) the name of the staff responsible for conducting and documenting the drill. This is consistent with the current regulatory requirements for juvenile detention centers in Chapter 101. (D),(E), (F), (I), and (K) - The proposal amends these subsections to impose the specified requirements on the facility administration, JCC administration, or facility staff, as applicable, rather than on the JCC, as explained in the § 30 summary. The proposal makes additional technical changes that will have no impact.
470	N/A	**Security procedures**: JCCs must follow written security procedures related to post orders or shift duties for security posts.	*The proposal requires the JCC to have security procedures in place related to certain security issues rather than requiring the facility to follow such procedures. The change resolves the improper incorporation by reference issue explained in the § 30 summary. The proposal also adds language indicating that the procedures involving post orders or shift duties shall be available for direct care posts, as well as security posts. This change acknowledges these two separate categories and will have no impact.
480	N/A	**Searches of residents**: (A) Resident searches shall be governed by written procedures, which must provide, among other requirements, that: (1) searches of residents' persons be conducted only to maintain facility security and control contraband; and (2) - written procedures must direct that searches be conducted by personnel authorized to conduct the searches. (B) Pat-down and frisk searches must be conducted by personnel of the same sex as the resident being searched, except in emergencies. (C) Strip searches and visual inspections of body cavities must comply with written procedures and shall be performed by personnel of the same sex as the resident, in a private area, and any witness must be of the same sex as the resident.	(New A) - The proposal reorders the provisions to emphasize the importance of ensuring that all searches of residents be permitted only to maintain facility security and control contraband while protecting the dignity of the resident to the greatest extent possible. Other provisions formerly under subsection A were moved to subsection B. *The proposal also strikes the language in former subsection A directing procedures to proscribe the requirements for searches instead of imposing those same requirements outright. Removing this language will avoid violation of the incorporation by reference rule as explained in the § 30 summary. (New B) - *The proposal further restricts authorization to conduct searches to individuals who have received the required training and adds a new subdivision mandating that written procedures prohibit searches of transgender or intersex residents

		(D) - Manual and instrumental body cavity searches, excluding medical exams or procedures conducted by medical personnel for medical purposes, may be performed only upon written permission by the facility administrator or by a court order and must be conducted by a qualified medical professional, witnessed by personnel of the same sex as the resident and documented in the resident's medical file.	solely to determine their genital status. This change is consistent with language in PREA and will have no additional impact. (Former B) - *The proposal removes the PREA-conforming provision requiring searches be conducted and witnessed by personnel of certain sexes so that these requirements can be established by written procedures rather than mandated by regulation. JCC staff will continue to be subject to these requirements to fulfill the PREA mandate; therefore, this change will have no additional impact. (D) *The proposal amends the provision regarding manual and instrumental body cavity searches to require that, except in exigent circumstances that threaten the health of a resident, body cavity searches be conducted away from the JCC at a local medical facility. This amendment protects the department from potential liability that could result if department staff were to conduct these searches. DJJ's current procedures require body cavity searches to be conducted at outside medical facilities.
490	N/A	**Communications systems**: (B) - Each JCC must have a means of communicating between the control center and living units.	The proposal replaces "living unit" with "housing unit" to reflect DJJ's current nomenclature. The proposal makes additional minor nonsubstantive changes. These changes are not expected to impact facility operations.
500	N/A	**Emergency telephone numbers**: An emergency telephone number must be given to residents and the adults responsible for their care if a resident is away from the facility and not being supervised by direct care staff or law enforcement.	The proposal adds a new subsection A that requires each JCC to have an emergency telephone number where staff may be contacted 24 hours per day and seven days per week. This change is intended to clarify a practice already occurring in the facility. *The proposal requires that the emergency telephone number be provided when a resident is away from the facility and is not being supervised by security staff, in addition to direct care staff and law enforcement. This is consistent with a variance currently in place that allows security staff to transport residents outside the presence of direct care staff (see the § 540 summary below). The proposal also replaces references to direct care "staff" with direct care "employees" and security "employees"

			to reflect similar changes made in § 10 and elsewhere in this chapter. These changes will have no additional impact.
510	N/A	**Weapons**: This section prohibits firearms or other weapons on the JCC's premises **or** during JCC-related activities, unless authorized in written procedures or by the director or the director's designee. Written procedures shall govern the possession, use, and storage of weapons on the JCC premises and during JCC-related activities.	*The proposal removes the language allowing an exception from the firearms prohibition if authorized in written procedures, instead allowing an exception only when: 1) the weapon belongs to a law-enforcement officer and is either (i) secured in a locked cabinet; (ii) secured in the officer's vehicle trunk; or (iii) on the premises in response to a request for law-enforcement intervention in an emergency; or 2) if the director or director's designee authorizes it on the premises. The proposal gives the DJJ director greater discretion in permitting weapons on campus than currently authorized in DJJ's procedures. Additionally, striking the reference to procedures eliminates the potential incorporation by reference issue explained in § 30 above.
520	N/A	**Equipment inventory**: Currently, the facility shall follow written procedures governing the inventory and control of security, maintenance, recreational, and medical equipment to which residents may have access.	*The proposal replaces language mandating compliance with procedures regarding these topics with language requiring JCCs to have procedures in place on these topics. This change will resolve the incorporation by reference issue explained in the § 30 summary. The proposal also clarifies that the provision applies to facility staff rather than the facility, as described in the § 30 summary. These amendments will have no additional impact.
530	N/A	**Power equipment**: Currently, the facility shall implement safety rules for using and maintaining power equipment.	The proposal clarifies that the directive falls on JCC administration rather than the facility, as explained in the summary to § 30 above. *Additionally, the proposal requires the administration to have safety rules in place pertaining to power equipment rather than implementing such rules to resolve the potential incorporation by reference issue explained in the § 30 summary.
540	N/A	**Transportation**: (A) - The JCC shall make transportation available or make arrangements for resident transportation. (B) - JCCs shall have written safety rules for transporting	(A) - The proposal amends this subsection to impose these duties on the JCC administration rather than the JCC, as explained in the § 30 summary. (B) - *The proposal removes this subsection in its entirety as unnecessary.

		residents and for using and maintaining vehicles. (C) - Written procedures shall provide for the verification of appropriate licensure for staff who transport residents. Finally, under § 820, there must be at least one trained direct care staff on duty and actively supervising residents at all times when one or more residents are present.	(New B) - *The proposal adds language to the former subsection C requiring that, at a minimum, the written procedures direct staff responsible for transporting residents to maintain a valid driver's license; report to the facility administrator or designee any suspension, revocation, restriction, or other change in their driver's license status; and complete all related training. These changes will protect residents being transported by ensuring that the driver's license status of staff authorized to transport them is monitored routinely and transporting staff have the proper training. (New C) - *The proposal adds this new subsection requiring residents to be supervised by either security or direct care staff except when being transported by non-JCC staff. Currently, security staff have this authorization by virtue of an active variance that has been in place since 2016. The proposal will continue to allow security staff to transport residents without requiring a variance from the board. (D) - The proposal adds a new subsection to address external parties transporting a resident offsite. *In such cases, JCC staff shall provide the person with a written document identifying certain pertinent information regarding the resident's medical needs and mental health condition that may be deemed necessary for safe transportation and supervision, as well as any medication required during transport. This change ensures that outside parties responsible for transporting residents offsite are aware of any medical or mental health issues that might jeopardize the resident's safety during transport and have access to any necessary medication. Because most of this information is provided pursuant to DJJ's current practices, this change will have no additional impact.
	545	N/A	***Lockdown**: The proposal adds a new section addressing lockdowns, wherein all or a group of residents are restricted to various areas within the facility to relieve facility tensions,

			search for contraband, or respond to an imminent threat. The proposal seeks to draw a clear distinction between “room confinement” and “lockdowns,” though many of the rules for each are in harmony. The proposal establishes the following protocol for lockdowns: 1) that lockdowns require superintendent or their designee’s pre-approval, except in emergencies; 2) that the superintendent be notified as soon as practicable in emergencies necessitating a lockdown; 3) that procedures are in place for notifying administrators above the level of superintendent except where lockdowns are imposed for routine contraband searches; 4) that the administrator one level above the superintendent is notified and a plan to address the situation is developed any time a lockdown extends beyond 72 hours; and 5) that staff comply with certain protocols when lockdowns result in room confinement. These protocols shall include a) visual checks of confined residents at 15-minute intervals; b) assurance that the resident has a means of immediate communication with staff; c) an opportunity daily, for at least one hour, of large muscle exercise outside of the locked room unless the resident’s behavior is threatening or presents an imminent danger or unless otherwise justified; d) daily personal contact between the superintendent (or their designee) and the confined resident; and e) that appropriate action is taken in response to a self-injurious confined resident, followed by consultation with a mental health clinician and documentation of such consultation immediately thereafter; and that the resident is monitored in accordance with established protocols. These new regulatory requirements will help to ensure that the appropriate approvals are provided before a lockdown is ordered; lockdowns are not employed for longer than needed to address the threat or concern; and that residents are adequately monitored, have the ability to contact staff in emergencies, and are receiving sufficient daily

			exercise. Many of the proposed requirements currently are set forth in DJJ's procedures; therefore, these changes will have no additional operational impact.
550	N/A	**Prohibited actions**: JCC staff are prohibited from the following with respect to residents: (2) - Depriving residents of drinking water or necessary food unless ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record. (3) - Denying residents contact and visits with their attorneys, probation officers, the regulatory authority, a supervising agency representative, or representatives of other groups. (4) - Subjecting residents to humiliating, degrading, or abusive actions, or actions that unreasonably impinge on the residents' rights. (7) - Depriving residents of opportunities for bathing or access to toilets unless ordered by a licensed physician for a legitimate medical purpose and documented in the resident's record. (10) – Applying aversive stimuli, as defined in this section. (11) – Administering laxatives, enemas, or emetics, except on a licensed health care professional's or poison control center's orders for a legitimate medical purpose. (12) – Depriving residents of opportunities for sleep or rest unless ordered by a licensed physician for a legitimate medical purpose.	(New (A)(2) - *The proposal modifies former subdivision (2) to add licensed medical providers to the list of individuals that may order the facility to deprive a resident of drinking water or food and expands the purposes for which this deprivation may be granted to include legitimate dental purposes. *Additionally, the proposal clarifies that these orders must be documented in the resident's **medical** record. This revision ensures that this information will be retained in the proper record. (New (A)(3)) - The proposal expands the list of individuals in former subdivision (3) with whom the resident may not be denied contacts and visitation to include the resident's parole officer and their "human rights coordinator." This is consistent with current facility practices and will have no impact. (New (A)(4)) - In addition to the prohibition against humiliating actions, *the proposal prohibits JCCs from subjecting residents to retaliation for reporting humiliating, degrading, abusive, or similar actions. This amendment is consistent with the PREA mandate in § 115.333, which prohibits facilities from retaliating against residents for reporting sexual abuse. This is a current practice in the existing JCC and is not expected to have any additional impact. (New (A)(7)) - *The proposal replaces physicians with health care professionals in former subdivision (7) as the entity authorized to excuse JCCs from allowing a resident access to bathing or toilet facilities and sleep. (New A)(10)) – The proposal moves the definition of aversive stimuli to § 10. (New (A)(11)) - *The proposal adds licensed medical providers to the list of individuals and entities in former subdivision (11) authorized to order laxatives, enemas or emetics. These changes are intended to reflect the

