## *DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES*
## *CORRECTIVE ACTION PLAN*



Investigation ID: **2**
License #: **3905-14-009**
Organization Name: **Beginning Today Youth Services, LLC**

Date of Inspection: **01-07-2026**
Program Type/Facility Name: **14-009 Beginning Today Youth Services III**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-230. - Relationship to the department. The provider shall submit or make available to the department such reports and information as the department may require to establish compliance with this chapter and other applicable regulations and statutes. | N | Beginning Today Youth Services III<br><br>This regulation was NOT MET as evidenced by:<br><br>During a review of serious and critical incidents on 1/7/26, the provider was found to not have submitted a required serious incident to the department within 24 hours of discovery. The incident occurred on 11/11/25 and was discovered by the department on 1/7/26. | PR) 02/17/2026<br><br>After being notified, the provider submitted the required serious incident into the CHRIS system. Going forward, CAO and/or COO will submit required inquiries into the CHRIS system within 24 hours of discovery.<br><br>OLR) Accepted 03/09/2026 | 2/17/2026 |
| 12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision; | N | Beginning Today Youth Services III<br><br>This regulation was NOT MET as evidenced by:<br><br>During a review of provider staffing and policies on 1/7/26, provider did not have evidence of proper care and supervision to meet resident's needs. | PR) 03/09/2026<br><br>Going forward designated personnel will confirm evidence of proper care and supervision for residents' needs by documenting all modifications to scheduling on the weekly schedule.<br><br>OLR) Accepted 03/09/2026 | 3/9/2026 |
| 12VAC35-46-830. A. (2) - The provider shall develop and implement a method for documenting the provision of crisis intervention and clinical emergency services. Documentation shall include the following: 2. Nature of crisis or emergency; | N | Beginning Today Youth Services III<br><br>This regulation was NOT MET as evidenced by:<br><br>During a review of provider staffing and policies on 1/7/26, provider did not have evidence of a policy to address crisis or emergency services and interventions related to elopement or runaway of children from the facility. | PR) 03/09/2026<br><br>Provider's elopement policy was embedded within the Provider's incident policy. Provider has dissected the incident policy and now have a stand alone elopement policy.<br><br>OLR) Accepted 03/09/2026 | 3/9/2026 |

## *DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES*
## *CORRECTIVE ACTION PLAN*



Investigation ID: **2**
License #: **3905-14-009**
Organization Name: **Beginning Today Youth Services, LLC**

Date of Inspection: **01-07-2026**
Program Type/Facility Name: **14-009 Beginning Today Youth Services III**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-870. F. (1a) - Supervision policies: 1. The provider shall develop and implement written policies and procedures that address staff supervision of children including contingency plans for resident illnesses, emergencies, off-campus activities, and resident preferences. These policies and procedures shall be based on the: 1a. Needs of the population served; | N | Beginning Today Youth Services III<br><br>This regulation was NOT MET as evidenced by:<br><br>During a review of provider staffing and policies on 1/7/26, provider did not have evidence sufficient supervision for residents requiring a higher level of care and support. Provider policy does not provide criteria for increasing supervision levels based on residents support needs. | PR) 03/09/2026<br><br>Going forward designated personnel will confirm evidence of sufficient staffing and supervision for residents requiring a higher level of care and support by documenting all modifications to scheduling on the weekly schedule.<br><br>OLR) Accepted 03/09/2026 | 3/9/2026 |

**General Comments / Recommendations:**

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Breanna Goad, Licensing Specialist | (Signature of Organization Representative) | Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined