COMMONWEALTH OF VIRGINIA
STATE BOARD OF LOCAL AND REGIONAL JAILS
POLICY & REGULATIONS COMMITTEE

MINUTES

APPROVED SEPTEMBER 6, 2026

REGULAR MEETING

July 15, 2026; 11:30 AM

LOCATION

6900 Atmore Drive, Richmond, VA 23235

PRESIDING

Tiffany Jenkins, Chair

BOARD MEMBERS PRESENT

Charles Carey
David Hackworth
John McLaughlin, Jr.
Joseph Tucker
Jessica Vermont

BOARD MEMBERS ABSENT

Sarah Scarbrough
Roland Sherrod, Jr.

BOARD STAFF PRESENT

Keischer Brittingham, Regulatory Compliance Analyst
Tawana Ferguson, Regulatory Compliance Supervisor
Brian Flaherty, Executive Director
Mary-Huffard Kegley, Policy Analyst
Alison Lautz, Jail Death Investigator
Asean Lundy, Regulatory Compliance Analyst
Gerald Olson, Architect
John Rock, Jail Death Investigator
Demetrice Tyler-Holliday, Executive Secretary

OTHERS PRESENT

Colonel Richard Alsbrook, Southwest Virginia Regional Jail
Lieutenant Tracey L. Avery, Portsmouth City Sheriff's Office (PCSO)
Anthony Bell, Citizen of the Commonwealth
Superintendent Jeffrey Dillman, Riverside Regional Jail

Captain Katrina Evans, PCSO
G. Mantovani Gary, M.D., Chesterfield County Sheriff's Office (CCSO)
Captain Joshua Hoddings, Loudoun County Sheriff's Office (LCSO)
Sergeant Justin Humphries, LCSO
Master Deputy, Bruce Johnson, LCSO
Major Eric K. Jones, CCSO
Sheriff Karl Leonard, CCSO
Superintendent R. Michelle Lewis, Northern Neck Regional Jail
Lieutenant Colonel Bob Mosier, LCSO
Major Terrence Riddick, PCSO

CALL TO ORDER

Ms. Jenkins, Chair, called the meeting to order, welcomed attendees, and confirmed quorum present.

Motion by Mr. Hackworth to approve minutes of the May 20, 2026, Committee meeting, second by Mrs. Vermont. Unanimous approval.

PUBLIC COMMENT

Mr. Flaherty read into the record public comment received July 6, 2026, from Nicole Shreves regarding 6VAC15-40-1160 room temperature and the Accomack County Jail. A copy of the public comment is included with these meeting minutes.

CHESTERFIELD COUNTY JAIL PRESENTATION

The Chesterfield County Sheriff's Office (CCSO) reviewed status of the plan of action as a result the February 9-12, 2026 audit. The CCSO was represented by G. Mantovani Gary, M.D., Major Eric K. Jones, and Sheriff Karl Leonard. Sheriff Leonard shared several actions immediately implemented as a result of the audit, including termination of medical personnel, increased review of prescription logs, realignment of personnel into medical responsibilities, and reorganization of EMR tracking.

Sheriff Leonard expressed thanks to the BLRJ team for support and assistance. Mr. McLaughlin and the Board commended Sheriff Leonard's team for their commitment to successful implementation of the proposed changes and their ongoing service of public safety.

PORTSMOUTH CITY JAIL PRESENTATION

The Portsmouth City Sheriff's Office (PCSO) reviewed status of the jail following the May 2024 fire which required movement of inmates to the previous Hampton Roads Regional Jail facility

(HRRJ) and the December 2025 BLRJ certification audit which yielded deficiencies. The PCSO was represented by Lieutenant Tracey L. Avery, Captain Katrina Evans, and Major Terrence Riddick. Lieutenant Avery explained the magnitude of the situation with examples of services lacking upon arrival at the previous HRRJ facility, including: no working kitchen, no trash collection, no ice machines, inmate security protocol and segregation, and visitation issues. Lieutenant Avery confirmed contract renewals are ongoing for continuing issues.

Mr. McLaughlin and the Board recognized the significant effort provided by the PCSO in accomplishing the relocation and ensuring the safety and security of staff and inmates.

CERTIFICATION, INSPECTIONS and AUDIT REPORT

Tawana Ferguson, Regulatory Compliance Supervisor, presented the Certification, Inspections and Audit Report to the Committee.

