COMMONWEALTH of VIRGINIA

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MEMORANDUM

To: All DBHDS Licensed Children's Residential Providers

From: Jae Benz, Director, Office of Licensing
Taneika Goldman, Director, Office of Human Rights

CC: Heather Norton, Deputy Commissioner, Community Services
Dev Nair, Assistant Commissioner, Division of Provider Management

Date: August 12, 2026

Re: Enhanced Inspection Activity and Compliance Concerns for Children's Residential Providers

Purpose

Members of the Office of Licensing (OL) and the Office of Human Rights (OHR) will be conducting additional inspections of children's residential programs in the coming weeks and months. This increased inspection activity is informed by trends identified through ongoing analysis of serious incident reports, complaints, unannounced inspections, and investigations across licensed children's residential providers.

To better support providers in advance of this enhanced monitoring, the memo outlines the areas where the most significant and recurring concerns have been observed. Providers are encouraged to use this information to evaluate their current provision of services and regulatory compliance, and to develop and implement a plan to address any needed changes.

Areas for Provider Review

- **Physical environment:** Providers should routinely monitor the interior and exterior of their locations, including structural condition, environmental systems (heating, lighting, plumbing), safety and security features such as locks and doors, resident living spaces, and sanitation, and promptly repair or replace any items in need of attention, consistent with the Residential Environment requirements of 12VAC35-46-420 through 12VAC35-46-620 and 12VAC35-115-50(C). Providers are encouraged to maintain a documented process for identifying and correcting physical site issues as quickly as possible, particularly those that affect resident safety, security, and privacy.
- **Supervision specific to the population served:** In addition to meeting the regulatory minimum staffing ratio under 12VAC35-46-870, providers should ensure supervision levels reflect the current, actual acuity and behavioral needs of the individuals in care. This includes ensuring program leadership (12VAC35-46-350), staff training (12VAC35-46-310), and staff supervision policies

(12VAC35-46-320) are all tied to the population being served. Given that higher acuity reinforces the need for individualized supervision plans, providers are encouraged to regularly review and update supervision expectations to reflect each resident's present risk level rather than the risk level identified at admission as required by 12VAC35-115-60(B)(4).

- **Documented and verified staff training:** Providers should ensure training records demonstrate that staff have received the comprehensive, competency-based training required by 12VAC35-46-310, 12VAC35-115-110(C)(10) and 12VAC35-115-260(A)(7) including behavior intervention, emergency preparedness, and mandated reporting, and should maintain evidence of training content and staff signatures readily available for review upon request.
- **Verification of health professional credentials:** Providers should confirm and maintain documentation of current, verified licensure or credentialing for physicians, therapists, nurses, and other allied health professionals providing services to individuals. Providers should review credentialing files on an ongoing basis, rather than only at initial hire or contract as outlined in (12VAC35-46-300).
- **Timely assessments, individualized service plans including behavior support, and reassessments:** Providers should ensure initial assessments, individualized service plans, and behavior support plans are completed and updated within the timeframes required by 12VAC35-46-710, 12VAC35-46-740, 12VAC35-46-750, 12VAC35-46-900 and 12VAC35-115-105. Reassessments following a significant incident, elopement, or change in an individual's needs or preferences should be completed promptly and should directly inform updated supervision and treatment planning as required by 12VAC35-115-60(B).
- **Documentation and shift-to-shift communication:** Providers should ensure daily communication logs and shift-change documentation required by 12VAC35-46-800 consistently capture significant events, changes in supervision or elopement risk, and follow-up items needed by the next shift.
- **Elopements (runaways):** Elopements can occur even when supervision and prevention practices are strong, and a single elopement is not, on its own, indicative of a compliance concern. Consistent with the Department's July 24, 2026, memorandum on Elopement Prevention, Supervision, Incident Response, and Reporting Expectations, providers are strongly encouraged to conduct a thorough, documented debrief following every elopement or attempted elopement to identify contributing factors, and to incorporate those findings into the provider's quality improvement process and individualized supervision planning.

Response to, and patterns in, serious incidents: A serious incident, by itself, is not necessarily a cause for concern. What matters most to the Department is the underlying cause of the incident, the adequacy and timeliness of the provider's response, and whether recurring or similar incidents point to a systemic issue that has not been addressed. Incident review and trend analysis should be incorporated into ongoing quality improvement efforts so that root causes can be identified and addressed before a pattern emerges.

- **Timeliness of serious incident reporting:** Providers should ensure serious incidents are reported to the Department, placing agencies, and legal guardians within the 24-hour window required by 12VAC35-46-1070.

Response to, and patterns in abuse/neglect allegations: An abuse or neglect report, on its own, is not necessarily cause for concern. What matters most to the Department is the adequacy and timeliness of the provider's investigation, as well as the implementation of appropriate and comprehensive corrective actions when warranted. When recurring allegations—whether substantiated or not—suggest a systemic issue that remains unresolved, providers should incorporate review and trend analysis into ongoing quality improvement efforts to identify and address root causes before a pattern emerges.

- **Timeliness of reporting:** Providers should ensure reports of abuse or neglect are reported to the Department, placing agencies, legal guardians and the local department of social services within the 24-hour window required by 12VAC35-115-175

Expected Provider Actions

- **Self-assess now:** Review current practices against each trend area above and document findings.
- **Correct promptly:** Address any identified gaps
- **Verify records:** Confirm that training files and health professional credentialing documentation are current, complete, and accessible.
- **Reassess supervision plans:** Confirm supervision levels reflect each resident's current assessed needs, not the minimum ratio alone.

Technical Assistance

OL and OHR remain available to provide technical assistance before concerns escalate into regulatory findings. Providers with questions, should contact their assigned licensing specialist or regional human rights manager.

Thank you for your continued partnership and commitment to ensuring the safety, well-being and protection of the rights of children and youth in your care.