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

Post Office Box 1110
Richmond, VA 23218-1110
804.588.3903

COMMONWEALTH *of* VIRGINIA
Board of Juvenile Justice

BOARD MEETING

November 14, 2016
Main Street Centre, 600 East Main Street, 12th Floor Conference Room South, Richmond, VA 23219

A G E N D A

9:30 a.m. **B O A R D M E E T I N G**

1. **CALL TO ORDER**

2. **INTRODUCTIONS**

3. **APPROVAL of September 19, 2016, MINUTES** (Pages 3-20)

4. **PUBLIC COMMENT**

5. **DIRECTOR'S CERTIFICATION ACTIONS** (Pages 21-56)
   *Ken Bailey, Certification Manager, Dept. of Juvenile Justice

6. **OTHER BUSINESS**

   Virginia Juvenile Detention Association Variance Request Extension for 6VAC35-101-200(C), Regulation Governing Juvenile Secure Detention Centers (Pages 57-65)
   *Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice
   *Marilyn Brown and Jason Houtz, Virginia Juvenile Detention Association

   Regulatory Update (Pages 66-67)
   *Kristen Peterson, Regulatory and Policy Coordinator, Dept. of Juvenile Justice

   Regional Service Coordinator Contracts
   *Valerie Boykin, Deputy Director of Community Programs, Dept. of Juvenile Justice

7. **DIRECTOR REMARKS AND BOARD COMMENTS**

8. **REVIEW 2017 MEETING DATES:** January 9, April 26, June 28, September 13, November 8

9. **ADJOURNMENT**

GUIDELINES FOR PUBLIC COMMENT

1. The Board of Juvenile Justice is pleased to receive public comment at each of its regular meetings. In order to allow the Board sufficient time for its other business, the total time allotted to public comment will be limited to thirty (30) minutes at the beginning of the meeting with additional time allotted at the end of the meeting for individuals who have not had a chance to be heard. Speakers will be limited to 3 minutes each with shorter time frames provided at the Chairman's discretion to accommodate large numbers of speakers.

2. Those wishing to speak to the Board are strongly encouraged to contact Wendy Hoffman at 804-588-3903 or wendy.hoffman@djj.virginia.gov three or more business days prior to the meeting. Persons not registered prior to the day of the Board meeting will speak after those who have pre-registered. Normally, speakers will be scheduled in the order that their requests are received. Where issues involving a variety of views are presented before the Board, the Board reserves the right to allocate the time available so as to insure that the Board hears from different points of view on any particular issue. Groups wishing to address a single subject are urged to designate a spokesperson. Speakers are urged to confine their comments to topics relevant to the Board's purview.

3. In order to make the limited time available most effective, speakers are urged to provide multiple written copies of their comments or other material amplifying their views. Please provide at least 15 written copies if you are able.

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

Post Office Box 1110
Richmond, VA 23218-1110
804.588.3903

COMMONWEALTH *of* VIRGINIA

Board of Juvenile Justice

DRAFT MEETING MINUTES

September 19, 2016

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

Board Members Present: Heidi Abbott, Tyren Frazier, Michael Herring, Helivi Holland, Robyn McDougle

Board Members Absent: Karen Cooper-Collins, David Hines, Dana Schrad, Jennifer Woolard

Department of Juvenile Justice (Department) Staff Present: Ken Bailey, Andrew "Andy" K. Block, Jr., Jessica Berdichevsky (Attorney General's Office), Valerie Boykin, Patrick Bridge, Lisa Floyd, Daryl Francis, Wendy Hoffman, Jack Ledden, Margaret O'Shea (Attorney General's Office), Kristen Peterson, Deron Phipps, Janet Van Cuyk

Guests Present: Will Egen (Commission on Youth), Valerie Slater (Legal Aid Justice Center), Amy Woolard (Legal Aid Justice Center)

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

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

APPROVAL of June 15, 2016, MINUTES
The minutes of the June 15, 2016, Board meeting were provided for approval. On MOTION duly made by Helivi Holland and seconded by Robyn McDougle, the Board approved the minutes as presented. Motion carried.

PUBLIC COMMENT PERIOD
There was no public comment.

DIRECTOR'S CERTIFICATION ACTIONS
Ken Bailey, Certification Manager, Department

Included in the Board packet are the individual audit reports and a summary of the Director's certification actions completed on June 23, 2016.

Beaumont Juvenile Correctional Center (Beaumont JCC): Beaumont JCC had several deficiencies in its audit with three being critical regulatory requirements. The Certification Unit reported that at the last status visit to Beaumont JCC, all deficiencies had been corrected. The Director certified Beaumont JCC for three years.

Bon Air JCC: Bon Air JCC has been through a tremendous amount of change in the past three years with heavy staff turnover, including, but not limited to, superintendents and administrative staff, along with many programmatic changes. The audit found 16 deficiencies with 6 being critical regulatory requirements. The first monitoring visit reported deficiencies with one major critical regulatory requirement on staff not completing CPR training. The Certification Unit conducted a consultation visit with Bon Air JCC personnel. The visit included the superintendent of another juvenile facility, who reviewed Bon Air JCC's corrective action plan and provided advice regarding revisions and implementation of procedures. Bon Air JCC management received the information and made adjustments.

The latest Bon Air JCC monitoring report has been provided to the Board (attached to the notes). The critical regulatory requirements have been corrected and Bon Air JCC is in compliance. There are two minor deficiencies related to recordkeeping of room confinement forms. Since the monitoring visit, Bon Air JCC has changed the process and dedicated personnel to document and retain room confinement forms. In his certification actions, Director Block extended the certification status of Bon Air JCC until January 2017. The Certification Unit will perform monitoring visits every two months with the next visit scheduled in early October.

Chairperson Abbott asked the current status of Bon Air JCC.

Mr. Bailey responded that Bon Air JCC is in compliance and is a certified facility. Director Block extended the current certification of Bon Air JCC to January 2017. The Director will review the monitoring reports and a decision on the certification status of Bon Air JCC will be made in January 2017.

Chairperson Abbott asked what gives the Department assurance that Bon Air JCC is able to fix the problems knowing there are continued staff shortages and on-going transformation changes.

Jack Ledden, Deputy Director of Residential Services for the Department, responded that during his tenure with the Department, Bon Air JCC has had six Superintendents and no Assistant Superintendents. As the facilities changed from the correctional model to the community treatment model (CTM), Bon Air JCC had four out of five formerly titled captain positions missing and no employee to fill the role as the facility's formerly titled major position. Personnel who should have been monitoring areas were not present or in inactive positions. The Department has converted 15 of its 17 units to the CTM, and staff has stabilized. Bon Air JCC now has Resident Specialists I and II,

Community Managers, Community Coordinators, Assistant Superintendents, and a Superintendent that has been at Bon Air JCC for more than a year. Mr. Ledden believes that, with upper management stabilizing, Bon Air JCC will see a huge improvement.

Chairperson Abbott asked Mr. Bailey if he and his team are focused on Bon Air JCC's audits and compliance issues.

Mr. Bailey replied that his team is watching closely and, if issues arise, the Certification Unit will bring it directly to Deputy Director Ledden's and Director Block's attention for immediate action. Thus far, progress looks good.

Board Member Helivi Holland asked how many Assistant Superintendents are at Bon Air JCC.

Mr. Ledden replied that there is currently one Assistant Superintendent at Bon Air JCC. Bon Air will have two Assistant Superintendents under the current consolidation plan that includes the newly developed Operations' Manager and a Community Manager, which are similar to the position of Assistant Superintendent.

Crossroads Community Youth Home (Crossroads): The audit of Crossroads in Williamsburg found eleven deficiencies with three classified as critical regulatory requirements. The Certification Unit conducted monitoring visits wherein no critical violations found, and Crossroads was certified by Director Block for one year. The Certification Unit is working closely with Crossroads' new program director to provide her a better understanding of the regulatory and audit requirements.

Chairperson Abbott asked if the monitoring visits are always announced.

Mr. Bailey replied that, yes, the monitoring visits are announced in order for key staff to be present that day.

Director Block noted that, in situations like Crossroads, when issues are flagged, the Certification Unit increases monitoring and oversight. If a facility is decertified, then the youth are not able to stay at that facility, which could cause problems.

Mr. Bailey followed up by saying, ordinarily, the Certification Unit makes one or two monitoring visits a year; but when a program is experiencing problems, the Certification Unit increases their level of assistance. For instance, with Crossroads, the Certification Unit will conduct two monitoring visits between now and January; and, with Bon Air JCC, a monitoring visit will be conducted every two months.

Fairfax Shelter Care II: The audit of Fairfax Shelter Care II found three areas of non-compliance; none were critical deficiencies. The Certification Unit found two deficiencies on their recent status visit not determinably on restraints and the daily log. Director Block certified Fairfax Shelter Care II for three years and asked the Certification Unit to perform a monitoring visit in December to measure their compliance with the logbook entries and to present the report to Director Block in January.

New River Juvenile Detention Home: The audit of the New River Juvenile Detention Home found two minor deficiencies. The Certification Unit found all deficiencies corrected in their follow-up monitoring visit.

Richmond Juvenile Detention Center: Richmond Juvenile Detention Center demonstrated 100% compliance in their recent audit and was certified for three years. Mr. Bailey and the Board all agreed that the Richmond Juvenile Detention Center has come a long way in its progress from closing for a year.

Shenandoah Valley Juvenile Center: Shenandoah Valley Juvenile Center had two deficiencies in their audit. They had an escape a year ago and cut off recreation until security enhancements were made to their recreation yard. All enhancements were corrected and youth now have the opportunity for outdoor physical activity. Shenandoah Valley Juvenile Center has been certified for three years.

There were no further questions from the Board.

REGULATORY UPDATE
Kristen Peterson, Regulatory Coordinator, Department

Included in the Board packet is a summary of the Department's five regulatory actions currently under review.

The Board had no questions.

VIRGINIA JUVENILE DENTENTION ASSOCIATION VARIANCE REQUEST EXTENSION FOR 6VAC35-101-200 (C)
Kristen Peterson, Regulatory Coordinator, Department

At the September 10, 2014, meeting, the Board issued a blanket variance for a two-year period to the Virginia Juvenile Detention Association (VJDA) applicable to the 24 locally- and commission-operated juvenile secure detention centers (JDCs). The variance was set to expire on September 10, 2016; Director Block issued a waiver to continue the exception from the regulatory requirement pending further consideration by the Board. The variance is to the regulatory requirement in 6VAC35-101-200 (C) that all direct care staff employed at JDCs receive at least 40 hours of annual refresher training. The VJDA is requesting that part-time and relief direct care staff be exempt from the 40 hours of annual refresher training requirement. The part-time direct care staff would still need to complete training in seven specific topics, required in the regulation, that include: (1) suicide prevention; (2) standard precautions; (3) professional relationships; (4) staff and resident interaction; (5) residents' rights; (6) child abuse, neglect, and mandatory reporting; and (7) behavior intervention procedures.

Included in the Board packet is the Department's summary memorandum and the VJDA letter requesting the extension of the variance.

Janet Van Cuyk, Legislative and Research Manager for the Department, noted that, when this variance request was heard by the Board in September 2014, there was a lot of discussion and the vote to approve was not unanimous. The Board passed the variance request on a 3 to 2 vote. Ms. Van

Cuyk proffered that the position of the VJDA is to provide part-time, direct care staff annual refresher training on the seven specified areas. The part-time direct care staff would not receive the "soft skills" training such as career advancement and management training. VJDA contends that (i) part-time, direct care staff are not in the facilities to build their professional development but to keep the residents safe and (ii) it is an undue burden to fit annual training into a part-time employee's schedule.

Ms. Peterson noted that the requested duration of the variance request is for five years or when the Department amends the *Regulation Governing Juvenile Secure Detention Centers*, whichever occurs first. Ms. Van Cuyk reminded the Board the period for which they granted the request in 2014 was for two-years.

Board Member Robyn McDougle asked if the Department normally requests five years as the duration for a variance. Board Member McDougle noted that in 2014, the Board granted a two-year variance because of the Board's concerns with the request.

Ms. Van Cuyk answered that the Department uses five years as a default; however, with all recent requests, the Board has never granted a five-year duration for a variance.

Board Member Tyren Frazier asked the number of training hours part-time JDC staff receive.

Ms. Van Cuyk said according to VJDA, the number of training hours depends on each JDC's training module, which would include the seven specified areas and any other training VJDA or the facility decides part-time direct care staff need. VJDA did not provide an average number of hours for its training programs; however, VJDA has a Department of Criminal Justice Services (DCJS) grant to bolster training in four models available for the facilities to use (e.g., adolescent brain development).