Motion by Mrs. Vermont, second by Mr. Carey:

a. **Motion:** As a result of 100% compliance with Board standards, I MOVE the following facilities be recommended to the Board for unconditional certification:
    i. Eastern Shore Regional Jails
    ii. Floyd County Lock-up
    iii. Grayson County Lock-up
    iv. Loudoun County Adult Detention Center

    Unanimous approval.

Motion by Mrs. Vermont, second by Mr. McLaughlin:

b. **Motion:** As a result of 100% compliance with Board standards, I MOVE the following facilities be recommended to the Board for suspension of the 2026 annual inspections:
    i. Eastern Shore Regional Jails
    ii. Floyd County Lock-up
    iii. Grayson County Lock-up
    iv. Loudoun County Adult Detention Center

    Unanimous approval.

Motion by Mr. Tucker, second by Mr. McLaughlin:

c. **Motion:** I move the following facilities be recommended to the Board for unconditional certification:
    i. Chesterfield County Jail
    ii. Portsmouth City Jail

iii. Southampton County Jail and Anne

Unanimous approval.

REGULATORY REVIEW

6VAC15-40-680 & HB 126, Inmate Access to Counsel

Mr. Flaherty shared the Board is required to have regulations completed by January 1, 2027, and those regulations must adhere to the APA 2.2-4000. Collaboration included the patron, VSA, VARJ, and the Indigent Defense Commission. This draft is an attempt to find common ground and feasibility while conforming with law.

a. **Motion** by Mr. McLaughlin to recommend these draft regulations be moved before the Board for approval to continue moving these regulations through the promulgation process in adherence to APA 2.2-4000.

Unanimous approval.

ADJOURNMENT

Motion to adjourn by Mr. McLaughlin, second by Mr. Hackworth. Unanimous approval.

Public Comment Received on July 6, 2026:

Dear Members of the Policy & Regulations Committee,

I respectfully request that the Policy & Regulations Committee place on a future meeting agenda a discussion regarding Virginia's standards governing indoor temperature monitoring and heat mitigation within local and regional jails.

My interest in this issue stems from concerns regarding whether the Commonwealth's current standards continue to provide sufficient guidance for protecting the health and safety of inmates and staff during periods of extreme heat, particularly in older correctional facilities.

As I have reviewed the Board's Standards for Planning, Design, Construction and Reimbursement of Local Correctional Facilities, I noted that the regulations address excessive heat by requiring the use of fans or other mechanical ventilation under certain circumstances. I respectfully request that the Committee consider whether the current standards would benefit from review in light of current correctional practices, public health knowledge, and the operational challenges presented by aging correctional facilities.

Among the questions I hope the Committee will consider are:

- Whether current regulations provide sufficient guidance regarding routine monitoring and documentation of indoor temperatures within inmate housing areas.
- Whether existing standards concerning fans or other mechanical ventilation remain adequate during periods of prolonged extreme heat.
- Whether additional guidance regarding temperature monitoring, documentation, and heat mitigation would assist local and regional jail administrators in protecting the health and safety of inmates and staff.
- Whether the Board should consider reviewing its current standards to determine if any updates are appropriate.

As part of my research, I have submitted Virginia Freedom of Information Act requests seeking public records concerning temperature monitoring, HVAC maintenance, and related policies at the Accomack County Jail. My purpose is not to single out one facility, but to better understand how the current standards are implemented in practice. If the Committee places this matter on a future agenda, I would be pleased to provide any additional public records I receive that may assist in its review.

I am not requesting that the Committee adopt a particular policy outcome. Rather, I respectfully request that the Committee begin a discussion and review of whether the existing standards continue to provide the level of protection intended for the health, safety, and welfare of those who live and work in Virginia's local and regional jails.

Thank you for your consideration of this request and for your continued service to the Commonwealth of Virginia.

Respectfully,

Nicole Shrieves

"May the same measure of grace you show unto others be shown unto you."

DAVID A. HACKWORTH
CHAIR

COMMONWEALTH of VIRGINIA
State Board of Local & Regional Jails

P.O. BOX 26963
RICHMOND, VIRGINIA 23261
(804) 674-3000

Certification Report of the State Board of Local and Regional Jails
July 15, 2026

Jail and Lock-up Compliance Audits

Compliant Facilities - 4

Grayson County Lock-up was audited March 9, 2026. The facility was found compliant with 10 out of 11 (1 N/A) applicable life, health and safety standards and 7 out of 7 other applicable standards. The facility is not certified to house juveniles, and the sheriff is not requesting certification. There were no deficiencies cited during this audit cycle.

Non-applicable Standards

- *6VAC15-40-1280,* ***Juvenile Detention*** ***(LHS)***

RECOMMENDATION: Unconditional certification.

Eastern Shore Regional Jail was audited May 11-14, 2026. The facility was found compliant with 41 out of 43 (2 N/A's) applicable life, health and safety standards and 72 out of 85 (13 N/A's) other applicable standards. The facility is not certified to house juveniles and the sheriff is not requesting certification. There were no deficiencies cited during this audit cycle.

Non-applicable Standards

- *6VAC15-40-160,* ***Written Procedures for Release Program Eligibility Criteria***
- *6VAC15-40-170,* ***Written Procedures for Accountability of Inmate Participants***
- *6VAC15-40-180,* ***Conditions for Inmate Participations in a Work Release Program***
- *6VAC15-40-190,* ***Conditions for Inmate Participation in Education Release or Rehabilitation Release Programs***
- *6VAC15-40-200,* ***Furlough***
- *6VAC15-40-210,* ***Earnings***
- *6VAC15-40-220,* ***Removing Inmate Participants from Program***
- *6VAC15-40-230,* ***Written Agreement with Director (VADOC)***
- *6VAC15-40-240,* ***Offender Participation in Compliance with Appropriate Criteria and Approval (VADOC)***
- *6VAC15-40-831,* ***Fee for Inmate Keep***

- *6VAC15-40-1111,* ***Self-Contained Breathing Apparatus***
- *6VAC15-40-1190,* ***Housing of Juveniles***
- *6VAC15-40-1193,* ***Separation of Juveniles***
- *6VAC15-40-1195,* ***Contact with Juveniles*** ***(LHS)***
- *6VAC15-40-1200,* ***Isolation and Segregation of Juveniles*** ***(LHS)***

RECOMMENDATION: Unconditional certification.

Loudoun County Adult Detention Center was audited June 9-11, 2026. The facility was found compliant with 41 out of 43 (2 N/A's) applicable life, health and safety standards and 79 out of 85 (6 N/A's) other applicable standards . The facility is not certified to house juveniles and the sheriff is not requesting certification. There were no deficiencies cited during this audit cycle.

Non-applicable Standards

- *6VAC15-40-190,* ***Conditions for Inmate Participation in Education Release or Rehabilitation Release Programs***
- *6VAC15-40-200,* ***Furlough***
- 6VAC15-40-300, ***Permission of Reading Materials***
- *6VAC15-40-1111,* ***Self-Contained Breathing Apparatus***
- *6VAC15-40-1190,* ***Housing of Juveniles***
- *6VAC15-40-1193,* ***Separation of Juveniles***
- *6VAC15-40-1195,* ***Contact with Juveniles*** ***(LHS)***
- *6VAC15-40-1200,* ***Isolation and Separation of Juveniles*** ***(LHS)***

RECOMMENDATION: Unconditional certification.

Floyd County Lock-up was audited July 8, 2026. The facility was found compliant with 10 out of 11 (1 N/A) applicable life, health and safety standards and 7 out of 7 other applicable standards. The facility is not certified to house juveniles, and the sheriff is not requesting certification. There were no deficiencies cited during this audit cycle.

Non-applicable Standards

- *6VAC15-40-1280,* ***Juvenile Detention*** ***(LHS)***

RECOMMENDATION: Unconditional certification.

Non-compliant Facilities – 3

Portsmouth City Jail formerly the Hampton Roads Regional Jail opened May 26, 2024 due to a fire at its original location, which was 701 Crawford Street, Portsmouth, Virginia. This led to the evacuation of all inmates and staff to the current location of 2690 Elmhurst Lane, Portsmouth, Virginia. A preparatory audit was conducted

December 2-5, 2024. This audit yielded nine (9) deficiencies. However, the certification audit took place December 1-4, 2026. The facility was found compliant with 35 out of 41 (2 N/A's) applicable life, health and safety standards and a total of 81 (4 N/A's) applicable other standards. There were six (6) deficiencies cited all of which were life, health and safety standards. The facility is not certified to house juveniles, and the sheriff is not requesting certification. Below is a list of the deficiencies from the latest certification audit.