			current accepted medical practices that allow physician assistants and nurse practitioners to make these decisions and prescribe these medications. (New (A)(12)) – *The proposal replaces the licensed physician with a health care professional as the individual authorized to deprive residents of sleep or rest for a legitimate medical purpose and expands the permissible purposes for exceptions to include legitimate dental purposes. (B) - *The proposal adds a new subsection requiring employees to be trained on the prohibited actions as required in §§ 160 and 170. This language is intended as a cross reference and will not impose additional requirements on employees. The proposal makes other minor changes, such as: i) striking, "but not limited to," consistent with the rules for regulatory construction in 1VAC7-10-30; and ii) clarifying that the record in which these exceptions must be retained are medical records.
555	N/A	**Vulnerable population**: (A) – JCC facilities must implement procedures to assess whether a resident is vulnerable to attack or harm. (C) – The term, "vulnerable population" is defined as a resident or group of residents assessed as reasonably likely to be exposed to attack or harm. The current provision includes a list of examples, such as the resident's age, size, and English proficiency.	(A) - *The proposal adds language that requires the facility to give serious consideration in making the vulnerable population assessment to the resident's own views regarding his or her safety. This is consistent with PREA and is not expected to have an additional impact. (A), (C) - The proposal moves the definition of vulnerable population in former subsection C to § 10 consistent with the Style Manual and moves the listed examples of factors that staff may consider in their vulnerability assessments to subsection A. (New C) - *The proposal adds a new subsection prohibiting JCCs from assigning LGBT or intersex residents to housing or other placements solely on the basis of that status, and from considering their statuses as indicative of a likelihood of being sexually abusive. These requirements are consistent with the PREA mandate set out in § 115.342 and will have no additional impact. Finally, the proposal clarifies that the duty to implement the

			assessment and additional precautions and make the required considerations falls on facility administration rather than the facility, as explained in the § 30 summary.
560	N/A	**Resident's mail**: (B) – Facility staff may open and inspect residents' nonlegal mail for contraband and may read, censor, or reject such mail in accordance with procedures if based on legitimate facility interests of order and security. (C) – Facility staff, if in the presence of the recipient, may open to inspect for contraband but shall not read legal mail. (D) - Staff shall not read mail addressed to parents, immediate family members, legal guardians, guardians ad litem, counsel, courts, officials of the committing authority, public officials, or grievance administrators without the court's permission or unless the director or designee reasonably believes facility security is threatened. (H) - First class letters and packages addressed to transferred or released residents must be forwarded.	(B) – The proposal strikes the provision allowing staff to read resident's nonlegal mail and shifts the discussion regarding reading residents' mail to subsections C and D. (C) - The proposal clarifies that the recipient who must be present when staff is inspecting the mail is the resident to whom the mail is addressed. The proposal also moves the definition for "legal mail" to § 10 in accordance with the Style Manual. These clarifying changes will have no additional impact. (D) *The proposal broadens the types of resident mail that staff may not read in the absence of a security threat or without court permission to include all outgoing mail, regardless of the recipient, and all incoming mail. *The proposal replaces the director or designee with the facility superintendent or designee as the individual authorized to determine facility security is threatened. (H) – The proposal clarifies that staff must forward letters and packages addressed to released or transferred residents to their last known address. These changes are consistent with DJJ's current practices and help to foster resident communications with members of the community, provided such communication does not threaten security and safety. The proposal removes the language directing staff to comply with procedures in subsections B, C, and D to resolve the incorporation by reference issue explained in the § 30 summary. The proposal makes other nonsubstantive edits with no impact.
570	N/A	**Telephone calls**: Phone calls must be permitted in accordance with written procedures that consider the need for facility security and order, the resident's behavior, and program objectives.	*The proposal removes the language requiring staff to allow residents to make phone calls in accordance with written procedures. *The proposal adds a new subsection C mandating that DJJ have written procedures in place to address resident contacts. This change resolves the improper

			incorporation by reference issue explained in the § 30 summary. The proposal adds two additional new subsections. *Subsection A mandates that residents be allowed to call family members or natural supports and gives staff flexibility to schedule such calls according to security needs and scheduled activities. This change reflects current practices and is not expected to have additional impact. Subsection B requires that resident telephone calls with their legal representatives comply with § 590. This is intended as a cross reference and will have no additional impact.
580	N/A	**Visitation**: (A) JCCs are prohibited from unreasonably restricting a resident's contacts and visits with immediate family members or legal guardians. (B) - Residents may have visitors, consistent with written procedures that take into account the need for facility security and order, the behavior of individual residents and the visitors, and the importance of helping the resident maintain strong family and community relationships. (C) - Visitation procedures must be mailed to the residents' parents or legal guardians and other applicable persons by the close of the next business day after the resident's arrival at the JCC. (D) - Finally, residents are precluded from visiting the homes of employees under the existing regulation.	To clarify the scope of the provision, the proposal amends the catchline to 'Resident Contacts and Visitation.' (A) - The proposal strikes the reference to legal guardians, which is captured in the definition of immediate family members. This nonsubstantive revision is not expected to impact facility operations. *The proposal replaces the language prohibiting unreasonable limitations on contacts and visits with immediate family with language prohibiting restrictions on such contacts and visits solely for punitive purposes. *The proposal also expands these protections to natural supports, defined in § 10. *Under the proposal, limitations are permitted if documented and based on facility security needs and the residents' and visitors' behavior. *The proposal removes the language requiring such restrictions to be implemented in accordance with written procedures. These changes render the former subsection B unnecessary; *therefore, the proposal strikes the former subsection B in its entirety. (New (B) - *The proposal strikes the requirement in former subsection C that visitation procedures be mailed to "other applicable persons," due to ambiguity and impracticability. (New C) - *The proposal adds the homes of volunteers, interns, and contractors, to the list of places residents are prohibited from visiting. This measure is intended to protect staff and residents.

590	N/A	**Contact with attorneys, courts and law enforcement**: Subsection C provides that JCCs may not compel a resident to submit to questioning by law enforcement but allows residents to submit to such questioning voluntarily. JCCs must implement written procedures for obtaining consent before such contact.	*The proposal clarifies that the resident must provide **written** consent prior to any contact with law enforcement and makes other minor edits for style purposes. The proposal makes additional nonsubstantive edits that will have no additional impact.
610	N/A	**Showers**: Currently, residents must receive opportunities to shower daily. Exceptions apply if set out in written procedures to maintain facility security or to manage maladaptive behavior when approved by the superintendent, designee, or mental health professional or when approved by the regulatory authority (board).	*The proposal modifies the exception for maintaining security or managing maladaptive behavior so that it applies if approved by a mental health clinician rather than a mental health professional. This change is consistent with the new terminology established in § 10. *The proposal removes the provision requiring the security and management exceptions be established in written procedures to resolve the incorporation by reference issue explained in the § 30 summary. *The proposal also removes the authority for board-approved exceptions. The board's current variance authority under 6VAC35-20-92 renders this provision unnecessary. Additionally, this exception would be difficult to carry out in emergencies given the board's current meeting schedule. DJJ is not aware of any instances in which the board has exercised this authority in recent years; thus, this change is not expected to have a significant impact. The added exceptions for emergencies will help ensure that when staff encounter fires, natural disasters, or other emergencies, they have the flexibility to respond as needed.
620	N/A	**Resident's modesty**: Residents must be given modesty from routine sight supervision by staff members of the opposite sex while bathing, dressing, or conducting toileting activities except in certain circumstances. This does not apply to residents with disabilities who may need assistance with these activities.	The proposal replaces all references to modesty, including the reference in the catchline, with "privacy" for style purposes. The proposal clarifies that the resident's **medical** record shall contain the justification for an exception when necessary to assist residents with disabilities. These non-substantive revisions are not expected to impact facility operations.
630	N/A	**Nutrition**: (A) - JCCs must give residents at least three nutritionally balanced meals daily (including two hot	(A) - *The proposal allows an exception to the two hot meals condition for emergencies.

		meals), and an evening snack. (B) - JCCs must provide special diets or allow alternative dietary schedules when prescribed by a physician, to observe a resident's established religious practices, to manage maladaptive behavior, or to maintain facility security, provided the special diet is approved by the superintendent, their designee, or a mental health professional. (C) - Menus of meals served shall be kept on file for at least six months. (D) - Staff eating in the presence of residents have the same meals as the residents unless a physician has prescribed a special diet for the staff or unless residents are observing established religious dietary practices. (E) - JCCs may not allow more than 15 hours to pass between the evening meal and breakfast the following day, except when the superintendent approves an extension of time during holidays and weekends, in which case, no more than 17 hours may pass between the two meals. (F) - Each JCC shall ensure that food is available to residents who, due to religious or medical reasons, need to eat breakfast before the 15 hours have expired.	(B) - *The proposal replaces references to "physician" with "licensed health care professional," to enable nurse practitioners to authorize special diets or alternative dietary schedules. *The proposal removes the provision requiring special diets and alternative schedules to manage maladaptive behavior and instead requires these diets and schedules when food or culinary equipment has been used inappropriately, resulting in a security threat. *In cases where special diets or alternative schedules are used, the proposal replaces the mental health professional with the mental health clinician as the individual authorized to approve these alternatives. This change recognizes the new terminology established in § 10 and preserves the rigorous criteria for staff in DJJ's JCCs who assess, diagnose, treat, and provide other related mental health services. This change is consistent with current DJJ practices and conforms to the ACA's general standard that juveniles and staff eat the same meals. (C) - *The proposal removes the six-month filing requirement for menus of meals served in favor of language mandating that menus be retained on file in accordance with applicable federal requirements. (D) - *The proposal replaces "physician" with "licensed health care professional" as the staff authorized to prescribe a special diet. (E) - The proposal reduces the maximum permissible period between dinner and the next day's breakfast to 14 hours and eliminates the superintendent's authority to extend that period during weekends and holidays. This change will bring the JCCs into conformity with the ACA's 14-hour cap. This is consistent with the JCC's current procedures and will have no additional operational impact. (E, F) - Finally, the proposal replaces the JCC with the JCC administration as the entity subject to the14-hour restrictions and required to ensure that food is available before the deadline for residents with documented medical

			or religious concerns. This is a nonsubstantive technical change intended to clarify the provision, as explained in the summary of § 30. The proposal makes additional technical changes, none of which will have an operational impact.
650	N/A	**Religion.**	The proposal makes a nonsubstantive technical change that will have no additional operational impact.
660	N/A	**Recreation**: (A) - JCCs must implement recreational program plans that, among other requirements, are scheduled so that activities do not conflict with meals, religious services, or educational programs.	(A) - The proposal clarifies that this responsibility rests with the JCC administration rather than each JCC, as explained in the § 30 summary. *The proposal also adds new language mandating that the recreational plans be developed and supervised by a person trained in recreation or a similar field. This change is consistent with how DJJ currently interprets this provision and will have no additional impact. The proposal also removes the vague directive that activities be scheduled so as not to conflict with "other regular events." The proposal makes other nonsubstantive edits that will have no additional impact.
670	N/A	**Residents' funds**. A resident's personal funds may be used only for residents' activities, services or goods for their benefit; to pay court-ordered fines, restitution, costs or support; or to pay restitution for damaged property or personal injury as determined by disciplinary procedures.	The proposal strikes the specific reference to residents' activities, services, or goods in favor of language requiring the funds be used for the resident's benefit, without specifying the permissible funded activities. *The proposal limits restitution for property damage or injury only to such damage or injury stemming from an incident occurring at the JCC. *The proposal also removes the reference to procedures and directs these decisions to be made in accordance with the § 1110 disciplinary process. This resolves the improper incorporation by reference issue explained in the summary to § 30 above. The proposal also makes minor modifications for style purposes. These changes seek to clarify existing requirements and will have no additional impact.
680	N/A	**Admission and orientation**: (B) – Residents shall receive an orientation on the behavior management program, and during such orientation, must receive information describing rules of conduct, sanctions for	(B) - *The proposal gives staff the discretion to provide noncompliant residents or those displaying maladaptive behavior with at least one opportunity to view the written information in lieu of providing the resident with a copy, and in such