Mr. Bailey acknowledged that during JDC audits, the Certification Unit has found no deficiencies in training for part-time, direct care staff. Facilities have different methods of ensuring that training is completed, such as using computer-based training. The Certification Unit has been satisfied in their audits that part-time, direct care staff are receiving the appropriate training required.

Board Member Michael Herring said that it makes sense that there is a variation by facility on account of resources; however, if there were a plaintiff's claim, the lack of uniformity in training standards could be an issue. Otherwise, the state might have to defend the claim on the basis of the facility resources, which is not a strong position of defense.

Ms. Van Cuyk said that the determination of the training plan is specific to the locality or commission-operated JDC, and the liability would rest either with the locality or the commission. She stated that it is her understanding that VJDA is beginning to look at using the DCJS grant have some training available to all facilities with their option to use.

Board Member McDougle talked about DCJS having oversight over law enforcement training standards, but with VJDA, there is no outside organization making sure the standards are followed.

Ms. Van Cuyk remarked that the Commonwealth does not have oversight for JDCs similar to that provided for by DCJS. The Board sets the minimum training hours, the Department's Certification Unit conducts facility audits to ensure compliance, and the Department Director certifies to the minimum standards.

Board Member McDougle asked if the minimum standards are the seven specified topic areas. Ms. Van Cuyk said that was correct and the quality assurance falls on the locality or commission.

Chairperson Abbott asked about CPR and other specific training, remarking that in the past the Certification Unit has found training to be an issue in the audits with some being critical deficiencies.

Ms. Van Cuyk said that the standard for detention centers is to have one person in the building at all times trained in CPR; not all staff needs to be trained in CPR. There are other training requirements in the regulation that address specific areas such as the administration of medication and physical and mechanical restraints.

Director Block noted that the Department is standing in for VJDA, who, due to a scheduling miscommunication on the Department's side, were unable to have representatives present at this meeting. If the variance is not extended, this may have an impact on JDC operations.

Board Member Holland stated that she voted against the variance request at the September 2014 Board meeting. Board Member Holland thought that, since the 2014 variance was granted for two years, VJDA would have had time to complete the study and the training regulations of 40 hours would have changed without another variance. Unfortunately that has not happened.

Ms. Van Cuyk noted that the delay in processing the changes is not the fault of VJDA. Due to her unit's staff turnover and workload shortages. The review of residential regulations could not move forward until the Department filled the position of Regulatory Coordinator. Ms. Peterson is now spearheading the workgroup to review the regulation and make the necessary changes. The workgroup has already completed its review of the training regulatory requirements and will be presenting their recommendations to the Board at one of the upcoming Board meetings.

Board Member Holland reiterated her concerns that there needs to be uniform training standards established for all JDCs. It is not feasible to arbitrarily say we will not require 40 hours of training and then not indicate the number of training hours to be audited to ensure the facility is in compliance. Some facilities could do one hour training and cover all seven subjects to complete their training requirement for the year. These personnel are responsible for taking care of children, and there should be uniform standards.

Ms. Van Cuyk said that it is not unprecedented for the Board to not set a specific number of required training hours. In 2011, non-residential regulations for the court service units (CSUs) were amended to remove the 40 hour annual training requirement and require training as necessary to achieve job competencies. The decision for this change was based on the logic that experienced staff that have been employed with the Department for long periods do not necessarily need to use their time fulfilling minimum training requirements. VJDA brings this issue forward again by asking why a

specified number of hours for soft skills training is needed when there generally is not a facility-based career projection for part-time and relief employees.

Board Member McDougle asked about the best practices of other states in this area.

Ms. Van Cuyk remarked that the American Correctional Association training standard is 40 hours for full-time staff and certain specific enumerations for part-time staff, with no specific annual retraining hours for part-time staff.

Board Member Holland discussed the differences in the localities on the meaning of "part-time" and the importance of completing the training requirement for employees working 29 hours a week. Board Member Holland also noted that employees, who worked in a place for long periods of time, often develop a mindset of not needing training. This could be part of the problem. Sometimes long-term employees need more training than employees employed only a year. Board Member Holland noted continued concerns with this variance request.

Board Member Frazier asked, if the Board takes no action on the variance request at this meeting, what would be the consequences.

Ms. Van Cuyk replied that the JDCs with part-time staff who have not met the 40-hour training requirement would be in non-compliance starting tomorrow.

Board Member McDougle asked Mr. Bailey whether JDCs would be non-compliant on audit if the Board did not vote for the variance.

Board Member Frazier followed up by asking whether this provision is a critical regulatory requirement.

Mr. Bailey said that certain training components are critical. The Certification Unit would deal with this situation from the date the variance expired. Starting on that date, the Certification Unit would assess the 40 hours being used to provide mandatory training plus any other training that facility chooses to put in its training plan.

Board Member Frazier requested a sample of two or three JDCs training programs and the average retraining hours implemented for part-time, direct care staff. Board Member McDougle requested the information provided to be a representative sample, possibly all JDCs.

The Board would like this information to review prior to the next Board meeting on November 14, 2016. The Board agreed to grant a temporary extension of the VJDA's variance, effective today; so the JDCs would not be out of compliance with the regulatory training requirement. The Board will then take up the issue at the November 14 Board meeting.

On MOTION duly made by Board Member Frazier and seconded by Board Member McDougle that the Board extend the variance until the November Board meeting, with the understanding that the Board will receive information on hours devoted to training among part-time employees in JDCs. The Motion carried. All Board members agreed to extend the variance issued on September 10, 2014,

pursuant to 6VAC35-20-92 of the *Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities* to allow the twenty-four local and regional juvenile secure detention centers throughout the Commonwealth to exempt part-time direct care employees from meeting the 40 hours of annual retraining mandate set out in 6VAC35-101-200 (C) of the *Regulation Governing Juvenile Secure Detention Centers* until the November 14th Board meeting.

Department Variance Request for 6VAC35-71-10, -540, and -830, Regulation Governing Juvenile Correctional Centers (JCC)
Janet Van Cuyk, Legislative and Research Manager, Department

This variance is requested on behalf of the two, Department-operated JCCs deemed necessary to accommodate the Department's operational changes relating to the transformation to the Community Treatment Model (CTM). The current regulation became effective on July 1, 2014. The current regulation defines "direct care staff" as individuals who are responsible for caring for residents, implementing the behavior management program, and maintaining the security of the facility. Those three components are required to meet the current regulatory definition of direct care staff. When the regulation became effective, the Department had the juvenile correctional officer (JCO) position. Due to the implementation of the CTM, however, there are no longer JCO positions in the Department. In determining the future of the juvenile correctional model, the Department reviewed position descriptions and bifurcated what was formerly the JCO position into two groups. The first group consists of Resident Specialists (RS) and Resident Specialists II (RS II) who meet the definition of direct care staff. The second group includes security specialists who only satisfy two required components of direct care staff and do not meet the regulatory definition of direct care staff.

In looking at the job responsibilities for the security specialists, a primary job function would be the routine or non-routine transportation of residents. This could be for work release, court dates, or medical appointments. Unfortunately, the JCC regulation requires all residents to be under the active supervision of direct care staff at all times. This means security staff do not meet that definition and would not be able to transport JCC residents outside the presence of a direct care staff in an RS or RS II position. When residents are transported, there are at least two staff present, and a 1:4 ratio of staff to residents. If nine residents are being transported, there must be three direct care staff present. The residents are in handcuffs and leg restraints during transportation, and staff are trained on how to use that equipment. All direct care staff and security staff receive 120 hours of training prior to working directly with residents.

The variance request would allow residents to be transported, under the supervision of security series staff, security specialists or supervisors, even though these positions would not meet the definition of "direct care staff" and are not responsible for implementing the behavior management program during transportation.

Board Member Frazier questioned whether, presently, the RS or security specialist may transport residents. Board Member Frazier followed up by asking the difference in training requirements for each position.

Ms. Van Cuyk answered (i) as the transformation is still underway, the remaining JCO positions have not been converted to security specialists; so they still meet the definition in their training and employee work profiles as direct care staff; (ii) the training for RS employees will include requirements above what is required for security specialists, but that has yet to be defined; however, since security specialists who transport residents will be alone with residents, they will still meet the Board's minimum training requirements (just not the additional things for RS who engage every day with the residents in a non-perfunctory way). Absent the variance, for transporting residents, the Department could have one security specialist but would need a RS to be present at all times (and, thus, removed from JCC supervision responsibilities). The RS is trained specifically to engage with residents and has increased job responsibilities, such as implementing the behavior management program, in addition to basic core responsibilities for maintaining security.

Ms. Van Cuyk stated that the Department requests a variance to the three sections of the regulatory regulations (6VAC35-71-10, -540, and -830) to allow security staff to transport both routine and emergency residents outside the presence of direct care staff.

Chairperson Abbott asked the duration of the variance.

Ms. Van Cuyk stated that the Department is asking for five years. The regulations are actively under review; however, the last review took approximately four years.

Board Member Frazier and Board Member McDougle asked about risk and liability.

Ms. Van Cuyk said that when the Department looked at how others in secure custody are transported, generally, it is not by direct care staff. The Department has not assessed any liability issues and has only assessed the financial impact.

Board Member Herring asked Ms. Van Cuyk to clarify whether the two staff requirement during transport means that a minimum of two staff must be present regardless of the number of residents, or is it always a ratio of 2:1.

Ms. Van Cuyk answered that it is a 1:4 ratio of staff to residents with a minimum of 2:1 ratio.

Director Block said part of the reason for the two staff present requirement is that in the event of an escape, there will be one staff to help return the resident and another staff to supervise the other residents.

Board Member Herring said that this variance makes sense on the assumption that there is no provision of care under the structured program or behavior management program during transportation and that security personnel are otherwise trained consistent with direct care personnel on things like health care. If any of those assumptions are not true, it does not make sense.

Ms. Van Cuyk stated that she agreed with Board Member Herring's assumptions.

Board Member McDougle noted that, after earlier discussions on the previous variance, she would like to confirm that training for JDC staff and the Department are different, as they are two separate entities.

Ms. Van Cuyk said that the training requirement for initial training for JDC staff is 40 hours in their first year. The training requirement for Department staff is 120 hours prior to working directly with residents.

Board Member Frazier asked if this variance request was due to positions changing from JCOs to RS/RS II and security specialists. Ms. Van Cuyk said Board Member Frazier's assumption was correct.

Board Member McDougle asked whether the reason for the duration of the variance being five years is due to the likelihood that the regulatory process could take years. Ms. Van Cuyk said that, in general, the regulatory review process lasts 18 to 24 months.

A MOTION duly made by Board Member McDougle and seconded by Board Member Frazier, pursuant to 6VAC35-20-92 of the *Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities*, to approve the variance to the regulatory requirement provided in the Regulation Governing Juvenile Correctional Centers (6VAC35-71) that only staff classified as direct care staff may actively supervise residents during routine and emergency transportation. This variance shall authorize security staff to actively supervise residents during routine and emergency transportation. This variance is to remain in effect until 6VAC35-71 is amended or for three years, whichever occurs first. Motion carried.

DIRECTOR'S COMMENTS
Andy Block, Director, Department

The number of intakes in the Court Service Units (CSU), the number of youth on probation, the number of youth in local detention centers, and the number of detention eligible offenses at intake all continue to decline. These are positive trends.

The community side is looking more closely at data-driven decision making and evidence-based practices. The Department was recently awarded a grant from the DCJS to expand the Effective Practices in Community Supervision (EPICS) training. EPICS is essentially an approach to probation that has been studied and piloted through the University of Cincinnati. In Virginia, there are 19 jurisdictions in some stage of EPICS training, and six more have been added with the help of the grant. This allows probation officers to become more than case monitors/managers and encourages them to provide interventions similar to those used in the facilities.

The Department is using a risk assessment tool when making case disposition recommendations. It is a great tool if used correctly. To ensure that the Department continues to have fidelity with this tool, the Department is organizing a large train-the-trainer on this topic. This will allow the Department's employees to travel to CSUs to make sure employees are using the tools correctly.

The Department is very excited about its new program that provides transportation assistance to families to enable them to visit children in our care. This service is being funded by the Office of

Juvenile Justice Delinquency Prevention reentry grant. Transportation assistance is provided twice a month with ridership close to 100 people since the program began late this summer.

The Department has developed the Leadership Training Institute for the supervisory level. The training provides insight into leadership skills and management and how to apply it to evidence-based work. The participants in this training complete capstone projects.

The residents in the facilities are organizing a student government, which will give them more ownership of their stay with the Department. A group of residents from Bon Air and Beaumont met with the Governor and his executive policy staff to discuss setting up a student government. The residents provided a PowerPoint presentation and the group talked about constitutions and voting. Governor McAuliffe spent time with the residents and each left with a copy of the Virginia Constitution signed by the Governor and the First Lady.

The Task Force on Juvenile Correctional Centers has released its interim report on optimal facility design. The report, along with additional information on the Task Force, can be found on the Department's website (www.djj.virginia.gov). Once the interim report was submitted, the Department became eligible to receive funding for the design phase of the Chesapeake facility.

Intake at Beaumont is no longer performed, which has reduced the population. The Department is on track for a June 30, 2017, closure of Beaumont and consolidation with the Bon Air campus.

The state's revenue forecast for this year was not accurate. There has been a revised forecast and all state agencies have been asked to develop a savings plan. It is hard to predict what will happen and how it will affect the Department.

The Department has converted 15 units to the CTM in our facilities. The Commission on Youth staff visited our facilities last week.

BOARD COMMENTS
The Board had no comments.

NEXT MEETING
The next meeting is scheduled for November 14, 2016, at the Main Street Centre, 600 East Main Street in Richmond.

ADJOURNMENT
Chairperson Abbott adjourned the meeting at 10:58 a.m.

Monitoring Report
Bon Air Juvenile Correctional Center

On June 23, 2016, the current certification status of Bon Air Juvenile Correctional Center was extended to January 31, 2017, with status reports every two months on areas currently in noncompliance. Below are the areas that were in non-compliance at the status visit conducted on May, 11, 2016, and the current status determined during a review on August 9, 2016. Another review will be conducted in October 2016.

In summary, the critical regulatory requirements are now in compliance. Two non-critical regulatory requirements remain in non-compliance.

- **6VAC35-71-1140 (B). Room confinement.**
  - There were no confinement forms or documentation of confinements was incomplete in eight out of 10 applicable incidents reviewed.

- **6VAC35-71-1140 (E). Room confinement.**
  - There was no documentation of a report to a position above the level of superintendent when a resident was confined for more than 72 hours in one out of one applicable incident reviewed.

After the August 9th review it was determined that the corrective action plan was not functional in the proper accountability of confinement forms. Instead of multiple persons being responsible for the forms, the responsibility has been delegated to one person. The October review will determine if this new approach will solve the issue.

6VAC35-71-170 (D). Retraining. CRITICAL
All direct care staff shall receive training sufficient to maintain a current certification in first aid and cardiopulmonary resuscitation.

Audit Finding February 11, 2016:
There was no documentation that four out of 15 direct care staff maintained certification in first aid and cardiopulmonary resuscitation during one or more years during the audit period.

Program Response

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

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

Planned Corrective Action:

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

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

Person Responsible:
Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Not Compliant
There was no documentation that 16 direct care staff had a current certification in first aid and cardiopulmonary resuscitation.

Current Status on August 9, 2016: Compliant
All applicable staff is currently certified in first aid and cardiopulmonary resuscitation.

6VAC35-71-280 (B). Buildings and inspections. CRITICAL
A current copy of the facility's annual inspection by fire prevention authorities indicating that all buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51) shall be maintained. If the fire prevention authorities have failed to timely inspect the facility's buildings and equipment, the facility shall maintain documentation of its request to schedule the annual inspection, as well as documentation of any necessary follow-up. For this subsection, the definition of annual shall be defined by the Virginia Department of Fire Programs, State Fire Marshal's Office.

Audit Finding February 11, 2016:
Fire inspections at the facility were conducted on March 5, 2013, May 13, 2014, and June 30, 2015, during the audit period. There were more than 13 months between the 2013 and 2014 inspections.

Program Response

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

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

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

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

Person Responsible:
Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Not Determinable:
The last fire inspection was conducted on June 30, 2015, and the annual inspection is due by July 2016. A request was sent to the Fire Marshall on May 11, 2016, for the next annual inspection.

Current Status on August 9, 2016: Compliant
Fire inspections were conducted at the facility on May 31, 2016 by the Fire Marshall.

6VAC35-71-790 (F). Individual service plans.
Copies of the individual service plan shall be provided to the (i) resident; (ii) parents or legal guardians, as appropriate and applicable, and (iii) placing agency.

Audit Finding February 11, 2016:
There was no documentation that the residents, their parents or the placing agency were provided copies of the service plan in five out of nine applicable case records reviewed.

Program Response

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

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

Planned Corrective Action:
- The initial comprehensive reentry case plan (CRCP) will be mailed by the CAP counselor to the parent or legal guardian (or social worker, if applicable) and PO within 30 days of admission. The intake community coordinator will verify that a copy has been mailed to applicable parties.
- Annually, the assigned counselor will mail the plan to the parent or legal guardian (or social worker, if applicable) and PO. The community coordinator will verify that a copy has been mailed to applicable parties. The community manager will assist with any issues to ensure the prompt mailing of the CRCP.
- During the month of February, the assigned counselor will bring their assigned caseload into compliance by addressing any previously identified deficiencies such as mailing the individual service plans to the parent or legal guardian (or social worker, if applicable) and PO.
- Beginning in March and each month thereafter resident files will be audited by the assigned community coordinator using the approved audit form.
- Quarterly, resident files will be audited by the assigned community manager using the approved audit form. This effort will be conducted in conjunction with the counselor. Remedial training will be conducted and documented in instances of noncompliance.
- On March 11, 2016, case management staff and administrators were formally trained on the department's new procedures as outlined in the Reentry and Intervention Manual for Committed and Paroled Juveniles.

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

Person Responsible:
Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Not Compliant
There was no documentation that the parent/guardian and/or placing agency was provided a

copy of the service plan in six out of 13 applicable case records reviewed.

Current Status on August 9, 2016: Compliant
Five applicable case records were reviewed and were compliant.

6VAC35-71-1140 (B). Room confinement.
Whenever a resident is confined to a locked room, including but not limited to being placed in isolation, staff shall check the resident visually at least every 30 minutes and more frequently if indicated by the circumstances.

Audit Finding February 11, 2016:
There was no documentation of confinement forms in 11 out of 16 incidents reviewed in which residents were confined to their rooms.

Program Response

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

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

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

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

Person Responsible:
Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Not Compliant
There was no documentation of confinement forms in five out of 10 incidents reviewed in which residents were confined to their rooms.

Current Status on August 9, 2016: Non-compliant
There were no confinement forms or documentation of confinements was incomplete in eight out of 10 applicable incidents reviewed.

6VAC35-71-1140 (E). Room confinement.
If the confinement extends to more than 72 hours, the (i) confinement and (ii) the steps being taken or planned to resolve the situation shall be immediately reported to the department staff, in a position above the level of superintendent, as designated in written procedures. If this report is made verbally, it shall be followed immediately with a written, faxed, or secure email report in accordance with written procedures.

Audit Finding February 11, 2016:
There was no documentation that written communication was sent to department staff in a position above the superintendent in two out of two applicable incidents reviewed.

Program Response

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

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

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

- The community manager will assist in locating any missing documents. The assigned supervisor will conduct remedial training to staff when errors are noted.
- On March 14, 2016, training will be conducted with community coordinators and community managers.

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

Person Responsible:
Douglas Vargo, Superintendent Sr.

Current Status on May 11, 2016: Not Determinable
There were no applicable incidents reported.

Current Status on August 9, 2016: Non-compliant
There was no documentation of a report to a position above the level of superintendent when a resident was confined for more than 72 hours in one out of one applicable incident reviewed.

SUMMARY
DEPARTMENT CERTIFICATION ACTIONS
October 13, 2016

Certified the 11th District Court Service Unit for one year with a status report from Regional Program Manager in April 2017 on compliance with corrective action plan.
Pursuant to 6VAC35-20-100C.3, if the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years.

Certified the 16th Court Service Unit for three years.
Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified the 26th District Court Service Unit for three years.
Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified the Apartment Living Program to January 21, 2019.
Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

Certified the Chesterfield Juvenile Detention Home and Post-Dispositional Detention Program for three years with a letter of congratulations for 100% compliance.
Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

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

CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE

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

AUDIT DATES:
April 25-27, 2016

CERTIFICATION ANALYST:
Sean D. Milner

CURRENT TERM OF CERTIFICATION:
September 13, 2013 - September 12, 2016

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

PREVIOUS AUDIT FINDINGS – April 17, 2013
99.42% Compliance Rating
6VAC35-150-415 Supervision of juvenile in direct care.

CURRENT AUDIT FINDINGS – April 27, 2016:
No deficiencies from previous audit.
87.3% Compliance Rating
Number of Deficiencies: Eight
6VAC35-150-140 (A). Records Management
6VAC35-150-290. Intake communication with detention
6VAC35-150-336 (A). Social histories
6VAC35-150-340. Beginning supervision
6VAC35-150-350 (A). Supervision plans for juveniles
6VAC35-150-350 (b) Supervisory Reviews
6VAC35-150-420. Contacts during juvenile's commitment
6VAC35-150-335 (A). Diversion

DEPARTMENT CERTIFICATION ACTION October 13, 2016: Certified the 11th District Court Service Unit for one year with a status report from Regional Program Manager in April 2017 on compliance with corrective action plan.
Pursuant to 6VAC35-20-100C.3, if the certification audit finds the program or facility in less than 100% compliance with all critical regulatory requirements or less than 90% on all noncritical regulatory requirements or both, and a subsequent status report, completed prior to the certification action, finds 100% compliance on all critical regulatory requirements and 90% or greater compliance on all noncritical regulatory requirements, the program or facility shall be certified for a specified period of time, up to three years.

TEAM MEMBERS:
Sean D. Milner, Team Leader
Clarice T. Booker, Central Office
Deborah Hayes, Central Office
Mark Lewis, Central Office

Sheila Palmer, Central Office

POPULATION SERVED:
The 11th District Court Service Unit serves the City of Petersburg and the Counties of Amelia, Dinwiddie, Nottoway, and Powhatan.

PROGRAMS AND SERVICES PROVIDED:
- Intake Services
- Investigations and Reports
- Domestic Relations
- Probation & Parole

Other Services:
- Utilizes comprehensive services to provide:
  - Mentoring
  - In-home counseling
  - Individual and family counseling services
  - 294 funded services
  - Surveillance services
  - VJCCCA services
  - Diversion
  - First time offender programming
  - Community service
  - Law related education
  - Intensive supervision

CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE

FACILITY/PROGRAM: 11st District Court Service Unit (Petersburg)

SUBMITTED BY: Michael Traylor, CSU Director

CERTIFICATION AUDIT DATES: April, 25-26, 2016

CERTIFICATION ANALYST: Sean D. Milner

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

6VAC35-150-140 (A). Records Management.
Case records shall be indexed and kept up to date and uniformly in content and arrangement in accordance with approved procedures.

• Case record identified by JTS number and juvenile's name (last, first and middle initial)

Audit Finding(s):
Six of fifteen files selected were missing the middle initial.

Program Response

Cause:
Since our last audit in April 2013, the CSU has undergone significant change in personnel. Our OSS retired in December 2014 and the position remained vacant until late May 2015. This was an internal promotion and the Petersburg OSA position was vacant from May 2015 until August 2015. Our OSA position for Amelia and Powhatan remained vacant from October 2014 until September 2015. One OSA position has been vacant due to LTD since October 2015 and our Dinwiddie/Nottoway OSA was out due to STD from March – April, 2016. These changes contributed to lack of oversight in this area for full compliance to the standard.

Effect on Program:
None

Planned Corrective Action:
All staff will be retrained on this standard.

Completion Date:
May 6, 2016. This standard was reviewed with all staff at a district staff meeting. Staff was instructed on how to comply with this standard.

Person Responsible:
Office Service Assistants, Probation Supervisor, Probation Officer.

Current Status on July 27, 2016: Compliant
Eight of eight cases reviewed had the middle initial properly displayed on the file jacket.

6VAC35 - 290. Intake communication with detention

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

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

Audit Finding(s):
Three of six cases selected failed to have a copy of the juvenile Alert page completed, printed and retained in the juvenile's case file.

Program Response

Cause:
Since our last audit in April 2013, the CSU has undergone major change in personnel. For a period of 32 months (April 2013 thru January 2016) the CSU had transition in the positions of CSU Director, Probation Supervisor (2), Office Services Supervisor, Probation Officer (6) and Office Services Assistant (2). These major changes in personnel required trainings for all staff in their new positions. This transition has contributed to inconsistency in printing a copy of the juvenile alert for the juvenile's case file.

Effect on Program:
Minimal. Alert information was provided to the proper detention home. The non-compliance was failure to print the copy for the juvenile's case file.

Planned Corrective Action:
All staff are to be retrained on this standard.

Completion Date:
May 6, 2016. This standard was reviewed with all staff at a district staff meeting. Staff was instructed on how to comply with this standard.

Person Responsible:
Intake Officers and Probation Supervisors.

Current status on July 27, 2016: Compliant
Three of three selected files had a copy of the Juvenile Alert page completed, printed and retained in the juveniles' case file.

6VAC35 - 336 (A). Social histories
A social history shall be prepared in accordance with approved procedures (9230) Effective 10/15/2015

Audit Finding(s):
Listed below are the categories listed on the social history and the discrepancy:

Demographic Information
Four of four cases selected omitted Driver's License information.

Present Offense or Incident
Three of four cases selected were missing juvenile's version of offense.

Legal History
Three of four cases selected were missing past, present, and pending petitions and dispositions history of detention, and placements ordered by the court.

Four of four cases selected omitted response to court intervention.

Two of four cases selected were missing previous contacts with the CSU resulting in diversion and informal resolutions at intake, unless prohibited by the court.

Four of four cases selected failed to note any other contacts with other CSUs and states.

Family Involvement
Two of four cases selected failed to document details of the home visit and describe the residence in their narrative.

Two of four cases selected failed to document the history of abuse, runaway, and department of social services involvement.

Two of three cases selected failed to document the mental health and substance abuse issues of parents and persons residing in the household.

Education
Three of four cases selected failed to document the academic performance (current and past) of client.

Three of four cases selected failed to document the classification of Special Education and disabilities (Individual Education Plan (IEP) status).

Three of four cases selected failed to document any issues surrounding behavioral adjustment in an educational setting.

Two of four cases selected failed to document the history of disciplinary problems.

Three of four cases selected failed to document the involvement in school activities.

Four of four cases selected failed to document the juvenile's and parent's or guardian's perception of the value of education and the appropriateness of the school placement

Community and Peer Relationships
Two of four cases selected failed to document any associations with or membership in a gang.

Mental Health and Physical Health
Two of four cases selected failed to make a statement of current physical health and any significant health history.

Two of four cases selected failed to make a statement as it relates to any evaluations and treatment services.

Aggression
Two of four cases selected failed to document history of aggressive or violent behavior and whether or not resulting in court involvement.

Employment and Use of Free Time
Two of four cases selected failed to list client's activities in the community.

Three of four cases selected failed to list client's career plans.

Service History, Service Needs, Availability, Funding Sources Explored, and Outcomes
Two of four cases selected failed to document service history, service needs, availability, funding sources explored, and outcomes.

Summary
Three of four cases selected were missing an assessment of the juvenile and family addressing strengths or protective factors, overall level of risk, criminogenic need areas requiring intervention.

Recommendation
Two of four cases selected failed to include in their documentation a statement that would encompass the agency's risk need responsivity practice model (YASI) the Balanced Approach and address community protection, accountability, and competency development.

Program Response

Cause:
Since our last audit in April 2013, the CSU has undergone major change in personnel. For a period of 32 months (April 2013 – January 2016) the CSU had transition in the positions of CSU Director, Probation Supervisor (2), Office Services Supervisor, Probation Officer (6) and Office Services Assistant (2). The reader of the audit findings can see this standard to be our most egregious area. The social history process can best be described as an ongoing work in progress for the CSU. Our personnel transition has presented a challenge for the CSU in this area of social histories and there have been periods of inconsistent oversight in this area with the stress of meeting report deadlines. Also, this format has been under agency review since its implementation in the later part of 2014.

Effect on Program:
Minimal. Although missing information, the reports were thorough.

Planned Corrective Action:
The "Checklist for Social History" is being implemented effective immediately for the report writer and supervisor. This document will be cross referenced with the "Guidance Document for Completing a Quality Social History Investigation". This cross reference will ensure all required information is on the "Checklist for Social History". We will seek additional training for staff from our regional Community Programs Specialist/Practice Improvement Coach.

Completion Dates:
May 6, 2016 and June 30, 2016. The "Checklist for Social History" has been implemented effective May 6, 2016 at our district staff meeting. The "Checklist for Social History" and "Guidance Document for Completing a Quality Social History Investigation" have been cross-referenced by one of our YASI coaches and the document is awaiting final review and approval by the CSU Director for implementation. The additional training for all staff will be completed no later than June 30, 2016.

Person Responsible:
Probation Officers and Probation Supervisors.

Current status on July 27, 2016: Not Determinable

On July 13, 2016, the Director issued a waiver to the Certification Unit's audit requirements for finding noncompliance, provided for in 6VAC35-20-85, for court services units completing social history reports. Since this status report was generated after the waiver became effective an assessment of this area was not necessary.

6VAC35 – 340. Beginning supervision.
Within the timeframes established by approved procedures for beginning supervision, a probation or parole officer shall see the juvenile face-to-face within five working days of receipt of the court order.

Audit Finding(s):
Two of four cases selected failed to see the juvenile face-to-face within five working days of receipt of the court order.

Program Response

Cause:
Since our last audit in April, 2013, the CSU has undergone major change in personnel. For a period of 32 months (April, 2013 – January, 2016) the CSU had transition in the positions of CSU Director, Probation Supervisor (2), Office Services Supervisor, Probation Officer (6) and Office Services Assistant (2). The CSU had a process in place to meet this standard, staff vacancies and inconsistent trainings contributed to the non-compliance in this area.

Effect on Program:
None. No adverse action was caused to the juvenile, family or community.

Planned Corrective Action:
All staff will be retrained on this standard.

Completion Date:
On May 6, 2016, this standard was reviewed with all staff at a district staff meeting. Staff was instructed on compliance expectations for this standard and how to document the contact in BADGE.

Person Responsible:
Probation Officer and Probation Supervisor.

Current status on July 27, 2016: Compliant
Five of five cases selected demonstrated that the juvenile was seen face-to-face within five working days of receipt of the court order.

6VAC35-150-350 (A). Supervision plans for juveniles.
To provide for the public safety and address the needs of a juvenile and that juvenile's family, a juvenile shall be supervised according to a written individual supervision plan, developed in accordance with approved procedures and timeframes, that describes the range and nature of field and office contact with the juvenile, with the parents or guardians of the juvenile, and with other agencies or providers providing treatment or

services.

Audit Finding(s):
Four of five cases reviewed failed to document that all supervision case plans shall be reviewed by the supervisor prior to review and signature by the family.

Program Response

Cause:
Since our last audit in April 2013, the CSU has undergone major change in personnel. For a period of 32 months (April 2013 thru January 2016) the CSU had transition in the positions of CSU Director, Probation Supervisor (2), Office Services Supervisor, Probation Officer (6) and Office Services Assistant (2). This transition contributed to inconsistency in this area, where training could have been more thorough and consistent for staff. Managing so many vacancies contributes to "crisis management" which does not support needed consistency.

Effect on Program:
Minimal. CSU services were provided to juveniles and families under supervision.

Planned Corrective Action:
Deadlines for the initial supervision plan will be provided to the probation officer by the probation supervisor when the case is opened and assigned to the probation officer.

Completion Date:
May 6, 2016 and ongoing. At the CSU staff meeting on May 6, 2016 this standard was reviewed and the new process was presented. This standard will also be addressed as an ongoing review to ensure compliance with the standard.

Person Responsible:
Probation Officer, Probation Supervisor, CSU Director.

Current Status on July 27, 2016: Compliant
Five of five supervision case plans were reviewed by the supervisor prior to review and signatures were obtained by the family.

6VAC35-150-350 (B) Supervisory Reviews
In accordance with approved procedures, each written individual supervision plan shall be reviewed with the juvenile and the juvenile's family at least once every 90 days

Audit Finding(s):
Two of six cases reviewed failed to document that all supervision case plans were reviewed and approved by the supervisor

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

Program Response

Cause:
Since our last audit in April 2013, the CSU has undergone major change in personnel. For a period of 32 months (April 2013 thru January 2016) the CSU had transition in the positions of CSU Director, Probation Supervisor (2), Office Services Supervisor, Probation Officer (6) and Office Services Assistant (2). This transition contributed to inconsistency in this area, where training could have been more thorough and consistent for staff. Managing so many vacancies contributes to "crisis management" which does not always support needed consistency.

Effect on Program:
Minimal. CSU services were provided to juveniles and family under supervision.

Planned Corrective Action:
The CSU Director will review community insight reports monthly to ensure case plans are reviewed by the probation supervisor. Probation supervisors will be retrained on this standard to ensure compliance with required language for supervisor's summary comment.

Completion Date:
May 6, 2016 and ongoing. At the CSU staff meeting on May 6, 2016 this standard was reviewed and supervisor's explained to staff new expectations for this standard.

Person Responsible:
Probation Supervisors and CSU Director.

Current Status on July 27, 2016: Compliant
Five of five cases reviewed had supervisor's summary comment that the review has been completed and approved or modified as indicated.

6VAC35-150-420. Contacts during juvenile's commitment. (9332) Effective 10/17/2014
"During the period of a juvenile's commitment, a designated staff person shall make contact with the committed juvenile, the juvenile's parents, guardians, or other custodians, and the treatment staff at the juvenile's direct care placement as required by approved procedures. The procedures shall specify when contact must be face-to-face contact and when contacts may be made by video conferencing or by telephone."

Audit Finding(s):
Two of four cases reviewed failed to meet with the family or legal guardian face-to-face at least once every 90 days.

One of four cases reviewed did not have documentation that contact with the parent or legal guardian had occurred at least monthly to provide identified services and support consistent with the Parole Supervision and Family Involvement Plan.

Program Response

Cause:
New parole regulations were being implemented during this period. Lack of oversight by CSU

staff resulted in our non-compliance on this standard. There were major personnel changes in the unit since our last audit in April 2013.

Effect on Program:
Minimal. Services continued to be implemented and no adverse action was caused to a juvenile, family or community.

Planned Corrective Action:
Parole policy has been reviewed, staff retrained and checks and balances for compliance are being put into place.

Completion Date:
May 6, 2016 and ongoing. This standard was reviewed with staff at our May 6, 2016 staff meeting. The parole supervisor will provide ongoing review and training with parole staff for compliance with this standard.

Person Responsible:
Parole Officer, Parole Supervisor, CSU Director.

Current Status on July 27, 2016: Compliant
Five of five cases reviewed showed that the probation officer met with the family or legal guardian face-to-face at least once every 90 days.

6VAC35-150-335 (A). Diversion.
When an intake officer proceeds with diversion in accordance with subsection B of § 16.1-260 of the Code of Virginia, such supervision shall not exceed 120 days. For a juvenile alleged to be a truant pursuant to a complaint filed in accordance with § 22.1-258 of the Code of Virginia, such supervision shall be limited to 90 days.

Audit Finding(s):
Four of five cases selected exceeded 120 days.

Program Response

Cause:
Since our last audit in April, 2013, the CSU has undergone major change in personnel. For a period of 32 months (April, 2013 – January, 2016) the CSU had transition in the positions of CSU Director, Probation Supervisor (2), Office Services Supervisor, Probation Officer (6) and Office Services Assistant (2). This transition contributed to inconsistency in this area, where training could have been more thorough and consistent for staff. Managing so many vacancies contributes to "crisis management" which does not support needed consistency. During periods of crisis management, diversion may not receive the level of review and supervision received by probation and parole cases.

Effect on Program:
Minimal. CSU services were provided and no adverse action was caused to a juvenile, family or the community.

Planned Corrective Action:
CSU staff will be retrained on time management of diversion cases and time frames for diversion cases. To track diversion cases, a spreadsheet will be prepared for each jurisdiction in the CSU. Probation supervisors will review their respective spreadsheets monthly to ensure staff compliance with this standard.

Completion Date:
May 6, 2016 and ongoing. This standard was reviewed with staff at our May 6, 2016 staff meeting. Probation supervisors will provide ongoing review and training with staff who supervise diversion cases in the CSU.

Person Responsible:
CSU Diversion Staff, Probation Supervisor

Current status on July 27, 2016: Compliant
Four of four cases reviewed did not exceed the 120 day time limit.

CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE

PROGRAM AUDITED:
16th District Court Services Unit
Department of Juvenile Justice
401 E. High Street
Charlottesville, VA 22902
(434) 981-9970
Martha Carroll, Director
martha.carroll@djj.virginia.gov

AUDIT DATES:
April 11-12, 2016

CERTIFICATION ANALYST:
Sean D. Milner

CURRENT TERM OF CERTIFICATION:
September 13, 2013 – September 12, 2016

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

PREVIOUS AUDIT FINDINGS – April 10, 2013
100% Compliance Rating

CURRENT AUDIT FINDINGS – April 11, 2016:
99% Compliance Rating
No deficiencies from previous audit.
Number of Deficiencies: One
6VAC35-150-310 (A). Post-dispositional detention.

DEPARTMENT CERTIFICATION ACTION October 13, 2016: Certified the 16th Court Service Unit for three years.
Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:
Sean D. Milner, Team Leader
Clarice T. Booker, Central Office
Mark Lewis, Central Office
Carolyn Nesmith, Fredericksburg CSU
Samantha Higgins, Staunton CSU
Matt Bond, Henrico CSU

POPULATION SERVED:
The 16th District Court Service Unit serves the Counties of Albemarle, Fluvanna, Goochland, Greene, Louisa, Madison, and Orange; the City of Charlottesville and the Town of Culpeper.

PROGRAMS AND SERVICES PROVIDED:
- Intake Services
- Investigations and Reports
- Domestic Relations

- Probation & Parole

Other Services:

- Community Attention Services
- OPTIONS – Community Service
- Central Virginia Restorative Justice
- Supervision Plan Services

CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE

FACILITY/PROGRAM:	16st District Court Service Unit (Charlottesville)
SUBMITTED BY:	Martha Carroll, CSU Director
CERTIFICATION AUDIT DATES:	April, 11-12, 2016
CERTIFICATION ANALYST:	Sean D. Milner

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

6VAC35-150-310 (A). Post-dispositional detention.
When a court orders a juvenile to be detained postdispositionally for more than 30 days pursuant to subsection B of § 16.1-284.1 of the Code of Virginia, the CSU staff shall develop a written plan with the facility to enable such juvenile to take part in one or more community treatment programs appropriate for that juvenile's rehabilitation, which may be provided at the facility or while the juvenile is on temporary release status, as determined by that juvenile's risk to public safety and other relevant factors. The CSU shall provide a copy of the juvenile's social history to the post-dispositional detention program upon request.

Audit Finding(s): Two of four files reviewed were missing a plan and/or had a plan that was incomplete. .

Program Response

Cause:
CSU staff interpreted that the plan due date would be based on due date identified in BADGE. However, the start date should be based on the date the youth is court ordered into the post-dispositional detention program. The supervision plan was not updated for services to be provided upon the youth's return to the community.

Effect on Program:

The CSU was not impacted but youth should have a treatment plan so that probation staff and detention home staff can coordinate services related to YASI indicated needs. The timely development of this plan and the coordination between the CSU and the detention home are crucial so services begin promptly. If plan is not updated at the time of the youth's release from post-dispositional detention, appropriate services may not be available. The youth's re-entry may be negatively impacted.

Planned Corrective Action:
Probation supervisors will review this standard with each of their probation staff.

Administrative staff will log in court orders and document transfer of orders to supervisor. Supervisors will review these dates during individual supervision with probation staff. They will also send alerts regarding plan review due dates on "Compliance Monday." A spreadsheet will be created so that supervisors can track court dates and court ordered placement into post dispositional detention, etc.

Completion Date:
June 1, 2016 and ongoing

Person Responsible:
Administrative staff: Donna Cole, Kristi Faulk, Sherrie Mullins, Margaret Gossweiler and Cheryl Lavis. Probation Supervisors: Jim Brown, Christa Galleo, John Hespenheide and Marc Moore.

Current status as of August 3, 2016: Not Determinable
Martha Carroll, Director, indicated no new post-dispositional cases were opened since the audit of the16th CSU conducted on April 11-12, 2016.

CERTIFICATION AUDIT REPORT TO THE DEPARTMENT OF JUVENILE JUSTICE

PROGRAM AUDITED:
26th District Court Services Unit
26 Rouss Avenue, Suite 100
Winchester, Virginia 22601
(540) 722-7960
Peter Roussos, Director
Peter.Roussos@djj.virginia.gov

AUDIT DATES:
May 4-5, 2016

CERTIFICATION ANALYST:
Sean D. Milner

CURRENT TERM OF CERTIFICATION:
July 20, 2015 - July 19, 2016

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

PREVIOUS AUDIT FINDINGS – March 24, 2015:
91.83% Compliance Rating
No repeated deficiencies from previous audit.
Number of Deficiencies: Four
6VAC35-150-336 (A). Social histories.
6VAC35-150-350 (A). Supervision plans for juveniles.
6VAC35-150-350 (B). Supervision plans for juveniles.
6VAC35-150-410 (A). Commitment information.

CURRENT AUDIT FINDINGS – July 19, 2016:
94.34% Compliance Rating
One repeated deficiencies from previous audit
Number of Deficiencies: Three
6VAC35-150-290. Intake communication with detention
6VAC35-150-300 (A). Pre-Dispositionally placed juvenile.
6VAC35-150-336 (A). Social histories.

DEPARTMENT CERTIFICATION ACTION October 13, 2016: Certified the 26th District Court Service Unit for three years.
Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:
Sean D. Milner, Team Leader
Clarice T. Booker, Central Office
Mark Lewis, Central Office
Sheila Palmer, Central Office

POPULATION SERVED:
The 26th District Court Service Unit serves the cities of Harrisonburg and Winchester and the

counties of Frederick, Clarke, Rockingham, Page, Shenandoah, and Warren.

PROGRAMS AND SERVICES PROVIDED:
The 26th District Court Service Unit provides mandated services including:

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

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

- Community Services Board
- Comprehensive Service Act
- Transitional Services (294 Funding)
- Virginia Juvenile Community Crime Control Act (VJCCCA)
- Intensive Supervision Program (ISP)
- Substance Abuse
- Anger Management
- Mentoring
- In-home Services

CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE

FACILITY/PROGRAM:	26th District Court Service Unit
SUBMITTED BY:	Peter Roussos, CSU Director
CERTIFICATION AUDIT DATES:	May 4-5, 2016
CERTIFICATION ANALYST:	Sean D. Milner

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

6VAC35-150-290. Intake communication with detention.
When CSU staff facilitates the placement of a juvenile in detention, they shall give detention staff, by telephone, in writing, or by electronic means, no later than the time the juvenile arrives at the detention facility, the reason for detention and the offenses for which the juvenile is being detained including any ancillary offenses. CSU staff shall also give detention staff the following information when available and applicable: medical information; parents' or guardians' names, addresses and phone numbers; prior record as regards sexual offenses, violence against persons, or arson; suicide attempts or self-injurious behaviors; gang membership and affiliation; and any other information as required by approved procedure.

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

Audit Finding(s):
Three out of five cases reviewed were missing the printed Juvenile Alert Screen in the juvenile's case file.

Program Response

Cause:
Upon review of the deficient cases, it was determined that the Juvenile Alert Screen was not completed, printed and retained in the juvenile's case file whenever the Juvenile Alert Screen remained the same as the one already in existence and in the youth's case file. This in no way excuses this deficit; it just identifies what caused it. Probation Officers/Intake Officers of the 26th CSU are diligent in providing detention staff with important information regarding each youth. This includes the type of offenses, mental health issues such as self-harmful behaviors, propensity toward violence, including suspected gang affiliation and any other pertinent information that would ensure the health and safety of the youth as well as personnel at the detention facility.

Effect on Program:
The purpose of this standard is to ensure that detention staff are fully aware of youth's physical health, emotional health, offense history, nature of the offenses and the risk youth's behavior presents to himself and others. The nightmare scenario to any CSU Director involves detaining a youth without providing the aforementioned information which in turn causes a health and safety issue for the youth himself, other youth in the facility and facility staff as well. In other words it would be catastrophic!

Planned Corrective Action:
The results of the audit were shared with the entire CSU staff via email on May 5, 2016, with additional communication with certain staff. Additionally, each supervisor has reviewed this matter with all staff they supervise during the regular monthly supervisor sessions. Furthermore this very important standard will be discussed at the District wide staff meeting on July 8, 2016 and all staff will acknowledge receiving this information by signing appropriate documentation.

Completion Date:
All elements of the Corrective Action will be completed by the conclusion of the District wide staff meeting on July 8, 2016.

Person(s) Responsible:
Peter Roussos, Director, Janie Grinnan, Supervisor, Mark LeGrys, Supervisor, and Khadijah Muhammad, Supervisor

Current status as of July 26, 2016: Compliant
Three of three cases reviewed were had contained a printed copy of the Juvenile Alert Screen in the juvenile's case file.

6VAC35-150-300 (A). Pre-Dispositionally placed juvenile.
Contact, either face-to-face or via videoconferencing, with each juvenile placed in pre-

dispositional detention, jail, or shelter care.

Audit Finding(s):
Two of four cases reviewed failed to show that contact was made with the juvenile at least once every 10 days either fact-to-face or by telephone or video conferencing.

Program Response

Cause:
Upon review of current practices and the deficient cases it was determined that staff contact with the youth had been made by a co-worker but such was never documented by either Probation Officer. This was a serious oversight because as with all standards, CSU staff, Supervisors and Director take this and all standards seriously. In this instance the findings clearly indicated that existing methods and processes did not ensure full compliance.

Effect on Program:
The purpose of this standard is extremely important. It allows the detained youth to interact with the CSU representative to ask questions, obtain clarification, express concerns and formulate plans to ensure a successful return to the community. Additionally, this contact allows the CSU representative to assess youth's overall well-being, share this information with detention staff and take any additional action if necessary.

Planned Corrective Action:
The results of the audit were shared with the entire CSU staff via email on May 5, 2016 with additional communication with certain staff. Additionally, each supervisor has reviewed this matter with all staff they supervise during the regular monthly supervisor sessions. Furthermore this very important standard will be discussed at the District wide staff meeting on July 8, 2016 and all staff will acknowledge receiving this information by signing appropriate documentation. The CSU Director developed a document and will require weekly correspondence from each Supervisor by email reporting on pre-dispositionally detained juveniles, the date of the initial face to face contact and all required contacts thereafter by staff. This will go into effect on June 1, 2016. It is expected that implementation of this weekly reporting procedure to the CSU Director will ensure compliance with the standard. The 26th CSU will also conduct at least one self-audit per year. Particular attention will be paid to the compliance of this standard.

Completion Date:
The staff meeting to discuss the certification audit and to formally review policy/procedure will occur on July 8, 2016. Additionally, the Probation Supervisors will be monitoring the compliance with this standard on an ongoing basis beginning immediately and continuing until our Unit's next certification date. The CSU Director will require a weekly report from the Supervisor by email beginning immediately and continuing until such time as the Director believes the Supervisors have developed a reliable method to ensure that the required contacts are made and documented in compliance with this standard.

Person Responsible:
Peter Roussos, Director, Janie Grinnan, Supervisor, Mark LeGrys, Supervisor, Khadijah Muhammad, Supervisor

Current Status as of July 26, 2016: Compliant
Four of four cases reviewed demonstrated that contact was made with the juvenile at least once

every 10 days either face-to-face, telephone or video conferencing.

6VAC35-150-336 (A). Social histories.
A social history shall be prepared in accordance with approved procedures (9230) Effective 10/15/2015

(i) When ordered by the court,
(ii) For each juvenile placed on probation supervision with the unit,
(iii) For each juvenile committed to the Department,
(iv) For each juvenile placed in a post-dispositional detention program for more than 30 days pursuant to § 16.1-284.1 of the Code of Virginia,
(v) or upon written request from another unit when accompanied by a court order.

Audit Finding(s):
Legal History
Two of three cases reviewed were missing a response to court intervention.

Family Involvement
Two of three cases reviewed failed to adequately describe juvenile's living situation (include details of the home visit and describe the residence and socio-economic status of the community).

Three of three cases reviewed failed to list the history of abuse, runaway, and department of social services involvement.

Aggressive/Violence
Two of three files reviewed failed to address the history of aggressive or violent behavior, whether or not resulting in court involvement.

Employment and use of free time
Three of three cases reviewed failed to address the juvenile's career plans.

Recommendations
Three of three cases reviewed failed to submit and recommendation that encompass' the agency's risk need responsivity practice model (YASI) the Balanced Approach and address community protection, accountability, and competency development.

Program Response

Cause:
In reviewing the cases with deficient Social Histories it was determined that the major contributing factor was rather simple. Two of the three Social Histories were written by an experienced Senior Probation Officer who wrote two totally inadequate Social History with one of these reports being nothing less than embarrassing. Additionally, the Supervisor did not ensure that the Social History was meeting Agency Standards despite signing off on the attached Social History Checklist.

Effect on Program:
The purpose of this standard is to provide the Court and the Department accurate, thorough,

balanced and well researched information about the youth, the family and the youth's overall situation. This is of the outmost importance as this information identifies areas that require the appropriate level and type of intervention to ensure a successful case outcome. Failure to gather and document the required information may diminish the quality of services and supervision provided to the juvenile.

Planned Corrective Action:
The results of the audit were shared with the entire CSU staff via email on May 5, 2016 with additional communication with certain staff. This Director met with the Senior Probation Officer who wrote the deficient Social Histories on May 13, 2016. The provided feedback was accurate, direct and it enumerated the multiple failings of a truly embarrassing report. This Director also met with the Supervisor who signed off on the deficient Social Histories on May 5, 2016, right after the conclusion of the Audit.

The results of the audit were also reviewed in detail with the entire Management Team on May 20, 2016.

The 26th District CSU will take the following additional measures:
a) – Good Social History reports will be circulated throughout the District
b) – Social History reports will be reviewed and approved by two Supervisors
c) – District wide training on July 8, 2016
d) – Attached to each Social History will be the Standards checklist pertaining to Social Histories (pages 5-12) with a check to indicate that it was completed. To some this may appear as overkill but in this instance the 26th CSU wants to ensure compliance in providing complete, insightful and accurate Social Histories/Court Reports.

Completion Date:
All elements of the Corrective Action Plan have been discussed with all Supervisors. In turn they will discuss them with each of their Probation Officers. All elements will go into effect on June 1, 2016 after all staff has been formally informed by this CSU Director. The matter will be reviewed at the July 8, 2016 District Staff meeting.

Person Responsible:
Peter Roussos, Director, Janie Grinnan, Supervisor, Mark LeGrys, Supervisor, Khadijah Muhammad, Supervisor

Current Status as of July 26, 2016: Not determinable
On July 13, 2016, the Director issued a waiver to the Certification Unit's audit requirements for finding noncompliance, provided for in 6VAC35-20-85, for court services units completing social history reports. Since this status report was generated after the waiver an assessment of this area was not necessary.

CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE

PROGRAM AUDITED:
Apartment Living Program
714 20th Street
Virginia Beach, Virginia 23451
(757) 965-4551
William Wimbish, Director
Wwimbish@tyscommission.org

AUDIT DATES:
May 9-10, 2016

CERTIFICATION ANALYST:
Mark Ivey Lewis

CURRENT TERM OF CERTIFICATION:
Conditional Certificate – January 21, 2016 – July 20, 2016

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

PREVIOUS AUDIT FINDINGS – December 15 and 29, 2015:
100% Compliance Rating

CURRENT AUDIT FINDINGS – May 9-10, 2016:
6VAC35-41-850 (B) – Daily log
6VAC35-41-870 (C) – Quarterly reports
6VAC35-41-970 (C) – Independent living programs curriculum and assessment
6VAC35-41-1280 (F) – Medication
6VAC35-41-1280 (H) – Medication CRITICAL

DEPARTMENT CERTIFICATION ACTION October 13, 2016: Certified the Apartment Living Program to January 21, 2019.
Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:
Mark Ivey Lewis, Team Leader
Clarice Booker, Central Office
Shelia Palmer, Central Office
Sean Milner, Central Office
John Adams, Central Office

POPULATION SERVED:
The Apartment Living Program is an eight bed facility for males being released from Direct Care placement or who are on parole supervision between the ages of 17.5 and 21. The program provides a supervised apartment setting 24 hours a day, individualized case planning, vocational training, a complete array of independent living training/experiences, support with educational opportunities, employment opportunities and family engagement.

The Apartment Living Program consists of five two bedroom apartments at South Beach Villa Apartments located on 714 20th Street, Apt# 101(Staff Office), 712 20th Street, Apt #101, 102, 201, 202, VA Beach VA, 23451. Each apartment has two bed rooms, a living area, a dining area, and a kitchen and bathroom. Each apartment is fully furnished. Security cameras are located in hallways of the building as well as in the front and back of the building. The apartments are located in close proximity to public transportation, schools, libraries, police department, hospitals, etc.

PROGRAMS AND SERVICES PROVIDED:
The Apartment Living Program provides the following services to the residents:

- Direct:
  - Individual Counseling
  - Individualized Service Plans
  - Assessments
  - Independent Living Workshop Groups
  - Educational Placement Support
  - Vocational/Employment Placement Support
  - Money Management
  - 24-hour Supervision/Case Management
  - Aggression Replacement Training (ART)
  - Recreational Opportunities
  - Family Engagement/Involvement Groups (if applicable)
  - Comprehensive Discharge Planning

- Community:
  - Virginia Employment Commission
  - Workforce Development Sites (One-Stop)
  - Narcotic Anonymous/Alcoholic Anonymous Locations
  - Local Libraries
  - City Recreational Centers
  - Academic and vocational education in Virginia Beach School system
  - Medical, dental and psychological services
  - Community Service Board (CSB)

CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE

FACILITY/PROGRAM:	Apartment Living Program
SUBMITTED BY:	William Wimbish, Director
CERTIFICATION AUDIT DATES:	May 9-10, 2016
CERTIFICATION ANALYST:	Mark Ivey Lewis

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

6VAC35-41-850 (B). Daily log.
B. The date and time of the entry and the identity of the individual making each entry shall be recorded.

Audit Finding:
Dates reviewed in the facility log book were February, March and April, 8th, 26th and 27th. There were 26 entries that were either missing the date and/or the identity of the individual making the entry.

Program Response

Cause:
Some of the Apartment Living Program new staff were not familiar with this specific residential standard and did not understand clearly the expectations for daily log book documentation. In addition, staff was not aware that general notes in the log book to staff (for example reminders regarding an upcoming staff meeting or training) needed to also include a time. Administration also was not aware that notes that did not pertain to the residents or activity in the program needed to be signed. During the first few months of the program opening, administration also was not reviewing the log with the focus of ensuring that this standard was being met.

Effect on Program:
It needs to be clear in the daily log book the dates, times and author of each entry being made. There should be no question as to who made an entry in the log book and when it occurred. Staff rely heavily on daily log book communication and the documentation could also be subpoenaed. Critical decisions are made every day based on log book entries. Accuracy is imperative.

Planned Corrective Action:
This standard and the reasons for our being cited as being in non-compliance were addressed in a mandatory staff meeting on May 20, 2016. Expectations and the correct procedures for making log book entries were reviewed. The minutes from the meeting were documented and all staff will be expected to sign the minutes clearly indicating that they understand the correct procedures. In addition, the Director of the Apartment Living Program (ALP) and TYSC Deputy

Director will address this standard in the Directors meeting to ensure that all residential programs are compliant with standard **6VAC35-41-850 (B).**

Completion Date:
Staff Meeting Held on May 20, 2016. Meeting with Residential Directors scheduled May 26, 2016

Person Responsible: William Wimbish, Director

Current Status on June 23, 2016: Compliant
Dates reviewed in the facility log book were May 24th and 26th of 2016, and June 2nd, 3rd, 4th, 5th, 7th, 11th, and 13th of 2016. Seven of the nine dates reviewed had the identity of the individual making each entry.

6VAC35-41-870 (C). Quarterly reports.
C. All quarterly progress reports shall be distributed to the resident; the resident's family, legal guardian, or legally authorized representative; the placing agency; and appropriate facility staff.

Audit Finding:
One of one applicable case files reviewed did not have documentation that the quarterly progress report had been distributed to the resident and the placing agency.

Program Response

Cause:
The Quarterly Review of Individual Services Plan/Behavior Support Plan was printed and the last page containing the section below was inadvertently left off due to staff trying to enlarge the font which caused this statement to be on a separate page which was not included and filed.

"All signatures indicate that all parties have participated in the development of this plan and have received a copy of this plan and/or have reasonable access to this plan. All signed parties agree to the implementation of this plan. In order to protect the confidentiality of residents while residing in the facility, his/her individualized plan will be maintained in his/her file and can be accessed for review at any time.

Quarterly reviews are to take place within 60 days of implementation of this plan and within each 90 day period thereafter."

Effect on Program:
Although all parties did participate in the plan and were a given a copy of the service plan the statement confirming this was not included causing the non-compliance. It is critical that there be documentation indicating that all quarterly progress reports be distributed to the resident, the resident's family, legal guardian, or legally authorized representative; the placing agency and appropriate facility staff.

Planned Corrective Action:
As soon as this mistake was realized, the error was solved by changing the font and resizing the

document so that section would remain on the signature page. The Director/Assistant Director will ensure that all parties receive a copy of the plan and that the statement remains on the form.

Completion Date:
May 11, 2016.

Person Responsible:
William Wimbish, Director

Current Status on June 23, 2016: Compliant
One of one quarterly report reviewed had documentation that the report had been distributed to the resident and the placing agency.

6VAC35-41-970 (C). Independent living programs curriculum and assessment.
C. The resident's individualized service plan shall include, in addition to the requirements found in 6VAC35-41-860 (individual service plan), goals, objectives, and strategies addressing each of the areas listed in subsection B of this section, as applicable.

Audit Finding:
Three of three service plans reviewed did not include the goals, objectives, and strategies addressing each of the applicable areas listed below in regulation 6VAC35-41-970 (B), Independent Living Programs Curriculum and Assessment.

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

Program Response

Cause:
Staff did not realize that the Individual Service Plans did not clearly indicate the areas assessed for independent living as the curriculum utilized was included but not breaking out in detail the specific areas addressed in the curriculum and assessment. It is understood now that any of the applicable sixteen independent living areas assessed shall be specifically included in the plan to

include the goals, objectives, and strategies addressing each of the applicable areas contained in standard **6VAC35-41-970 (B)**.

Effect on Program:
This area included in the service plan was too broad and all parties would benefit from a clear understanding of the independent living areas being targeted.

Planned Corrective Action:
All applicable sixteen areas assessed for in the independent living skills assessment will be included in the client's Individual Service Plan.

Completion Date:
No new residents have been admitted since the audit. All current residents will have a service plan addendum completed to include the applicable independent living areas and all new residents will have these applicable areas addressed in their plan.

Projected Completion:
May 27, 2016

Person Responsible:
William Wimbish, Director

Current Status on June 23, 2016: Compliant
Two of two case files reviewed had an addendum to the service plan signed by the resident documenting that the staff had reviewed with the resident the goals, objectives and strategies for each area addressed in the Independent Living Program curriculum.

6VAC35-41-1280 (F). Medication.
F. All medications shall be administered in accordance with the physician's or other prescriber's instructions and consistent with the requirements of § 54.2-2408 of the Code of Virginia and the Virginia Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia).

Audit Finding:
One of one Medication Administration Record reviewed had documentation that Oxcarbazepine, 150 mg. was not administered as prescribed on 3/30/16 and was not administered within the proper time frame on 3/25/16.

Program Response

Cause:
On 3/30/16 staff did not administer one of the resident's morning medications. On 3/25/16 the same resident's medication was not administered within the proper time. The staff members had recently attended medication training and due to the nature of the program were working single coverage and were not in the practice of regularly administering medication.

Effect on Program:
This is a matter that administration takes very seriously. Residents need to take their medication as prescribed and staff need to ensure that all clients receive their medication as indicated by

their physician. Failure to administer medication as prescribed could result in adverse side effects for clients to include serious health implications.

Planned Corrective Action:
Medication Administration procedures were addressed with all staff in a mandatory staff meeting on May 20, 2016. Failure to administer medication in the future will result in administration utilizing the progressive disciplinary process.

Completion Date:
May 20, 2016.

Person Responsible:
William Wimbish, Director

Current Status on June 23, 2016: Compliant
One Medication Administration Record reviewed had documentation that the resident's medication had been administered as prescribed during May 15, 2016 and June 23, 2016.

6VAC35-41-1280 (H). Medication. CRITICAL
H. In the event of a medication incident or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented. A medical incident shall mean an error made in administering a medication to a resident including the following: (i) a resident is given incorrect medication; (ii) medication is administered to an incorrect resident; (iii) an incorrect dosage is administered; (iv) medication is administered at a wrong time or not at all; and (v) the medication is administered through an improper method. A medication error does not include a resident's refusal of appropriately offered medication.

Audit Finding:
One of one applicable medical case file reviewed did not have documentation for two incidents that occurred on 3/30/16 and 3/25/16, when a medication called Oxcarbazepine, 150 mg was not administered as prescribed and was not administered within the proper time frame respectively.

Program Response

Cause:
On 3/30/16 staff did not administer one of the resident's morning medications. On 3/25/16 the same resident's medication was not administered within the proper time by a different staff member. The staff members did not recognize that they had made errors and no staff had been assigned to monitor for medication incidents and incident reports. There was no documentation or follow-up regarding the medication incidents.

Effect on Program:
There was not an opportunity for medical guidance as to how to best handle these incidents to ensure the well-being of the resident as no medical professional was contacted. This is also a critical incident that could impact the certification of the program.

Planned Corrective Action:
The Assistant Director and Director of Apartment Living Program will closely monitor the medication log book daily to ensure all medication is administered as prescribed and to ensure that any medication incidents are documented and addressed in a timely manner. Also, the overnight staff will conduct and audit medication administration documentation.

Completion Date:
Currently there are no residents prescribed medications. This will be implemented the first day of the next resident admitted that is prescribed medication.

Person Responsible:
William Wimbish, Director

Current Status on June 23, 2016: Compliant
There was no documentation that any medication incidents had occurred between May 15th and June 23rd 2016.

CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE

PROGRAM AUDITED:
Chesterfield Juvenile Detention Home
9700 Krause Road
Chesterfield, Virginia 23832
Phone # (804) 748-1460
Marilyn Brown, Director
brownmag@chesterfield.gov

AUDIT DATES:
May 16-17, 2016

CERTIFICATION ANALYST:
Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:
October 28, 2013-October 27, 2016

REGULATIONS AUDITED:
6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

PREVIOUS AUDIT FINDINGS- May 14, 2013:
99% Compliance Rating
6VAC35-51- 810 E. Administration of Medication
6VAC35-51 - 810 G. Medication Errors

CURRENT AUDIT FINDINGS – May 17, 2016:
100% Compliance Rating

DEPARTMENT CERTIFICATION ACTION October 13, 2016: Certified the Chesterfield Juvenile Detention Home and Post-Dispositional Detention Program for three years with a letter of congratulations for 100% compliance.
Pursuant to 6VAC35-20-100C.1, if the certification audit finds the program or facility in 100% compliance with all regulatory requirements, the director or designee shall certify the facility for three years.

TEAM MEMBERS:
Shelia L. Palmer, Team Leader
Clarice Booker, Central Office
Mark Lewis, Central Office
Deborah Hayes, Central Office
Thomas Gaskins, Central Office
John Adams, Central Office
Jacquelyn Miller, Crater JDC
Letta P. Jones, Richmond JDC

PROGRAM DESCRIPTION
Chesterfield Juvenile Detention Home provides a highly structured program of care to meet the physical, educational, and medical needs of the juveniles detained. The safety and security of the community as well as the residents and staff of the detention home are the primary objectives.

Chesterfield Juvenile Detention Home recently adopted purpose statement is "To provide a safe, secure and supportive environment for court-involved youth with the goal of promoting individual growth through education and empowerment".

POPULATION SERVED:

The Chesterfield Juvenile Detention Home (CJDH) was originally constructed in 1973 as a 33-bed facility but later expanded and renovated in 2003 increasing the bed space to 90. Chesterfield Juvenile Detention Home provides safe and secure housing for male and female juveniles ages 7-17 who are pre-dispositional and post-dispositional before the courts in Chesterfield County and the City of Colonial Heights. The facility also serves juveniles age 18 in the Re-entry Program and the Community Placement Program.

PROGRAM AND SERVICES PROVIDED:

Facility (services offered by facility staff):

- CJDH School Program
- Recreation
- Food Service
- Medical
- Psycho-Educational Groups conducted by CJDH Senior Mental Health Clinician, MHSS Mental Health Case Manager and youth supervisors
- Crisis Counseling and Support – Provided by both CJDH Senior Mental Health Clinician and Mental Health staff assigned to CJDH but employed by Chesterfield Department of Mental Health Support Services
- Reading Program
- Community Placement Program
- Post-dispositional Program:
  - Individual and group counseling
  - Moral Reconation Therapy (MRT),
  - "Staying Quit" – substance abuse component of MRT
  - Community service
  - Parent counseling
  - Therapeutic Fitness Program
  - Partnership with the 12th CSU to share cost of Family Resources Coordinator to allow transition/aftercare for post-d residents to begin 30 days prior to release and 90 days post-release

Community (services offered by community agencies and resources):

- Crisis Counseling and Support – Mental Health staff assigned to CJDH but employed by Chesterfield Department of Mental Health Support Services
- Book Club – partnership with Chesterfield County Public Libraries
- Activities provided by volunteers and guest speakers including AA (optional)
- On-site STD testing and treatment – partnership with Chesterfield Health Department and Virginia Department of Health
- Religious services and activities (optional)

CERTIFICATION AUDIT REPORT
TO THE
DEPARTMENT OF JUVENILE JUSTICE

PROGRAM AUDITED:
Community Attention Group Home
414 4th Street N.E.
Charlottesville, VA 22902
(434) 970-3305
Hunter Smith, Program Supervisor
smithha@charlottesville.org

AUDIT DATES:
May 2-3, 2016

CERTIFICATION ANALYST:
Shelia L. Palmer

CURRENT TERM OF CERTIFICATION:
October 15, 2013 – October 14, 2016

REGULATIONS AUDITED:
6VAC35-41 Regulation Governing Juvenile Group Homes

PREVIOUS AUDIT FINDINGS May 7, 2013:
98% Compliance Rating
6 VAC 35-140-190 - Health Screening at Admission (Mandatory)
6VAC35-51-800. E - Medical Examinations and Treatment (Mandatory)
6VAC35-51-810. E - Medication (Mandatory)
6VAC35-51- 810.F - Medication Administration Record (MAR) (Mandatory)

CURRENT AUDIT FINDINGS – May 2-3, 2016:
99.20% Compliance Rating
No repeat deficiencies.
6VAC35-41-490 (I). Emergency and evacuation procedures. CRITICAL
6VAC35-71-565 (B). Vulnerable populations
6VAC35-41-950 (A). Work and employment.

DEPARTMENT CERTIFICATION ACTION October 13, 2016: Certified Community Attention Group Home for three years.
Pursuant to 6VAC35-20-100C.2, if the certification audit finds the program or facility in less than 100% compliance with all regulatory requirements and a subsequent status report, completed prior to the certification action, finds 100% compliance on all regulatory requirements, the director or designee shall certify the facility for a specific period of time, up to three years.

TEAM MEMBERS:
Shelia L. Palmer, Team Leader
Clarice Booker, DJJ Central Office
Deborah Hayes, DJJ Central Office
John Adams, DJJ Central Office
Mark Lewis, DJJ Central Office
Sean Milner, DJJ Central Office
Amy Sommer, Fairfax Transitional Living Program

POPULATION SERVED:

The Community Attention Home (CAH) is a co-ed group home located in downtown Charlottesville, Virginia. The program serves adolescents between the ages of 12 and 18 who are referred by the 16th District Court Service unit, local departments of social services, through the Runaway and Homeless Youth (RHY) grant and occasionally under parental placement through the Community Service Board. The RHY grant is a federal funded short term placement for youths not served by court service units or the Department of Social Services. The program provides a supportive but structured environment for children who have experienced difficulties at home, school and in the community. Residents may be accepted for temporary, emergency and regular placements. Placement for a successful participant typically ranges between one and six months. Each resident has an individualized treatment plan that is designed to address his or her treatment issues. The case manager for each resident provides individual support in addition to coordination and planning services. Children in the Community Attention Home program have access to the entire continuum of Community Attention services, through coordination and approval from the referring agent.

All residents attend public schools and some may be approved to have jobs after school hours.

PROGRAMS AND SERVICES PROVIDED:

Facility (services offered by facility staff):

- 24 hour supervision/room & board
- Daily structured environment
- Case management and coordination
- Individualized treatment planning
- Group meetings – Decision-Making/Problem Solving: Community, Skill Building Recreational activities
- Transportation
- Referral for additional services
- In - house recreation

Community:

- Public School education
- Out of facility recreation
- Community Attention Teens Give Program
- CSB substance
- Mental health services
- Individual & family counseling
- Employment support
- Internship programs
- Medical services
- Specialized groups

CORRECTIVE ACTION PLAN
TO THE
DEPARTMENT OF JUVENILE JUSTICE

FACILITY/PROGRAM:	Community Attention Group Home
SUBMITTED BY:	Hunter Smith, Program Supervisor
CERTIFICATION AUDIT DATES:	May 2-3, 2016
CERTIFICATION ANALYST:	Shelia L. Palmer

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

6VAC35-41-490 (I). Emergency and evacuation procedures. CRITICAL
At least one evacuation drill (the simulation of the facility's emergency procedures) shall be conducted each month in each building occupied by residents. During any three consecutive calendar months, at least one evacuation drill shall be conducted during each shift.

Audit Finding:
There was no documentation of evacuation drills during the 7-3 shift between December 2013 and April 2014, and on the 11 – 7 shift between November 2013 and March 2014.

Program Response

Cause:
During the time period indicated in the audit finding, evacuation drills were conducted on consecutive PM shifts, instead of the typical rotation. This action caused us to be out of compliance with the aforementioned standard.

Effect on Program:
The effect on the program was that, according to how the standards are designed, we were deficient in practicing evacuations in the appropriate order during the three month period.

Planned Corrective Action:
Attention Home staff will plan accordingly to make sure the appropriate drill is being conducted monthly; evacuation planning will be reviewed periodically during staff meetings and calendars will indicate which shift is due for a drill.

Completion Date:
May 31, 2016

Person Responsible:
Hunter Smith

Current Status on September 22, 2016: Compliant
The facility provided documentation of evacuation drills during the 7-3, 3-11 and 11-7 shift between May 2016 and September 2016.

6VAC35-71-565 (B). Vulnerable populations
If the assessment determines a resident is a vulnerable population, the facility shall implement any identified additional precautions such as heightened need for supervision, additional safety precautions, or separation from certain other residents. The facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems.

Audit Finding:
Nine of 17 applicable case files reviewed did not have documentation of a vulnerability assessment.

Program Response

Cause:
During the first nine months of the audit period, the Attention Home was not conducting assessments of vulnerability that met the standard listed above. Our assessments were conducted in our screening process, but were not documented adequately. Upon discussing this standard with our previous certification analyst, an acceptable vulnerable population assessment questionnaire and procedure was immediately instituted.

Effect on Program:
Vulnerable population assessments were not being conducted in a manner that fully met the aforementioned standard.

Planned Corrective Action:
Vulnerable population assessments will be completed at admission.

Completion Date:
September 2014

Person Responsible:
Hunter Smith

Current Status on September 22, 2016: Compliant
Five of five applicable case files reviewed had documentation of a vulnerability assessment.

6VAC35-41-950 (A). Work and employment.
Assignment of chores that are paid or unpaid work assignments shall be in accordance with the age, health, ability, and service plan of the resident.

Audit Finding:
Fourteen of 14 applicable case files reviewed did not have documentation of assignment of chores that are paid or unpaid work assignments in accordance with age, health, ability and service plan of the resident.

Program Response

Cause:
Although the Attention Home has an assignments of chores built into the daily program structure, there was no evidence located in the service plans of our residents.

Effect on Program:
The effect on the program was that the service plan did not specifically address the assignment of chores given to our residents.

Planned Corrective Action:
Service plans have been updated to include our assignment of chores.

Completion Date:
May 4, 2016

Person Responsible:
Hunter Smith

Current Status on September 22, 2016: Compliant
One applicable case file reviewed had documentation of assignment of chores that are paid or unpaid work assignments in accordance with age, health, ability and service plan of the resident.

Andy K. Block, Jr.
Director

COMMONWEALTH OF VIRGINIA

Department of Juvenile Justice

MEMORANDUM

TO: Board of Juvenile Justice

FROM: Virginia Department of Juvenile Justice

DATE: November 14, 2016

SUBJECT: Variance Request from the Local Juvenile Detention Centers' Retraining Requirement

---

I. Summary of Action Requested

The Department of Juvenile Justice (DJJ) respectfully requests the Board of Juvenile Justice (Board) to consider the Virginia Juvenile Detention Association's (VJDA's) request for an extension of a blanket variance issued on September 10, 2014, and temporarily extended on September 19, 2016, pursuant to 6VAC35-20-92 of the *Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities*. The VJDA submitted its request for the extension of the variance via a letter to the Board dated August 9, 2016, for consideration at the September 19, 2016, Board meeting on behalf of the twenty-four local and regional juvenile secure detention centers throughout the Commonwealth. The VJDA seeks an extension of the variance to the regulatory requirement set out in 6VAC35-101-200(C) of the *Regulation Governing Juvenile Secure Detention Centers*, which requires all direct care staff employed in juvenile secure detention facilities to receive at least 40 hours of refresher training annually to include training on seven enumerated topics. The VJDA requests that the Board grant part-time and relief direct care staff an exemption from the 40-hour refresher training requirement, but that these employees remain obligated to complete annual retraining in the seven specific areas enumerated in 6VAC35-101-200(C).

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

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

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

Main Street Centre • 600 East Main Street • 20th Floor • P.O. Box 1110 • Richmond, VA 23218 • 804.371.0700 • Fax: 804.371.6490

7) behavior intervention procedures. The variance expired on September 10, 2016, prior to the September 19, 2016, Board meeting at which the variance request was scheduled to be heard. Pursuant to his authority outlined in 6VAC35-20-93, the Director issued a waiver to the regulatory requirement, to expire upon the Board's determination at the September 19 meeting.

On September 19, 2016, the Board heard VJDA's request to extend the blanket variance to the regulatory requirement set out in 6VAC35-101-200(C) until such time as 6VAC35-101 is amended or for five years, whichever occurs first. To inform its decision, the Board requested that VJDA survey its members to obtain an analysis of the approximate number of hours part-time staff in each facility are devoting to the seven specified topics identified in 6VAC35-101-200(C) annually under the current variance. The Board requested that VJDA provide this information prior to the next scheduled Board meeting on November 14, 2016, and issued VJDA a temporary extension of the variance until the November meeting. VJDA queried all twenty-four of the juvenile secure detention centers in Virginia to ascertain their training requirements for part-time and relief staff and listed the following among its findings in a letter to the Board, dated October 24, 2016:

- Of the twenty-four juvenile detention centers queried, twenty responded. Most, but not all, of these facilities have part-time or substitute relief staff;
- Each of the twenty respondents have training in the seven mandated topics outlined in 6VAC35-101-200(C), as well as in Emergency Preparedness and Response Plan procedures and Handle with Care;
- Of the twenty respondents, thirteen reported the average number of hours worked by part-time and relief staff annually, which averaged approximately 611.75 hours annually;
- Average time spent completing training in the seven enumerated topics mandated in 6VAC35-101-200(C) totaled 10.1 hours annually, broken down as follows:

o Suicide Prevention	1.9
o Standard Precautions	1.3
o Maintaining Appropriate Professional Relationships	1.1
o Interaction Among Staff and Residents	1.2
o Residents' Rights	1.2
o Child Abuse and Neglect and Mandatory Reporting	1.4
o Behavior Intervention	2.0
Average Total	**10.1**

- Additionally, VJDA reported an average of 1.5 hours and 7.4 hours spent annually in Emergency Preparedness and Response and Handle with Care, respectively. Annual training is required in each of these topics under 6VAC35-101-200. The inclusion of these trainings means the part-time and relief staff receive, on average, a total of **19 hours** of training in these nine regulatory required areas.

It is requested that the Board review information provided by VJDA in response to the request submitted by the Board and consider whether to extend the terms of the original variance, issued September 10,

2014, for an additional period, to remain in effect until such time as the *Regulation Governing Juvenile Secure Detention Centers* (6VAC35-101) is amended or for five years, whichever occurs first. The regulation is currently under review; a Notice of Intended Regulatory Action has already been authorized by the Board and submitted for a comprehensive review of the regulation.

II. Background

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

> ***6VAC35-101-200. Retraining***:
>
> … (C) - All direct care staff shall receive at least 40 hours of training annually that shall include training on the following:
>
> 1. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);
> 2. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases);
> 3. Maintaining appropriate professional relationships;
> 4. Interaction among staff and residents;
> 5. Residents' rights, including but not limited to the prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
> 6. Child abuse and neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect); and
> 7. Behavior intervention procedures. …
>
> … (H) - Staff who have not timely completed required retraining shall not be allowed to have direct care responsibilities pending completion of the retraining requirements.

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

Rationale

The VJDA contends that the 40-hour refresher training requirement for part-time staff presents a logistical and financial burden for local juvenile secure detention facilities. While this training can be built in for full-time staff as part of their scheduled work week, it is much more challenging to coordinate with part-time employees who frequently work other full-time jobs outside of the juvenile

detention facility. Furthermore, although the proposed variance would exempt juvenile secure detention centers from the 40-hour annual refresher training requirement for its part-time direct care staff, affected part-time employees would remain obligated to receive annual training in the essential topics of suicide prevention, standard precautions, appropriate professional relationships, staff and resident interaction, residents' rights, child abuse, neglect, and mandatory reporting and behavior intervention procedures, as well as any additional applicable areas specified in 6VAC35-101-200. DJJ does not believe the safety of the residents, staff, or the general public will be compromised if this variance is granted.

IV. Proposed Variance

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

The terms of the proposed variance are set out below.

6VAC35-101-200(C)

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

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

V. Outcome Requested

DJJ respectfully requests the Board to consider whether to extend the blanket variance issued on September 10, 2014, and temporarily extended on September 16, 2016, pursuant to 6VAC35-20-92 of the *Regulation Governing the Monitoring, Approval, and Certification of Juvenile Justice Programs and Facilities,* to allow the twenty-four local and regional juvenile secure detention centers throughout the Commonwealth to continue exempting part-time and relief direct care employees from meeting the 40 hours of annual retraining mandate set out in 6VAC35-101-200(C) of the *Regulation Governing Juvenile Secure Detention Centers*. DJJ requests, if the extension is granted, that part-time and relief direct care staff remain obligated to: 1) receive the initial 40 hours of training, inclusive of the enumerated topics in their first year of employment, and 2) complete annual retraining in the seven areas

enumerated in 6VAC35-101-200(C) and any other regulatory required areas of training, including, but not limited to, suicide prevention; standard precautions; maintaining appropriate professional relationships; staff and resident interaction; residents' rights; child abuse, neglect, and mandatory reporting; and behavior intervention procedures.

VI. Duration of Variance

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

Established 1968
VIRGINIA JUVENILE DETENTION ASSOCIATION
www.vcjd.org

October 24, 2016

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

Dear Ms. Abbott:

At the September 2016 Board of Juvenile Justice (Board) Meeting, the Board, in hearing the variance request presented by the Virginia Juvenile Detention Association (VJDA) for relief from the regulatory requirement (6VAC35-101-200, Retraining) of 40 hours of annual retraining for relief and part time employees, requested that VJDA provide information from the local juvenile detention centers on how the required annual trainings are being delivered under the current variance from this requirement, the length of time to deliver the training material, and any additional required annual trainings. The VJDA queried all twenty-four detention centers about their training practices as they relate to part time and substitute relief counselors. Twenty of the twenty-four juvenile detention centers responded. Below is a summary of those responses.

- Not all facilities have part-time or substitute relief staff; however most do.

- All of the respondents provide annual retraining in nine core areas to part-time and relief staff:
  1. Suicide prevention as provided for in 6VAC35-101-1020 (suicide prevention);
  2. Standard precautions as provided for in 6VAC35-101-1010 (infectious or communicable diseases);
  3. Maintaining appropriate professional relationships;
  4. Interaction among staff and residents;
  5. Residents' rights, including, but not limited to, the prohibited actions provided for in 6VAC35-101-650 (prohibited actions);
  6. Child abuse and neglect and mandatory reporting as provided for in 6VAC35-101-80 (serious incident reports) and 6VAC35-101-90 (suspected child abuse or neglect);
  7. Behavior intervention procedures;
  8. Emergency Preparedness and Response plan and procedures as provided for in 6VAC35-101-480 (emergency and evacuation procedures); and
  9. Handle With Care.

- Fourteen of the twenty respondents provide CPR/First Aid training to part-time/relief staff; although not all do so annually as the requirement for staff with CPR certifications is based on ratio of certified staff to number of residents and some certifications may be for a longer period of time than the one year.

300 Technology Drive, Staunton, VA 24401 • (540)213-0251 • tsmith@svjc.org

- The primary delivery method for most required trainings was reported to be in-person lecture while some facilities use computer based training or self-study to deliver the nine core training subjects.

- Most reported that other trainings are offered to part-time and relief staff although they are not always annually reoccurring and typically are offered as optional, unless required by some other entity such as local government, the Prison Rape Elimination Act (e.g., refresher required only every two years), or to meet facility-identified training areas.

- Of the twenty respondents, thirteen reported the average number of hours worked by part-time and relief in their program annually. These responses varied depending on the number of staff and type of positions. The average number of part-time and relief hours worked by those thirteen programs who responded was **611.75** annually.

- Average training delivery times are listed below for required annual trainings for a total of 17.8 hours annually to deliver the nine core training subjects:

1.	Suicide Prevention	**1.9**
2.	Standard Precautions	**1.3**
3.	Maintaining Appropriate Professional Relationships	**1.1**
4.	Interaction among Staff and Residents	**1.2**
5.	Residents' Rights	**1.2**
6.	Child Abuse and Neglect and Mandatory Reporting	**1.4**
7.	Behavior Intervention	**2.0**
8.	Emergency Preparedness And Response	**1.5**
9.	Handle With Care	**7.4**
	Average Total	**19.0**

Representatives from our association will be present at your November meeting to address additional questions or concerns you and the other Board members may have in consideration of VJDA's variance request.

Sincerely,

Tim Smith, President
Virginia Juvenile Detention Association

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

Established 1968

VIRGINIA JUVENILE DETENTION ASSOCIATION

www.vcjd.org

August 9, 2016

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

Dear Ms. Abbott:

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

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

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

300 Technology Drive, Staunton, VA 24401 • (540)213-0251 • tsmith@svjc.org

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

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

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

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

Sincerely,

Tim Smith, President
Virginia Juvenile Detention Association

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

DEPARTMENT OF JUVENILE JUSTICE
REGULATORY UPDATE

November 14, 2016

CURRENT ACTIONS:

6VAC35-160 Regulations Governing Juvenile Record Information and the Virginia Juvenile Justice Information System

Stage: Proposed (Standard Regulatory Process).

Status: This regulation became effective on August 16, 2004. This action involves a comprehensive review of the regulatory requirements. The Notice of Intended Regulatory Action (NOIRA) was published in the *Virginia Register* on December 14, 2015. At the NOIRA stage, no public comments were submitted. The proposed regulation has been approved by the Department of Planning and Budget (DPB) and Secretary of Public Safety and Homeland Security and is currently being reviewed in the Governor's Office.

Next step: Once the Governor approves the Proposed Action and the Executive Branch review is complete, the proposed regulation will be published in the *Virginia Register*, followed by a 60-day public comment period.

6VAC35-170 Minimum Standards for Research Involving Human Subjects or Records of the Department of Juvenile Justice

Stage: Final (Standard Regulatory Process).

Status: This regulation became effective on February 1, 2005. This action involves a comprehensive review of the regulatory requirements. At the NOIRA stage, no public comments were submitted. The Proposed Regulatory Action was published in the *Virginia Register* on December 28, 2015. The public comment period ended on February 28, 2016. No public comments were received during the comment period. The regulation has advanced to the Final Stage of the regulatory process and was approved by the Governor's Office on September 23, 2016. Notification of the final regulation was published in the *Virginia Register* on October 31, 2016, initiating the commencement of the final adoption period and public comment period.

Next step: The public comment period will end on November 30, 2016, after which time (barring any unforeseen circumstances) the regulation will take effect.

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

Stage: NOIRA (Standard Regulatory Process).

Status: At the June 15, 2016, Board of Juvenile Justice (Board) meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The Governor's Office completed its review of the NOIRA action on October 7, 2016, and the notification was published in the *Virginia Register* on October 31, 2016. The public comment period for the NOIRA action is now in progress and will end on November 30, 2016.

Next Step: Once the public comment period closes, the Department will have six months to draft the proposed regulation and submit it for Executive Branch review at the Proposed Stage.

The interdisciplinary committee of Department personnel and representatives from VJCCCA-funded juvenile group homes continues to meet monthly to review the regulation and recommend revisions for the Board's consideration.

6VAC35-71 Regulation Governing Juvenile Correctional Centers

Stage: NOIRA (Standard Regulatory Process).

Status: At the June 15, 2016, Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The NOIRA completed Executive Branch review on September 2, 2016, and the notification was published in the *Virginia Register* on October 3, 2016. The public comment period for the NOIRA ended on November 2, 2016. No public comments were received.

Next Step: The Department has six months to draft the proposed regulation and submit it for Executive Branch review at the Proposed Stage. The interdisciplinary committee of Department personnel continues to meet monthly to review the regulation and recommend revisions for the Board's consideration.

6VAC35-101 Regulation Governing Juvenile Secure Detention Centers

Stage: NOIRA (Standard Regulatory Process).

Status: At the June 15, 2016, Board meeting, the Board authorized the submission of a NOIRA to initiate the regulatory process for a comprehensive review of this regulation. The Governor's Office completed review of the NOIRA action on September 23, 2016, and the NOIRA notification was published in the *Virginia Register* on October 17, 2016. The public comment period for the NOIRA action is now in progress and will end on November 16, 2016.

Next Step: Once the public comment period closes, the Department will have six months to draft the proposed regulation and submit it for Executive Branch review at the Proposed Stage. The interdisciplinary committee of Department personnel and representatives from juvenile secure detention centers continues to meet monthly to review the regulation and recommend revisions for the Board's consideration.