		rule violations, and the disciplinary process. (B)(1)(b) - If the resident has a language or literacy problem that may create confusion about the rules of conduct and related regulations, staff or a qualified person must assist the resident.	cases, directs staff to provide the resident the written copy upon demonstrating compliance with the rules. This change acknowledges instances in which providing residents with copies could threaten security or the resident's own safety and provides staff with additional discretion in these cases. The proposal also strikes the "but not limited to" reference in this subsection, consistent with the Style Manual. This nonsubstantive change will have no operational impact. (B)(1)(b) - The proposal rearranges and modifies the language by striking the requirement that staff or a qualified person assist residents who have language or literacy problems with the rules of conduct and other related regulations. Broader language is provided in subsection C. (New C) - *The proposal adds a new subsection imposing a more general requirement that all admission and orientation information be provided to the resident in an age-appropriate and developmentally appropriate and accessible manner. (New D) - *The proposal adds a new subsection mandating that the facility administration maintain documentation verifying compliance with these orientation requirements. The proposal makes additional technical changes that will have no operational impact.
690	N/A	**Residents' personal possessions**. (A) - At admission, each JCC shall take an inventory of residents' personal possessions, which shall be documented in the residents' case records. If a resident has prohibited items, the JCC must: (1) dispose of contraband items, and (2) for nonperishable legal property, the JCC may securely store the property to return to the resident at release or shall try to return the property to the resident's parent or legal guardian. (B) - If a resident's personal property remains unclaimed six months after the JCC makes a documented attempt to return it,	(A) - The proposal replaces the reference to each JCC with the "JCC administration' as the entity responsible for inventorying the residents' possessions, as explained in the § 30 summary. (B) - The proposal adds a new subsection B that incorporates some of the language originally contained in subsection A; however, *the new provision directs the requirements to be included in written procedures rather than imposed outright. The proposal also modifies the language so that it no longer addresses contraband items. The department believes that the scope of the directive regarding contraband is narrow and intended to apply solely to illegal contraband items, and such illegal items should

		the property may be disposed of according to written procedures.	not be addressed in a regulation section involving residents' possessions. Because DJJ's current procedures also direct staff to dispose of contraband, striking this provision will have no additional impact. (New C) - *The proposal amends former subsection B to clarify that property must remain unclaimed for six months following the resident's discharge from DJJ before it may be discarded and to provide that the disposal shall accord with § 66-17 of the Code rather than procedures. *This change resolves the incorporation by reference issue explained in the summary to § 30.
700	N/A	**Classification plan**: (A) - JCCs must use an objective classification system to determine appropriate security levels, needs, and most appropriate services for each resident and for assigning the resident to a living unit according to their needs and existing resources.	(A) - *The proposal modifies this subsection to require use of the objective classification system to determine the resident's level of risk rather than their appropriate security level. DJJ utilizes an objective screening tool for determining a resident's level of risk, and that determination drives an indeterminately committed resident's length of stay and impacts other decisions around the resident's needs, services, and appropriate housing. This reflects DJJ's current practices and will have no additional impact. The proposal clarifies that the directive to use this objective classification falls on the JCC administration rather than the JCC itself, as explained in the § 30 summary. The proposal also replaces "living unit" with "housing unit." Finally, the proposal makes minor, nonsubstantive edits. These changes will have no additional impact.
710	N/A	**Resident transfer between and within JCCs**: (A)(1) – When residents are transferred between JCCs, their case records, including medical and behavioral health records, shall be transferred to the receiving facility. (B) - If a resident is transferred to a more restrictive unit, program, or facility within a JCC or between JCCs, the JCC must afford the resident due process safeguards before making the transfer.	(A) - The proposal replaces the reference to medical and behavioral health records in subdivision (A)(1) with the more general "health care record" a term that encompasses the complete record of all health care services including mental health. (B) - The proposal removes the language referencing transfers to a more restrictive **facility** within a JCC. As provided in § 10, the terms "facility" and "JCC" are synonymous. This nonsubstantive amendment is not expected to impact facility operations.

			*The proposal expands subsection B to require the due process safeguards be documented in writing and given to the resident during orientation and in cases in which reassignment or transfer is necessary. These clarifying amendments will have no additional impact on facility operations. *The proposal also distinguishes between resident reassignments (to more restrictive or different units in a JCC) and "transfers" (between JCCs) and amends the catchline to reflect this distinction. The proposal clarifies that the duties in subsection (B) fall on the JCC administration, rather than the JCC, as explained in the § 30 summary. The proposal makes additional nonsubstantive edits that will not impact operations.
720	N/A	**Release**: (A) - Residents shall be released from a JCC in accordance with written procedures. (B) – This subsection sets out the information that must be placed in the case record of indeterminately committed residents who are not released pursuant to a court order. The required information includes: 1) a discharge plan developed in accordance with written procedures, 2) documentation that the release was discussed with the parent or legal guardian, the CSU, and the resident; and 3) a comprehensive release summary completed no later than 30 days after discharge. (C) - The case record for determinately committed residents or residents discharged pursuant to a court order need include only a copy of the court order. The section uses the term "release" and "discharge" interchangeably	(A) - *The proposal strikes this subsection in its entirety. This change resolves the improper incorporation by reference issue explained in the § 30 summary. (B)(1)– *The proposal removes the mandate in former (B)(1) to include a discharge plan in the case record. The department believes this requirement is unnecessary given the section's requirement to include a discharge summary in the record. (New B and C) - *The proposal extends the requirement in former subsections (B) and (C) to include the specified list of items in the case records to all determinately committed residents and residents released pursuant to a court order. This change will ensure that the same information is captured and retained whenever residents are discharged from direct care, regardless of their commitment status. The change may result in an increase to the workload of DJJ staff. The proposal replaces references to "releases" in this section and in the catchline, with "discharge" in order to reduce confusion and to reflect the proper name for the required comprehensive summary. This change provides clarification and will not impact facility operations. The proposal makes additional nonsubstantive changes that will have no impact.

740	N/A	**Structured programming**: (A) Every JCC must implement a structured daily routine that includes **appropriate supervision**, designed to meet the resident's needs; provide protection, guidance, and supervision; ensure the delivery of program services; and meet the objectives of the resident's individual service plan.	(A) - The proposal clarifies that the duty to implement this routine rests with the facility administration rather than the facility itself, as explained in the § 30 summary. *The proposal also strikes the language requiring the structured daily routine to include appropriate supervision. This language is unnecessary given the existing requirement that the routine be designed to provide protection, guidance, and supervision. These non-substantive changes will have no additional impact.
745	N/A	**Behavior management**: (A) - Every JCC must implement a behavior management program, as defined in this subsection, which program shall be approved by the director or their designee. (B) - Written procedures governing the program, among other requirements, shall define and list techniques that are available and used and specify which staff may use which techniques.	The proposal amends the catchline to clarify that this section addresses behavior management programs. (A) – The proposal adds language indicating that the duties outlined in this section fall on the JCC administration rather than the JCC as explained in the § 30 summary. Additionally, the proposal moves the definition of behavior management to § 10 of the chapter to comply with the Style Manual. These nonsubstantive changes will have no impact. (B) - *The proposal mandates that the written procedures governing the behavior management program list and explain techniques available or used to manage behavior, including noncompliance, and removes the requirement that the procedures define these techniques. *Additionally, the proposal eliminates the directive that the written procedures specify the employees authorized to use each technique. This provision is unnecessary, and the amendment will grant DJJ the flexibility to change the parties responsible for various techniques without updating their written procedures. The proposal makes several technical changes that will have no impact on operations.
747	N/A	**Behavior support contract**: (A) - DJJ shall develop a behavior support contract that accords with written procedures for residents whose behaviors indicate a need for additional supports. (B) - Before working alone with such residents, each staff member must review and prepare	(A) - *The proposal strikes the provision mandating compliance with procedures and replaces it with a directive in the new subsection B that the facility have procedures in place addressing the circumstances for using such contracts and the means of documenting and monitoring contract implementation. This change is

		to implement the resident's support contract.	intended to resolve the improper incorporation by reference issue discussed in the § 30 summary. (B) - *The proposal narrows the category of individuals who must review and prepare to implement the contract to include only staff regularly assigned to work with a resident in a housing unit, thus excluding teachers, relief staff, and others who work with residents outside the housing unit and who may be under time constraints that make implementing the contract challenging. The proposal makes several additional nonsubstantive changes that will have no impact.
750	N/A	**Communication with court service unit staff**: Under subsection B, a resident's probation or parole officer shall be invited to participate in classification and staffing team meetings at the RDC and treatment team meetings.	*This proposal removes the reference to meetings at RDC, as that facility closed in 2015. Because the RDC no longer exists, this amendment is not expected to impact facility operations. The proposal makes additional technical changes with no impact.
760	N/A	**Communication with parents**. JCCs must provide a resident's parent or legal guardian, as appropriate and applicable, with written notice of and the opportunity to participate in classification and staffing meetings at RDC and treatment team meetings.	*The proposal removes the reference to meetings at RDC, as that facility closed in 2015. Because RDC no longer exists, this amendment is not expected to impact facility operations, residents, or staff. The proposal makes an additional technical amendment that will have no operational impact.
N/A	765	N/A	**Family Engagement**: *****The proposal adds a new section that requires the JCC administration to ensure the inclusion of immediate family members and natural supports during the resident's commitment to the department by: 1) permitting the resident telephone calls to immediate family members or natural supports in accordance with § 570, 2) ensuring arrangement of events and activities where family members will be invited, 3) ensuring a visiting area is available conducive to family visits, and 4) maximizing involvement of immediate family members and natural supports in the resident's treatment. These revisions will promote family and natural support inclusion in every facet of the resident's tenure in a JCC. The changes are consistent with DJJ's general practices; however, the

			requirement to arrange events and activities may involve additional administrative costs depending upon the scope of the event.
770	N/A	**Case management services**: (A) - The facility shall implement written procedures governing case management services and addressing certain specified topics.	(A) - *The proposal requires that there be procedures in place rather than requiring the implementation of such procedures to resolve any potential improper incorporation by reference issues and clarifies that these requirements fall on the facility administration rather than the facility. The rationale for these changes is provided in the § 30 summary. The changes will have no additional impact.
790	N/A	**Individual service plans**: (A) **-** An individual service plan must be developed for each resident, placed in their records within 30 days of their JCC arrival, and implemented immediately thereafter. Residents housed at RDC for 60 days or less are excluded from this requirement but if housed at RDC for longer than 60 days, they shall have a service plan developed at that time and implemented immediately. (B) **-** The service plan must describe in measurable terms the resident's: (B)(2) current level of functioning; and (B)(3) established goals, objectives, and strategies.	(A) - * The proposal removes the provisions in this subsection regarding residents housed at RDC, which closed in 2015. This change is not expected to impact facility operations. (B)(2) -* The proposal removes the requirement in former subdivision (B)(2) that the service plan include the resident's current level of functioning. The purpose of the service plan is to ensure a plan for services exists addressing the resident's needs. A description of the resident's current level of functioning is not necessary, given that their strengths and needs must be identified in the service plan. (New B-2) - The proposal also expands the necessary elements of the individual service plan by mandating that it describe in measurable terms the short-term and long-term goals, objectives, strategies, and time frames for reaching those goals, as well as the individuals responsible for carrying out the service plan. These requirements were pulled from the existing "individual service plan" definition; therefore, the change will have no additional impact. Finally, the proposal rearranges some of the language and makes other minor changes that will have no impact.
800	N/A	**Quarterly reports**.	The proposal makes minor modifications for style.
805	N/A	**Suicide prevention**: JCCs must have written procedures providing that JCCs have a suicide prevention and intervention program developed in consultation with a qualified	The proposal changes the individuals who must be consulted in developing the program to include only qualified medical professionals or mental health clinicians. This is intended to ensure that any mental health professional

		medical or mental health professional. Additionally, the procedures must require all direct care staff to be trained and retrained in implementing the suicide prevention program.	consulted fulfills all criteria in § 10's definition of mental health clinician. The proposal also expands the staff who must receive training and retraining in the suicide prevention program to include direct supervision staff, security staff, and staff providing medical services. This is consistent with the proposed revisions to the initial training and retraining requirements in §§ 160 and 170. The proposal adds language to clarify that retraining is needed only "as applicable," depending on the duration of staff's employment.
810	N/A	**Behavioral health services**.	The proposal makes minor modifications for style purposes.
815	N/A	**Daily log**: (A) – JCCs shall maintain a daily log in accordance with written procedures that records the significant occurrences or problems experienced by residents. (B) - Entries shall contain the entry date, name of the individual making the entry, and time of the entry.	(A) - The proposal replaces all references to the daily log in this section, including the reference in the catchline, with "daily housing log," and makes similar conforming changes to clarify that a log must be maintained in each housing unit. *Additionally, the proposal removes the reference to procedures to resolve a potential incorporation by reference issue, as explained in the § 30 summary. (C) -* The proposal adds a new subsection mandating that all entries in an electronic log contain the same information required for manual logs (in subsection B) and that the computer program prevent previous entries from being overwritten. These changes ensure that JCCs using electronic daily logs will follow the same protocol for recording daily entries and will have a mechanism for preserving entries. The language is consistent with changes made to Chapter 101. If the JCCs begin using these electronic resources, there may be additional costs to secure conforming software.
820	N/A	**Staff supervision of residents**: (A) - Staff shall provide 24-hour awake supervision seven days a week. (B) – Direct care staff are precluded from being "on duty" more than six consecutive days without a rest day, except in an	(A-F) - The proposal amends these subsections to replace references to staff or direct care staff with direct care employee, consistent with the terminology in § 10. These nonsubstantive changes will have no additional impact. (B) - The proposal moves the definition of "rest day" to § 10 pursuant

		emergency. The term “rest day” is defined in this section. (E) - At least one trained direct care staff must be on duty and actively supervising residents at all times when one or more residents are present. (F) – The facility shall implement procedures addressing staff supervision, including contingency plans for resident illnesses, emergencies, and off-campus activities. (G) – Staff shall regulate resident movement in the JCC in accordance with procedures. (H) - JCCs are prohibited from allowing residents to have authority over other residents except to obtain leadership skills as part of an approved, supervised program.	to the Style Manual. This change will have no additional impact. (E) - *The proposal clarifies that direct care employees must always actively supervise residents in each area of the premises where at least one resident is present. This is consistent with the PREA mandate and will have no additional impact. (New F) - *The proposal adds a new subsection authorizing direct supervision employees to be alone with residents without direct care staff conducting the requisite 15-minute visual checks on such residents, provided the direct supervision employee receives required training, demonstrates the ability to perform physical requirements involving personal protection, is able to communicate directly with a direct care employee through two-way radio or other means during the period of active supervision, and notifies a direct care employee immediately before and after actively supervising residents. This proposal is consistent with an active variance last approved by the board in 2024 and will permit teachers and certain mental health service employees to continue providing residents with services without interruption when direct care employees are unavailable. (New (G) – *The proposal revises former subsection F to mandate that written procedures be in place, rather than implemented to resolve any potential incorporation by reference issue as explained in § 30. (Former G) – *The proposal strikes the entire former subsection G requiring staff to regulate resident movement in accordance with procedures. This change resolves the incorporation by reference issue explained in § 30. Finally, the proposal replaces references to “the JCC” with “the JCC administration” in new subsections G and I, as explained in the § 30 summary.
830	N/A	**Staffing pattern**: (A) **-**During the hours residents are scheduled to be awake, JCCs must have at least one	(A – C) - The proposal replaces references to “direct care staff,” “direct care staff member,” and “security staff” in subsections A through C with “direct

		direct care staff member awake, on duty, and responsible for supervising every 10 residents. **(B) -** During residents' scheduled sleeping hours, there must be at least one direct care staff member on duty and responsible for supervising every 16 residents.	care employees" and "security employees," respectively. This change is intended to provide clarity and to reflect the terminology in § 10 and will not impact operations. (A) - *The proposal modifies the direct care employee-to-resident ratio during resident waking hours from 1:10 to 1:8. This amendment complies with the PREA mandate that every secure juvenile facility maintain staffing ratios of a minimum of 1:8 during resident waking hours except in discrete exigent circumstances. *The proposal also mandates that these staffing ratios be satisfied "wherever residents are present in the facility" to prevent JCC or certification staff from assessing compliance with the required staffing ratios based on the aggregate number of staff and residents on campus. *Moreover, the proposal authorizes security staff to transport residents for routine or emergency purposes outside the presence of direct care staff. This change is consistent with an active variance that has been in place since 2016 and that grants security employees this authority. Because of the existing variance, this change will have no additional impact. (D) - *The proposal also adds a new subsection allowing residents to be supervised by security employees or direct care employees while assigned to or receiving health care services in the infirmary or nurse's station. This reflects an active variance issued by the board in 2018, which authorizes security employees to supervise residents outside the presence of direct care staff in the infirmary or nurse's station without violating this section's ratio requirements. Because the variance is active, this change will have no additional impact. Other changes made to this section were technical in nature and will have no additional impact.
840	N/A	**Outside personnel**: A). JCC staff must monitor outside personnel when they work in the immediate presence of residents. B) Adult inmates are prohibited from	A) *The proposal requires that these situations be "supervised" rather than "monitored" to ensure that at least one staff member is present and providing supervision whenever outside

		working in the immediate presence of residents and must be monitored to prevent direct contact or interaction between the resident and the adult inmate.	personnel are working in the immediate presence of residents. The term "monitoring" implies that staff are viewing the situation, rather than supervising. B) The proposal replaces "inmate" with "adults confined in a public or privately operated prison or a local jail" to clarify the provision. This nonsubstantive change is not expected to impact facility operations.
850	N/A	**Facility work assignments**: A.) Residents' paid and unpaid work assignments must accord with their ages, health, abilities, and individual service plans.	*The proposal removes the requirement that work assignments accord with the resident's service plan. Unpaid facility chores may be imposed for practical or other purposes outside the resident's independent needs or rehabilitation. The proposal gives staff the discretion to assign facility chores without referring to the service plan.
860	N/A	**Agreements governing juvenile industries work programs**: Pursuant to § 66-25.1 of the Code *of Virginia*, the department may contract with public or private entities for the operation of a work program. This section identifies the requirements of the agreement. Among the requirements, the agreement (D) shall specify that accurate records be kept of the work program's finances, materials, inventories, and residents' hours of work.	(D) – *The proposal modifies this subsection to require that the agreement specify how records of this information will be maintained rather than mandating that accurate records be kept. (E) - *The proposal adds language requiring the director or the director's designee to review the agreement for compliance with this section prior to execution. Additionally, the proposal prohibits the director or the director's designee from executing an agreement that omits one or more elements set out in this section unless explicitly authorized by the board. These amendments are needed to comply with the statutory mandate that the board promulgate regulations governing the form **and review process** for these proposed agreements. The proposal has the potential to delay the process for executing these agreements.
880	N/A	**Local health authority**: JCCs must have a designated local health authority who represents a specified list of health-related professions or entities (e.g., physician, head nurse, health agency) to organize, plan, and monitor the provision of health care services in the JCC.	This proposal replaces all references to "local health authority" in this section, including in the catchline, with "health authority." While DJJ believes the term "local health authority" was intended to refer to each JCC's individually designated authority, the term "local" has a different connotation. To effectuate the intent of the provision, the proposal clarifies that this requirement applies to each individual JCC. The proposal also

			clarifies that the JCC administration, rather than the JCC is responsible for ensuring the designation of a health authority. The proposal provides that a physician designated as health authority shall be licensed and that issues regarding psychiatric matters fall within the purview of the psychiatrist. These changes are intended as clarification and will have no additional impact. The proposal makes additional minor edits for style that will not impact operations.
890	N/A	**Provision of health care services**: A.) Health care providers must be guided by recommendations of the American Academy of Family Practice or the American Academy of Pediatrics in the provision of medical services. (B) Nursing personnel shall provide treatment pursuant to the laws and regulations governing nursing in Virginia. Other health-trained personnel must provide care within their level of training and certification.	A.) *The proposal removes subsection A in its entirety. The department believes this requirement is unnecessary and too narrow given that the Academy of Pediatrics is specific to juveniles, and commitments to DJJ can last until the day before an individual's 21st birthday. Furthermore, the Academy of Family Practice is not the proper name for the organization. (New A) - *The existing language regarding treatment in former subsection B is restricted to nurses and does not adequately capture all licensed health care professionals that provide services in JCCs (e.g., physicians, nurse practitioners). The proposal specifies that all such licensed professionals must provide treatment pursuant to the applicable laws and regulations governing their practices in Virginia. (New B) – With respect to other health-trained professionals, the proposal adds language prohibiting them from administering health care services if they are not qualified or specifically trained. This language was moved from § 900(C) and will have no additional impact. (C) Finally, the proposal adds a new subsection C requiring the facility administration to retain documentation of the training health-trained personnel receive to perform designated health care services and provides that this documentation shall be sufficient to demonstrate compliance with this provision. Because this language is contained in § 900, the change will have no additional impact.

900	N/A	**Health care procedures**: A) DJJ is required to have and implement written procedures for, among other requirements, promptly: 3) providing emergency services for each resident, consistent with statute or an agreement with the resident's legal guardian for underage residents or the resident if over age 18; and 4) providing emergency services for residents experiencing signs of suicidal or homicidal thoughts, symptoms of mood or thought disorders, or other mental health problems. (B) Certain written information concerning each resident must be readily accessible to designated staff to aid in responding to a medical or dental emergency, including the physician or dentist to be contacted, and the name, address, and telephone number of a relative or other person to be notified. Subsection C and D of this regulation require other health-trained personnel to provide care appropriate to their level of training and certification and require the facility to retain documentation of the training received by such personnel and necessary to perform designated health care services.	(A) – *The proposal strikes the language directing DJJ to implement the applicable procedures and instead requires DJJ to have procedures in place to carry out the specified tasks. This change resolves the potential incorporation by reference issue, as explained in the § 30 summary. (A)(3) – DJJ believes the current provision regarding emergency services for residents under or over age 18 is unclear. The proposal rephrases this provision to clarify that the procedures must address emergency services for residents, consistent with current law, including residents who have reached the age of 18 and provide consent. (A)(4) - *The proposal requires DJJ to provide applicable and appropriate ongoing treatment for residents experiencing suicidal or homicidal thoughts, in addition to the current directive to provide emergency services. The purpose of this change is to ensure that residents displaying mental health issues receive ongoing treatment in these scenarios. (B)(1) - *The proposal makes a minor revision to require that, in addition to identifying the dentist or physician to be contacted, the information contain the address and telephone number of these individuals. *The proposal also adds a clarifying qualifier indicating that these physicians or dentists shall be licensed. (B)(2) - *The proposal replaces the general reference to the "relative or other person" with the "parent, legal guardian, or supervising agency as applicable," as the person whose name, address, and telephone number must be readily available to respond to these emergencies. (C-D) - The proposal strikes subsection C as duplicative (covered in § 890) and moves subsection D to § 890, as this provision is relevant to § 890. These technical changes will have no additional impact.
930	N/A	**Consent to and refusal of health care services**. (A) - Currently, the resident or parent or legal guardian, as	(B) - The proposal clarifies that it is the consent for health care services, and not the actual health care, that must be provided in accordance with

		applicable, shall be advised by a medical professional of the nature, consequences, and risks of any proposed treatment, exam, or procedure and its alternatives. (B) - Health care services must be provided in accordance with § 54.1-2969 of the *Code of Virginia.* (C) – Residents shall have the discretion to refuse, in writing, medical treatment and care.	§ 54.1-2969. This statute addresses the authority of minors to consent to medical treatment and provides that when a minor separated from the custody of his parent or guardian needs medical treatment, authority commensurate with that of a parent is conferred, for the purpose of consenting to such surgery or treatment, to DJJ's director or the director's designee. The statute also identifies occasions in which a minor will be treated as an adult for purposes of consenting to medical procedures or treatments. This revision seeks to clarify the regulatory requirements and may help increase compliance in this area but is not expected to have a significant impact on facility operations. (C) – *The proposal clarifies that residents have the right to refuse "health care," a term which encompasses a broader category of services than "medical care." As set out in revised § 10, the term "health care services" captures medical, dental, and other ancillary services. The proposal also makes non-substantive revisions to the language for style and clarity. These changes will have no additional impact.
950	N/A	**Tuberculosis screening**: (A) - Within seven days of placement, each resident shall have had a screening assessment for tuberculosis. The screening assessment can be no older than 30 days.	(A) - *The proposal adds an exception for residents transferred from another JCC. These residents were subject to the initial and annual TB screening or assessment requirements while at the previous JCC rendering an additional screening unnecessary. *The proposal replaces "placement" with "arrival at a JCC" to clarify that residents transferred from JDC-operated alternative placements must meet this tuberculosis screening requirement. (A and B) - The proposal also clarifies that screenings and assessments are distinct. Finally, the proposal makes minor edits for style.
960	N/A	**Medical examinations**: (A) - Within five days of arrival at a JCC, all residents must receive a physical by a physician or a physician-supervised qualified health care practitioner to determine any medical needs or threats to the health of staff or	(A) *The proposal replaces the reference to arrival at a JCC, with the language "at initial intake," which is intended to capture any instance in which a resident has a first intake for direct commitment at a JCC. Because of this change, the exception granted to individuals transferring directly from

		other residents. Residents transferred directly from another JCC are exempt from this requirement. (A)(2) - In part, the physical must include a recording of the resident's height, weight, body mass index, temperature, pulse, respiration, and blood pressure. (B) Residents transferring from one JCC to another may offer the report of a medical exam within the preceding 13 months in lieu of a physical exam.	another JCC is no longer necessary and is stricken. The proposal also clarifies that the noted physicians and health care practitioners conducting or supervising the exam shall be licensed. These changes provide clarity and will have no impact. (A)(2) - *The proposal removes the requirement to include a recording of the resident's body mass index in their physical. This is not an ACA mandate, and the department understands that such information is not medically necessary. This change will relieve the medical provider of the burden of capturing this information and may have a minimal impact on workload. (B) - *The proposal modifies the physical exam requirements for residents transferred to the JCC from a direct care placement. In these cases, a medical exam conducted within the preceding 13 months may be accepted, but only at the discretion of the health care provider who has reviewed the resident's health screening and prior medical examination. This amendment places the determination as to whether a subsequent physical is necessary in the hands of a medical provider rather than offering a blanket exception if an exam was completed in the past 13 months and allows for this approach for residents transferring from other JCCs, as well as other direct care placements (such as CPPs and detention reentry programs).
970	N/A	**Dental examinations**: (A) - Within seven days of **arrival** at a JCC, all residents not directly transferred from another JCC must receive a dental exam. B) If a resident is transferred from another JCC, the report of a dental examination within the preceding 13 months is sufficient.	(A) - *The proposal replaces the reference to "arrival" with "initial intake," as in § 960 above, and extends the 7-day deadline to 14 days to allow staff additional time to conduct the exam. This is consistent with the ACA's existing standards. (B) - *The proposal expands the current blanket exception from the dental exam requirement to extend to any resident transferred from a direct care placement who has had a dental exam performed within the previous 13 months. This exception is at the discretion of the dentist after reviewing the previous exam documentation. The amendment allows the dentist to

			determine whether a subsequent dental exam is necessary.
990	N/A	**Health screening for intrasystem transfers**.	The proposal makes minor modifications for style purposes.
1000	N/A	**Infectious or communicable diseases**: (A) - Currently, if a resident has a known transferable communicable disease, the JCC may not house the resident in the general population unless a **licensed physician** certifies that the facility can care for the resident without jeopardizing others and the JCC knows the necessary treatment and procedures to protect residents and staff. (B) Written procedures must be implemented and approved by a medical professional requiring, among other mandates, that staff be trained in standard precautions initially and annually. (C) – Employees providing medical services must be trained in tuberculosis control practices.	(A) -* The proposal replaces the licensed physician with a health care professional as the authority that may certify to these requirements. This gives other licensed medical professionals within the industry the ability to make these decisions if otherwise authorized. (A-B) - The proposal replaces references to "facility" with "facility administration," or "appropriate facility staff," as described in the § 30 summary. (B) - *The proposal amends this subsection by requiring that procedures be "in place" rather than "implemented" and clarifying that the health authority is responsible for approving such procedures, rather than a medical professional. Removing the implementation language resolves the potential incorporation by reference issue described in the § 30 summary. (C) - The proposal also adds a cross reference to the training requirements in §§ 160 and 170 for additional clarification. These revisions are not expected to impact facility operations.
1020	N/A	**Resident's health records**: (A) JCCs must maintain health records, which must include, among other information, documentation of: (iii) any follow-up medical care the physician recommends. (B) The physical exam report must include information to determine the resident's health and immunization needs, including, in part, vision exams; hearing exams; the resident's general physical condition and documentation of apparent freedom from communicable disease; and any allergies, chronic conditions, and disabilities.	(A) - *The proposal adds an alternative to (A)(iii) allowing the health care record to document the provision of follow-up medical care indicated by the needs of the resident, as well as those recommended by the physician. (B) *The proposal changes the language regarding hearing and vision exams to specify that these exams shall be administered on students in the third, seventh, and tenth grades unless any of the exceptions listed in § 22.1-273 of the *Code* apply. This change mirrors the Board of Education's requirements regarding hearing and vision exams set out in 8VAC-20-250-10 and is consistent with state law. *Further, the proposal clarifies that the resident's physical must include documentation of his communicable disease status rather than "freedom from such disease," thus allowing for the possibility that a

			resident's results may indicate a communicable disease, and any such results also shall be documented on the resident's physical. *The proposal adds a requirement that the physical report include the resident's current medical conditions or concerns. The proposal replaces references to handicaps with disabilities for style purposes. Finally, the proposal makes additional edits for style.
1030	N/A	**First aid kits**: (A) - Every JCC must have first aid kits maintained according to written procedures that address the content, location, and method of restocking.	(A) - The proposal directs JCCs to maintain first aid kits in the facility *as well as in facility vehicles used to transport residents. This amendment will help JCC staff respond to minor resident injuries while transporting residents off campus. This is consistent with current practices in the JCC and is not expected to impact facility operations. The proposal clarifies that the duty to maintain such kits falls on the JCC administration rather than the JCC itself, as explained in the § 30 summary. *The proposal also eliminates the facility's mandate to maintain these kits in accordance with procedures and instead instructs the facility administration to have procedures in place to address the contents, location, and restocking of such kits. This change resolves the potential incorporation by reference issue explained in the § 30 summary.
1040	N/A	**Sick call**: (A) - JCCs must provide residents with daily opportunities to request health care services. (B) – Per such requests, residents shall be referred to a physician consistent with established protocols and orders of legally authorized personnel. (C) - This subsection defines the term "sick call."	(B) - *The proposal clarifies that the referrals should be made to **licensed** physicians. (C) - The proposal moves the definition of "sick call" to § 10 pursuant to the Style Manual. These changes are intended for clarification and will have no additional impact.
1050	N/A	**Emergency medical services**: (A) - JCCs shall have access to 24-hour emergency medical, mental health, and dental services for unexpected medical needs that cannot wait until the next sick call. (C) - Applicable staff shall comply with procedures in addressing such emergencies.	(A) - The proposal clarifies that the duty to ensure such access falls on the JCC administration, and not the JCC, as explained in the § 30 summary. (C) - *The proposal also amends this subsection to remove the reference to procedures in favor of a requirement that staff responding to such emergencies remain within the scope of their training and certification. This

			change resolves the potential incorporation by reference issue described in the § 30 summary. Other nonsubstantive changes will have no additional impact.
1060	N/A	**Hospitalization and other outside medical treatment of residents**: (A1) - If a resident needs hospital care or other medical treatment outside the facility, the resident must be transported safely and in accordance with applicable security procedures applied consistent with the severity of the medical condition. (A2) - Staff also shall escort and supervise residents when away from the facility for medical treatment until appropriate security arrangements are made, except for transfers under the Psychiatric Inpatient Treatment of Minors Act, cited as beginning at § 16.1-335 of the Code. (B) – Where appropriate and applicable and in accordance with applicable laws and regulations, the parent or legal guardian shall be informed that the resident was taken offsite for medical attention as soon as practicable.	(A1) - *The proposal removes the vague language that the resident be transported safely and instead requires that the resident be transported in accordance with § 540. This section establishes specific rules for DJJ and non-DJJ staff transporting residents offsite and sets out licensure and training requirements for such staff. Because staff are subject to the transportation requirements in § 540, this change will have no additional impact. *The proposal also eliminates the requirement to transport residents in accordance with applicable security procedures, which will resolve the potential incorporation by reference issue explained in the § 30 summary. (A2) - The proposal corrects the erroneous citation to § 16.1-355 since the Act begins at § 16.1-335. This technical change will have no impact. (A3) - *The proposal adds a new subdivision providing for exceptions to (A1 and A2) if the resident's medical condition warrants and requiring that such exceptions be made based on the resident's medical condition. (B) - *The proposal amends subsection B to require staff to inform the parent or legal guardian, as appropriate and applicable, when residents are taken offsite for health care and to comply with the incident reporting provisions in § 60. This change ensures that parents will be notified according to the same requirements as for all other serious incidents (i.e., within 24 hours of the incident).
1070	N/A	**Medication**: This section addresses the administration of medication to residents. (B) - All medication shall be locked securely, except when ordered by a physician for individuals to keep on their person or for equivalent use. (E) - A program of medication, including procedures regarding the use of over-the-counter	*(B) - *The proposal clarifies that the order permitting an exception must originate from a **licensed** physician or **licensed health care provider**. This change is consistent with accepted medical practices and with DJJ's current practices and, therefore, will have no additional impact. (E) - The proposal seeks to clarify a confusing provision by emphasizing that medication may be initiated for

		medication pursuant to written or verbal orders signed by personnel authorized by law to give such orders must be initiated for a resident only when prescribed in writing by a person legally authorized to prescribe medication. (F) All medications must be administered consistent with the requirements of Code of Virginia § 54.1-2408. (H) When a "medication incident" occurs (defined in this section as an error made in administering a resident's medication), staff must contact a physician, nurse, pharmacist, or poison control center and take whatever actions are directed. (I) – This provision sets out information that must be included in written procedures regarding medication and provides that such procedures shall be approved by the department's health administrator. (J) - The facility shall document medication refusals and actions taken by staff and follow procedures for managing these refusals. (K) - Disposal and storage of unused, expired, and discontinued medications shall accord with applicable laws and regulations. (M) - Syringes and other medical implements used for injecting or cutting skin shall be locked and inventoried in accordance with facility procedures.	residents only when prescribed in writing by a person who has the authority to write prescriptions. This includes over-the-counter medication administered pursuant to an order issued by authorized personnel. (F) - The proposal replaces the erroneous citation to § 54.1-2408 with § 54.1-3408. This technical change will have no additional impact. (H) -*The proposal adds hospitals to the list of entities that may be contacted for medication incidents and moves the definition of "medication incident" to § 10 to comply with the Style Manual. These changes will have no impact. (I) – The proposal replaces the department's "health administrator" with the "health services director" as the individual responsible for approving the applicable written procedures. This is a clarification and will have no additional impact. (J) - The proposal replaces references to "the facility" with "the facility administration," as explained in the § 30 summary. *Additionally, it *amends subsection J to require the administration to have procedures in place for managing these refusals rather than having to follow such procedures. This change will resolve any potential incorporation by reference issues, as explained in the § 30 summary. (K) - *The proposal expands this provision to apply to the disposal and storage of medical implements, in addition to unused, expired, and discontinued medication. This change is consistent with current agency practices and will have no impact. (M) - *The proposal amends subsection M by eliminating the requirement that staff comply with procedures when locking syringes and certain other medical implements. This change resolves the potential incorporation by reference issue explained in the § 30 summary. Finally, the proposal makes numerous minor edits for style and consistency that will have no impact.

1080	N/A	**Release physical**: Within 30 days before release, every resident must receive a medical exam by a physician or a physician-supervised qualified health care practitioner. The physician may exempt a resident from this exam requirement if the resident has had a **sufficiently recent** full medical exam.	*The proposal removes the requirement that the qualified health care practitioner operate under the supervision of a physician before conducting the resident's release physical. Regulations promulgated by the Board of Health Professions make some practitioners eligible for independent practice. Striking this requirement leaves the issue properly in the hands of the Board of Health Professions. *The proposal also strikes the language requiring the full exam to be "sufficiently recent," instead allowing the resident to have a medical exam "conducted within 90 days before release" to be excused from the subsequent release exam. This change establishes clear guidance for physicians and other staff authorized to excuse the requirement to receive a release physical and is consistent with DJJ's current practices.
1110	N/A	**Disciplinary process**: (A) –The JCC is required to follow written procedures for informally addressing minor resident misbehavior and formally addressing occasions where residents are charged with rule violations. The procedures shall provide for graduated sanctions and staff and resident orientation and training on such procedures. (B) When a resident is charged with a rule violation that cannot be addressed informally, staff must prepare a disciplinary report and provide a copy to the resident within 24 hours of the rule violation. (D)(3)(e) - With respect to formal resolutions to rule violations, a record of the disciplinary hearing on such violation shall be retained for 6 months. (D)(7) – The superintendent or designee shall review all disciplinary hearings and dispositions to ensure they conform with procedures and regulations. (E) - Once the disciplinary process is applied, the resident	(A) - *The proposal adds a new subsection A directing the JCC administration to ensure that resident behavioral issues are addressed considering safety and security and with the goal of resident rehabilitation. This change aligns with DJJ's current approach for serving youth and will have no additional impact. The new subsection also shifts the letter conventions for subsequent provisions. *(New subsection B) - *The proposal amends former subsection A by removing language directing JCCs to follow procedures for resident misconduct and eliminating the corresponding directives regarding those procedures. This change resolves the potential incorporation by reference issue explained in the § 30 summary. (New subsection C) - *The proposal gives staff the discretion to provide noncompliant residents or those displaying maladaptive behavior with opportunities to view the written report in lieu of receiving a copy. This change seeks to prevent residents from using the copy to threaten facility safety. Once the resident demonstrates the ability to comply with the JCC's rules,

		may be subject to several sanctions, including, for example, room confinement. The existing regulation allows staff to place the resident in confinement for up to 24 hours pending the formal disciplinary hearing if necessary to protect safety and security. Confinement exceeding 24 and 72 hours is subject to the review and notice requirements established in 6VAC35-71-1140	the proposal requires staff to provide the resident with a copy of the report. (New E(3)(e)) - *The proposal amends former subdivision (D)(3)(e) by extending the retention period for records of disciplinary hearings from 6 months to three years. This will ensure alignment with the retention period for certification purposes, as set out in § 30. This change may have a minor impact on facility operations, as staff will be expected to retain this information for longer periods. (New E(7)) – *The proposal removes the requirement that the superintendent's review verify conformity with procedures. This change resolves any potential improper incorporation by reference issues as explained in the § 30 summary. (Former E) - *The proposal strikes the entire former subsection (E) addressing room confinement. The revised provisions regarding room confinement are contained in § 1140. The proposal makes additional clarifying changes with no impact.
1120	N/A	**Timeout**: (A) - JCCs are permitted to use "timeouts," defined in this section as periods in which a staff member requires a resident to move to a location away from reinforcement for a specific period or until the problem behavior has subsided. (A)(1) – (A)(3) - JCCs shall implement written procedures that govern: the required conditions for timeout placement, the maximum duration of timeouts, and the location for timeouts.	(A) - The proposal moves the definition of timeout to § 10 and *amends the definition to cap timeout periods at 60 minutes consistent with the ACA. (A)(1) – (A)(3) - The proposal replaces the current required content for written procedures governing timeout with a mandate that the procedures include the following: (1) that timeout is permitted only to address minor inappropriate behavior; (2) that staff must release residents from timeout when they demonstrate an ability to rejoin the activity; and (3) that staff may determine the area where timeout will be served on an individual basis. These changes will ensure that timeout periods are used sparingly, are applied only for the time needed to address the behavior, take place in appropriate locations, and do not undermine CTM objectives. *The proposal requires facilities using timeout to have written procedures in place to satisfy these conditions rather than having to implement such procedures. This resolves any potential incorporation by

			reference issues as explained in the § 30 summary. The proposal makes additional stylistic changes that will have no further impact.
1130	1175	**Physical restraint**: A) JCCs may use physical restraints as a last resort only after less restrictive behavior interventions have failed or to control residents whose behavior poses a risk to the safety of the residents, others, or the public. (A)(1) -In applying physical restraints, staff shall use the least force necessary to eliminate the risk or maintain security and order and shall not use such restraints to punish or injure. (A)(4) – Physical restraint means applying behavior intervention techniques involving physical interventions to prevent moving all or part of an individual's body. (B) JCCs must implement written procedures governing physical restraint that meet certain specified requirements, including: (B)(5) identifying control techniques that are appropriate for identified levels of risk.	The proposal moves the entire provision to a new § 1175 for purposes of grouping similar text. (A)(1) - The revised proposal clarifies that staff shall use the least force **deemed reasonably necessary** to eliminate the risk or to maintain security and order when applying physical restraints. Staff are precluded from using restraints to punish or injure. This change will provide additional guidance for staff authorized to use such restraints but is consistent with DJJ's current practices and will have no additional impact. (A)(4)) – The proposal moves the definition of "physical restraint" to § 10, which will have no additional impact. (B) - The proposal amends this provision by requiring the JCC administration, rather than the JCC itself, *to have procedures in place" involving physical restraints rather than implementing such procedures. The addition of "administration" constitutes a nonsubstantive change intended for clarification. Removing the requirement to implement such procedures eliminates any potential incorporation by reference issue, as explained in the § 30 summary. (B)(5) - *The proposal strikes the requirement that the written procedures identify control techniques. DJJ believes it is more appropriate to cover these techniques in training. The proposal also removes duplicative language in this section and makes other changes for style purposes.
1140	N/A	**Room confinement**: (A) - Written procedures must govern how and when residents may be confined to a locked room. (B) Staff must visually check confined residents every 30 minutes or more frequently depending upon the circumstances. (C) Staff must provide confined residents with	(A)(1)-(A)(4) – *The proposal adds new subdivisions that expand the content required in written procedures governing room confinement to include such issues as actions subject to room confinement; factors to consider prior to confining a resident; the process for determining whether the resident's behavior threatens safety and security and the protocol for determining whether the threat that triggered the confinement has abated and what

		the opportunity for one hour of physical exercise outside the room daily unless the resident's behavior or other circumstances justify an exception, which exception must be approved and documented as required in written procedures. (D) Confinement beyond 24 hours requires notice to the superintendent/designee. (E) Confinement beyond 72 hours requires a report to the administrator one level above the superintendent, and if submitted verbally, a written report must follow. (G) While confined, residents must have a means of verbal or electronic communication with staff. (H) For confined residents exhibiting self-injurious behavior, staff must consult immediately with a QMHP and monitor the resident in accordance with existing protocols.	steps are necessary for releasing the resident from confinement afterwards; and when a debriefing with the resident should occur and the associated requirements. (New B) - The proposal adds a new subsection B to group the requirements that will ensure the resident's continued health and safety while confined. The subsection contains five new subdivisions that include the following existing and new requirements: (B)(1) - *increases the frequency of the checks required under former subsection (B) to 15-minute intervals consistent with the ACA standards. (B)(2) - *requires that residents receive daily visits from a qualified medical professional or mental health clinician to assess the resident's status, consistent with the ACA standards regarding such visits. (B)(3) - *clarifies that the confined resident's means of communicating with staff under former subsection G must be immediate. (B)(4) - *clarifies that the hour of physical exercise formerly mandated in subsection (C) must be "large muscle exercise" and allows an exception only if the resident's behavior is threatening, presents an imminent danger to himself or others, or otherwise justifies an exception or other circumstances prevent the activity. *The proposal also directs the superintendent or designee to approve and document the reasons for exceptions to the large muscle exercise rule. This will ensure that the exception is used sparingly. Additionally, *the proposal removes the requirement that documentation accord with procedure to resolve any potential incorporation by reference issue, as explained in the § 30 summary. (B)(5) – *The proposal changes the individual in former subsection H that staff must consult when confined residents exhibit self-injurious behaviors from the QMHP to a mental health clinician. This change is consistent with the terminology

			established in § 10 and reflects the more rigorous criteria for staff in DJJ who provide mental health services; however, the change reflects current practice and will have no additional impact. *The proposal also mandates that staff take appropriate action to prevent further injury and to notify supervisory staff in response to self-injuring residents before consulting the mental health clinician. This change seeks to ensure that responding staff will take measures to prevent residents from engaging in additional self-harm before the consultation with the clinician. *The proposal also removes the reference to established protocols, which resolves a potential incorporation by reference issue, as explained in the § 30 summary. (New C) – *The proposal limits staff authority to use room confinement to instances in which: (1) residents' actions threaten facility security or the safety and security of others in the facility; (2) staff are seeking to prevent property damage committed to make an object that may threaten security; or (3) the resident is sanctioned with room confinement in accordance with the disciplinary process for the following limited offenses: escapes and escape-related offenses; possession of security contraband, assaults, fighting, sexual misconduct, or sexual abuse. This change is consistent with DJJ's efforts in recent years to reduce the use of room confinement. The limitations on disciplinary room confinement reflect DJJ's current procedures. (New D) – The proposal moves the current § 1150 provision capping disciplinary room confinement at five consecutive days to this new subsection. This change will have no additional impact. (New E) – *The proposal permits non-disciplinary room confinement only after less restrictive measures have been exhausted or can't be employed successfully and mandates that once the threat triggering the confinement has abated, staff shall initiate the confinement release process. The

			proposal will help the department continue its efforts to reduce the use of room confinement in the JCC. (New F) -*The proposal adds language emphasizing that residents in room confinement shall receive medical and mental health treatment, education, daily nutrition, and daily opportunities for bathing. This is consistent with DJJ's current practices and will have no additional operational impact. (J) – The proposal expands the directive in former subsection D to mandate that the superintendent or his designee be notified **and provide written approval** for confinement periods of 24 hours instead of periods that exceed 24 hours. These changes will help ensure that room confinement cases are being properly monitored and approved by the appropriate JCC administrators. The changes are consistent with current JCC practices. (K) – *The proposal establishes protocol for residents confined beyond 48 hours, which includes notification of and approval by the superintendent's supervisor. The change is consistent with DJJ's current practices. (L) – *The proposal amends the notification and review process in former subsection E for confinement beyond 72 hours to require a written report to and written approval by the superintendent's supervisor, as well as completion of a report by a treatment team outlining the steps to resolve the confinement. The proposal directs DJJ to develop procedures governing the plan's development. This change is consistent with current JCC practices. The proposal also recommends the following new provisions addressing additional opportunities for meaningful contact with staff: (New G) - *requires a designated staff member to visit with the resident within the first three hours of confinement to explain the reasons for, behavioral expectations during, and necessary steps to be released from confinement. (New H) - *mandates that residents confined for six or fewer waking hours have the opportunity for an additional

			visit with another employee during waking hours to discuss the resident's status or the impact of the confinement and mandates two such visits daily during waking hours for residents confined for more than six waking hours. These new requirements will ensure that residents have sufficient interaction with staff and are being properly monitored. (M) - *Finally, the proposal establishes a case management process to address residents who are not in disciplinary room confinement and require confinement beyond five days. *The proposal provides for a facility-level review triggered upon the expiration of the resident's fifth day in room confinement, followed by a higher division-level review if the initial review recommends continued confinement. *The committee reviews will be ongoing until either committee determines it is safe to release the resident to general population or other arrangements can be made. This process will ensure that the resident is receiving the appropriate interventions during the extended confinement period and that key department officials are constantly reviewing the case. The proposal also allows the administrator one level above the superintendent in DJJ's reporting chain of command to reduce the frequency of or waive the division-level reviews upon documenting the rationale for such waiver in the resident's record. These changes are consistent with current JCC practices. The proposal makes other technical and style changes that will have no additional impact.
1150	N/A	**Isolation**: (A) - When residents are confined as a disciplinary sanction for a rule violation (isolation), the room confinement provisions in § 1140 apply. (B) - However, residents may not serve isolation for periods longer than five days.	The proposal repeals this entire regulatory section. The term "isolation" is inconsistent with the department's practices regarding room confinement, which involve placing residents in their own rooms on the units to which they are assigned behind a locked door with a window looking out to the

		(C) - Residents may not participate in activities with other residents during isolation, and all activities are restricted; however, the JCC must allow the resident to eat, sleep, attend to personal hygiene, read, write, and engage in physical exercise. (D) - Residents placed in isolation may not be housed more than one to a room.	common area. Residents are not "isolated" regardless of the form of room confinement they are serving. The department understands that this section is intended to address room confinement that is imposed as a disciplinary sanction when a resident violates a facility rule and after application of the formal disciplinary process. Because disciplinary room confinement falls under the more general room confinement umbrella, the general provisions in § 1140 apply. Thus, the proposal moves the discussion regarding disciplinary room confinement into § 1140 (see the § 1140 summary). Additionally, DJJ does not support the current regulatory ban on most activities during disciplinary room confinement, as required under current subsection C. *Therefore, the proposal removes this language to give facility staff the discretion to determine the scope of permissible activities during such confinement.
1160	N/A	**Administrative segregation**: Currently, JCCs are prohibited from housing more than two residents placed in administrative segregation units in one room. With some permitted exceptions, residents placed in these units must be provided basic living conditions like those afforded residents in general population. "Administrative segregation" means placing a resident in a special housing unit or designated cell reserved for specially managing residents for protective custody or certain behavioral concerns.	*The proposal repeals the entire provision addressing administrative segregation units. DJJ no longer offers these units in its existing JCC. Even if the department reinstates these units in the future, the proposed room confinement provisions set out in § 1140 would be sufficient to capture instances in which residents are placed in room confinement on these units.
1180	N/A	**Mechanical restraints**: (A) JCCs shall have written procedures governing mechanical restraints. (A)(1) – (A)(6), and (B) - JCC procedures shall set parameters on mechanical restraint use, including requiring: (A)(1), that the procedures stipulate the conditions under which specified mechanical restraints (handcuffs, waist chains, leg irons, plastic	(A)(1) - The proposal strikes the specified types of mechanical restraints enumerated in this section and incorporates these and several additional DJJ-authorized mechanical restraints into the definition formerly contained in subsection C and moved to § 10. *The proposal amends the mechanical restraint definition by expressly excluding restraint chairs to allow for their distinct treatment. The term "mechanical restraint chair" is

		cuffs, leather restraints, and mobile restraint chairs) may be used; (A)(2) immediate notice to the superintendent or their designee if such restraints are used in an emergency; (A)(3), prohibitions on punitive restraints; (A)(4), prohibitions on restrains to fixed objects or in unnatural positions; (A)(5), a record of each restraint, except restraints during transportation, in the case record **or** central log book; and, (A)(6) the maintenance of a written record documenting distribution of routine and emergency restraint equipment. (B) – For JCCs using mechanical restraints, the procedures shall require training for staff authorized to use such restraints and shall preclude untrained staff from using such restraints. The training shall address checking for signs of circulation and for injuries. Subsection C defines mechanical restraints.	added to § 10 and defined. *The proposal also strikes the general provision authorizing JCCs, through procedures, to decide the purposes for and conditions under which mechanical restraints may be used, in favor of language in the new subsection A limiting the permissible purposes of mechanical restraints to the following: (i) to control residents whose behavior imminently risks their own, staff, or other's safety; (ii) to control movement, or (iii) in emergencies. (A) (2) – (A)(6), (B) – *Rather than directing JCCs to include the provisions in former (A)(1) through (A)(6) in their procedures, the proposal strikes these subdivisions and adds a new subsection (B) that imposes most of these requirements outright. (A)(5) - *The proposal eliminates staff discretion to choose whether to document the use of the restraint in the resident's case file **or** central logbook, instead requiring that the information be recorded on both instruments in order to ensure that sufficient documentation is available whenever mechanical restraints are used. *Additionally, the proposal clarifies that the exception for documenting mechanical restraint use when a resident is being transported applies only for off-campus movement and not when residents are being transported on campus. In addition to the changes already discussed, new subdivision (B)(1) *also adds provisions that allow mechanical restraint use only for as long as needed to address the intended purpose in subsection (A) and requires staff to remove the device once the risk to safety has abated, the resident has reached the intended destination, or the emergency has been resolved; new (B)(5) *permits a mental health clinician or other qualifying licensed medical professional to terminate mechanical restraint use upon deciding that the restraint poses a health risk; new (B)(7) *requires JCCs to have accountability systems rather than a

			written record regarding routine and emergency mechanical restraint distribution; and new (B)(8) *removes the requirement contained in former subsection (B) that directs authorized staff to be trained to check for circulation or injuries. *The proposal expands these restrictions and mandates so that they also apply to protective devices, as defined in § 10. (New C) - The proposal adds a new subsection applicable when JCCs wish to continue using a mechanical restraint to control a resident after the initial threat necessitating the restraint has abated. If staff deem continued restraint necessary because the resident is threatening self-injury or injury of others, staff must notify a qualified health care professional and a mental health clinician before continuing the restraint. These new provisions will help limit the duration of mechanical restraint and protective device use and ensure properly trained and knowledgeable medical or mental health professionals can assess threats to the resident's health brought by such use. (D) - *The proposal also adds a new subsection D prohibiting JCCs from using protective devices except in connection with a restraint and requires staff to remove the device upon releasing the resident from the restraint. (E) - *Finally, the proposal adds a new subsection (E) expressly allowing JCC staff to use spit guards on residents provided the guard's design does not inhibit the resident's ability to breathe and allows for visibility and the device is sold specifically to prevent biting or spitting. *The proposal permits such use only on residents who previously bit or spit on someone at the current facility or who threaten to, attempt to, or spit on a resident or staff during a current restraint. *The spit guard must be applied so as not to inhibit the resident's breathing, and staff must ensure the resident is reasonably comfortable and has access to water and meals while the guard is in place.

			*Staff also must supervise the resident constantly while the guard is in place, and if they witness signs of respiratory distress, take immediate action to prevent injury and to notify a supervisor. *Staff may not use a guard on an unconscious or vomiting resident or one in need of medical attention. These new provisions will help limit the use of protective devices, control the duration of such use, and ensure that these devices are used in the safest manner.
1190	N/A	**Monitoring residents placed in mechanical restraints**: Written procedures must require staff to do the following regarding mechanically restrained residents: (A)(1) provide for their reasonable comfort and ensure they have access to water, meals, and toilet; and (A)(2) make a direct personal check on such residents at 15-minute intervals or more often if their behavior warrants. (B) - If a resident is restrained mechanically for more than two hours cumulatively in a 24-hour period, except during routine transportation, staff must immediately consult with and document consultation with a QMHP. (C) - If a mechanically restrained resident exhibits self-injurious behavior, staff shall consult with a QMHP immediately and apply the appropriate monitoring protocols.	(A)(2) - *The proposal requires staff to make face-to-face rather than **direct personal** checks on the resident every 15 minutes. This involves the employee and resident being in close proximity and having the ability to view the other's face. The change removes any ambiguity as to the type of checks that must be conducted. *The proposal provides that a staff member must look for signs of circulation and injuries during each such check. *The proposal adds a new subdivision (A)(3) directing staff to try engaging verbally with the resident during these checks and offering examples of approaches for engagement. These changes are intended to help de-escalate residents and reduce the restraint period. *The proposal also amends subsection A by providing an exception to the mandates in subdivisions (A)(1) through (A)(3) when mechanically restrained residents are being transported offsite. This change acknowledges the logistical complications that would hinder compliance with these requirements during vehicular transportation. (New B) - *The proposal adds a new subsection that requires JCCs to allow residents restrained for two hours or more (except during transportation offsite) to exercise their limbs for at least 10 minutes every two hours to prevent blood clots. This is consistent with the NCCHC's Standards for Health Services in Juvenile Detention and Confinement Facilities. *The proposal also requires medical staff to

			check on the resident at least once every two hours. (New C) - *The proposal modifies former subsection (B) by reducing from two cumulative hours to one continuous hour the maximum duration a resident may be restrained mechanically before a mental health consultation is necessary and by replacing the QMHP with the mental health clinician as the individual staff shall consult. *The proposal allows an exception only if the restraints are used in routine off-campus transportation. This change adds a safeguard to ensure that residents' wellbeing is closely monitored during extended restraints. (New D) - *The proposal adds a new subsection requiring staff to first take "appropriate action to prevent further injury and to notify supervisory staff" when confronted with a mechanically restrained, self-injuring resident. Rather than consulting with the QMHP, *the proposal directs staff to consult with a mental health clinician **and** a medical professional after the initial response. This change ensures that staff will address the resident's self-harm before consulting with appropriate individuals for further guidance. *The proposal also requires staff to adjust the frequency of their checks on such residents as needed. The proposal makes additional nonsubstantive changes that will have no operational impact.
1180 (*in part)*	1195	**Written procedures regarding mechanical restraints and protective devices**: Currently, § 1180(A) provides that written procedure shall govern the use of mechanical restraints. Subsection B requires written procedures directing all staff authorized to use mechanical restraints to receive DJJ-approved training.	*The proposal strikes the provisions in § 1180 pertaining to written procedures and adds a new §1195, directing DJJ to develop and the director to approve procedures reflecting this article's restraint and protective device requirements. The proposed change eliminates the need for separate references to procedures on specified mechanical restraint topics and instead directs DJJ to establish procedures reflecting each new requirement on mechanical restraints and protective devices. These changes will ensure that staff have clear guidance on using these devices.

1200	N/A	**Restraints for medical and mental health purposes**: The current regulation requires procedures that address medical and mental health restraints and directs such procedures to identify the authority needed; when, where, how, and for how long restraints may be used; and the types of permitted restraints.	*The proposal repeals this provision in its entirety. The new mechanical restraint provisions in §§ 1180 through 1195 render this separate section unnecessary.
1180 (*in part*)	1203	**Mechanical restraint chair; general provisions**: Currently, section 1180(A) provides that written procedure shall govern the use of mechanical restraints and shall specify the conditions under which various such restraints, including the mobile restraint chair, may be used.	The proposal strikes this provision in § 1180 and establishes a new § 1203, which addresses general requirements regarding mechanical restraint chair use for controlled movement or other purposes. *Among these: (1) restraint chairs may not be used as punishment; (2) staff authorized to use the chair must receive initial and annual training; (3) before a resident may be placed in the chair, the health administrator or designee shall ensure the resident's medical and mental health condition are assessed to determine if the restraint is not advisable and whether other accommodations are necessary; (4) the superintendent or designee must approve before a resident may be placed in the chair; (5) except where placement in the chair is based on the resident's request consistent with a mental health clinician's approved plan of care, staff must notify the health authority or designee immediately upon placing the resident in the chair, who must ensure that a mental health clinician assesses the resident to determine whether placement in a medical or mental health unit for emergency involuntary treatment is necessary; (6) for residents who self-injure while in the chair, staff must appropriately respond to the behavior to prevent further injury and to notify supervisory staff and consult a mental health clinician immediately and obtain approval for continued use; (7) the health authority or designee, mental health clinician, or other qualifying medical professional may terminate the chair's use upon determining it poses a health risk; (8) each use of the chair triggers a requirement to complete an incident

			report and comply with all other § 60 mandates, (9) each use must be documented in the resident's case file and the daily housing unit log and must include specific information regarding the incident, and (10) after each use of the chair, staff involved in the chair's use and supervisory staff must conduct a debriefing. Although DJJ has not used the restraint chair at the Bon Air JCC since 2015, if situations arise in the future that necessitate resuming this practice, this new section will help ensure that staff are using the chair sparingly, that the appropriate staff are notified of and sign off on initial or continued use of the chair, that the chair will not be used if such use presents a health risk, and that the JCC maintains sufficient documentation to assess and evaluate each use of the restraint chair. If the Bon Air administrators decide to resume using the restraint chair, these changes will impose more duties on staff that may necessitate additional resources in the JCC to carry out these requirements.
1180 (*in part*)	1204	**Mechanical restraint chair use for controlled movement; conditions**: Currently, section 1180(A) provides that written procedure shall govern the use of mechanical restraints and shall specify the conditions under which various such restraints, including the mobile restraint chair, may be used.	The proposal strikes the restraint chair provision in § 1180 and replaces it with a new § 1204 that addresses mechanical restraint chair use for controlled movement. (A) - *The proposal allows restraint chair use for controlled movement from various areas of the facility if the resident's refusal to move poses a direct and immediate threat to the resident or others or interferes with required facility operations and the chair is the least restrictive intervention to ensure safe movement. (B) - *The proposal provides that in cases of restraint chair use under subsection A, staff must release the resident from the chair immediately upon reaching the intended destination, and if continued restraint is deemed necessary at the appointed destination, consult with a mental health clinician to approve continued use. Although the Bon Air JCC has not used the restraint chair since 2015, if situations arise in the future that necessitate resuming this practice, this

			new section will help ensure that JCCs use the restraint chair to manage movement of residents as a last resort and only for as long as necessary to transport the resident. This provision will have no impact unless staff in the JCC resume using the restraint chair.
1190 (*in part*)	1205	**Mechanical restraint chair use for purposes other than controlled movement; conditions for use**: Currently, section 1180(A) provides that written procedure shall govern the use of mechanical restraints and shall specify the conditions under which various such restraints, including the mobile restraint chair, may be used.	The proposal replaces the provision in § 1180 with a new § 1205 that addresses chair use for purposes beyond controlled movement. (A) - *JCC staff may use the chair for such purposes if: (i) the resident's behavior presents a direct, immediate threat to himself or others; (ii) less restrictive alternatives were attempted unsuccessfully, and (iii) the resident remains in the chair only until the threat has abated or the resident gains self-control. (B) - *The proposal allows for continued restraint after the direct threat is abated if staff determine continued restraint is needed to maintain security if the resident credibly threatens to injure himself or others; however, in these cases, staff must consult with and obtain approval from a mental health clinician before continuing the restraint. *When residents voluntarily use the chair in accordance with a mental health clinician's approved plan of care, the subsection A and B restrictions do not apply. (D) - The proposal also imposes monitoring requirements when JCCs use the chair for purposes other than controlled movement. *Staff must employ constant one-on-one supervision and attempt to engage verbally with the resident while restrained, ensure that a licensed medical provider monitors the resident for signs of circulation or injury in 15-minute increments, and ensure the resident's reasonable comfort and access to water, meals, and toilet. Although the Bon Air JCC has not used the restraint chair since 2015, this new section is intended to ensure if such use were to resume for purposes other than controlled movement, such use would be a last resort, would last only as long as

			necessary to address the threat and redirect the resident, would be continued after the threat abated only after obtaining approval from the required mental health professional, and that adequate monitoring protocols were in place to ensure the resident's safety and comfort while restrained. This provision will have no impact unless staff in the JCC resume the use of the restraint chair.
1180 (*in part*)	1206	**Monitoring residents placed in a mechanical restraint chair**: The current regulation does not expressly impose requirements for monitoring residents in mechanical restraint chairs. Because the restraint chair is identified as a mechanical restraint in § 1180 of the current regulation, staff must comply with the same requirements in § 1190 for monitoring residents in the restraint chair as for residents mechanically restrained with other devices.	The proposal adds a new § 1206 that establishes rules for monitoring residents while in the chair. (A) – *The proposal provides that residents remaining in the restraint chair for two hours or more must be allowed to exercise their limbs at least 10 minutes every two hours to prevent blood clots. This is consistent with the NCCHC's Standards for Health Services in Juvenile Detention and Confinement Facilities. (B) - *The proposal requires the JCC administration ensure that a video is captured and retained of staff placing the resident in the chair when restrained for controlled movement, and the entire restraint, from placement to release, when restrained for other purposes. This directive will enable DJJ to assess whether the JCC has complied with each of the regulatory requirements related to properly placing residents in the chair. These changes will have no impact unless staff in the JCC resume the use of the restraint chair, in which case, the change may require additional resources to film and retain documentation of the activities.
N/A	1207	N/A	**Department monitoring visits; annual reporting; board review**: *The proposal adds a new § 1207 subjecting JCCs to a monitoring visit by DJJ staff for each use of the chair, regardless of the purpose or duration of the restraint. *The proposal also requires DJJ to annually submit for the board's review and consideration a report outlining the results of each such monitoring visit. These amendments will allow DJJ's Certification Unit and the board to monitor JCC compliance with the

			restraint chair provisions and to determine whether authorizing restraint chair use continues to be advisable. If the JCC resumes use of the chair, this change will increase monitoring visits to the JCC and may increase the workload of DJJ's Certification Unit.
N/A	1208	N/A	**Written procedures regarding mechanical restraint chairs**: *The proposal adds this new section directing DJJ staff to develop and the director to approve written procedures that reflect the requirements established in Article 4 (pertaining to the restraint chair). This amendment eliminates the need to require procedures related to specific requirements in Article 4. Although the proposal places new duties on DJJ staff, it will ensure that JCC staff have written procedures in place for carrying out these mandates.
N/A	1209	N/A	**Pregnant residents; limitations on use of physical restraints, mechanical restraints, and the mechanical restraint chair**: The proposal adds a new section to incorporate the requirements of the federal Juvenile Justice Reform Act of 2018. *Subsection A prohibits JCC staff from using physical or mechanical restraints, protective devices, or the restraint chair on a known pregnant resident during labor, delivery, or post-partum recovery unless based on a reasonable belief that the resident presents an immediate, serious threat of hurting herself or others. *Subsection B prohibits the use of abdominal restraints, leg and ankle restraints, behind-the-back wrist restraints, and four-point restraints on a known pregnant resident absent a reasonable belief that the resident presents an immediate, serious threat of hurting herself or others or absent a reasonable belief that the resident presents an immediate and credible risk of escape that can't be minimized through other methods. Subsection C exempts from these requirements orthopedic devices, surgical dressings or bandages, protective helmets, or other devices used to hold a resident while conducting routine physical

			exams, protect the resident from falling out of bed, or permit the resident to participate in activities without the risk of physical harm. These new provisions are intended to incorporate federal provisions that were included in the federal Juvenile Justice Reform Act of 2018. As these provisions reflect federal law, the JCCs must comply even in the absence of this regulatory provision. As such, the proposal will have no additional impact on JCC staff or facility operations.
1210	N/A	**Private contracts for JCCs**: (A) - A privately operated JCC must follow department procedures, including but not limited to procedures regarding case management, the use of restraints, confidentiality, visitation, community relationships, and media access. (B) - Privately operated JCCs must develop department-approved procedures to facilitate the transfer of their operations in the event the contract is terminated.	(A) - The proposal removes the language, "but not limited to," consistent with the rules for regulatory construction. *The proposal also removes the requirement to abide by DJJ procedures for the purposes outlined in the § 30 summary. (B) - *The proposal replaces the department with the director or their designee as the entity required to approve these procedures. This revision is intended to ensure that the procedures are approved in the same manner as other procedures applicable to state-operated JCCs. (A and B) - The proposal clarifies that the private JCC's administration, and not the JCC itself, is responsible for abiding by the enumerated directives in subsection A and developing the applicable procedures in subsection B. Because no privately operated JCCs exist in the Commonwealth currently and because the changes proposed to this section are not substantive, they will have no additional impact.
1230-1270	N/A	**Part X – Boot Camp Provisions**: Part X of this chapter contains the five sections (§§ 1230-1270) addressing juvenile boot camps in accordance with former § 66-13(B) of the Code. This statute authorized DJJ to establish juvenile boot camp programs or to contract with various other entities for such programs and mandated that the board prescribe standards for such programs.	*The proposal repeals the juvenile boot camp provisions set out in §§ 1230 through 1270. Legislation enacted during the 2022 legislative session (Chapters 414 and 415 of the 2022 Acts of Assembly), removes DJJ's authority to establish or contract for the establishment of such boot camp programs and the board's power and duty to prescribe standards for these programs. DJJ has not operated or established such programs in the Commonwealth since 2003; therefore, repealing these provisions will have no additional impact.

9999	N/A	**Documents incorporated by reference**: The current chapter identifies the department's Compliance Manual – Juvenile Correctional Centers as the single DJJ-created, board-approved document listed under the Documents Incorporated by Reference section. The Compliance Manual provides additional interpretive guidance to regulated entities regarding how to comply with this chapter.	The proposal removes the Compliance Manual from the list of documents incorporated by reference. As with DJJ's written procedures that were incorporated into various sections of this chapter, DJJ understands that incorporating the Compliance Manual into the regulation violates 1VAC7-10-140. The Compliance Manual will remain in effect as a standalone document until updated or rescinded; however, compliance with its provisions will no longer be mandated by regulation.