Non-applicable Standards
6VAC15-40-200, ***Furlough***
6VAC15-40-1111, ***Self-Contained Breathing Apparatus***
6VAC15-40-1190, ***Housing of Juveniles***
6VAC15-40-1193, ***Separation of Juveniles***
6VAC15-40-1195, ***Contact with Juveniles (LHS)***
6VAC15-40-1200, ***Isolation and Segregation of Juveniles (LHS)***

Deficiencies

1. ***6VAC15-40-393, Universal Precautions (LHS)***
   According to standard, all staff who have contact with inmates shall be trained, competent, and knowledgeable in the use of universal precautions. All training shall be documented and completed every 12 months.

   A review of the facility's universal precautions training records between 2024-2025 revealed staff completed training April 2024 and June 2025. Training was to have been completed in April 2025. The training that was completed in June of 2025 exceeded the 12-month timeframe. As a result of this deficiency, the facility failed to demonstrate compliance with the standard.

Plan of Corrective Action
To ensure compliance with this standard, the facility administrative staff has reviewed, approved and updated the Policy and Procedure Manual in December 2025. Training will be conducted bi-annually. **Plan of corrective action verified by BLRJ staff June 4, 2026.**

2. ***6VAC15-40-450, Suicide Prevention and Intervention Plan* (LHS)**
   According to standard, there shall be a written suicide prevention and intervention plan. These procedures shall be reviewed and documented by an appropriate medical or mental health authority prior to implementation and every three years thereafter. These procedures shall be reviewed every 12 months by staff having contact with inmates. Such reviews shall be documented.

   A review of the facility's suicide prevention and intervention training records between 2024-2025 revealed staff completed training April 2024 and June 2025. Training was to have been completed in April 2025. The training that was completed in June of 2025 exceeded the 12-month timeframe. As a result of this deficiency, the facility failed to demonstrate compliance with the standard.

Plan of Corrective Action
To ensure compliance with this standard, the facility administrative staff has reviewed, approved and updated the Policy and Procedure Manual in December 2025. Training will be conducted bi-annually. **Plan of corrective action verified by BLRJ staff June 4, 2026.**

3. **6VAC15-40-1080, Emergency Plans and Fire Drills (LHS)**
   According to standard, there shall be fire prevention practices and written emergency plans that outline duties of staff, procedures and evacuation routes. Emergency plans shall include responses in the event of fire, hazardous

Plan of Corrective Action
To ensure compliance with this standard, the facility administrative staff has reviewed, approved and updated the Policy and Procedure Manual in December 2025. Training will be conducted bi-annually. **Plan of corrective action verified by BLRJ staff June 4, 2026.**

4. **6VAC15-40-1140, Cleanliness** (LHS)
   According to standard, facility floors, halls, corridors and other walkway areas shall be maintained in a clean, dry, hazard-free manner.

   During the tour of the facility, BLRJ staff observed several areas such as inmate cells, pipe chases with standing water. One pipe chase had smelly, standing water that appeared to be present for a long period of time. BLRJ staff informed jail staff to relocate inmates to another area until the leak was repaired and pipe chase cleaned. In addition to the standing water, there were several showers with a black substance that needed to be cleaned and sanitized. Due to continued issues with cleanliness, the facility failed to demonstrate compliance with this standard. **This deficiency was also cited during the 2024 preparatory audit**.

Plan of Corrective Action
To ensure compliance with this standard, the facility along with Colonial Webb, onsite contractor, and the City of Portsmouth, have removed all standing water that was in the inmate cells, and pipe chase areas observed during the audit. The leak was repaired and all areas cleaned and sanitized. Colonial Webb conducted inspections and have located other leaks. Those leaks were repaired by outside contractor, Siemen. Showers were thoroughly cleaned and repaired those that were inoperable. Other showers that are inoperable have been scheduled for repair. A schedule for routine cleaning has been created to ensure showers and inmate cells are inspected and cleaned on a daily basis. **Plan of corrective action verified by BLRJ staff June 4, 2026.**

5. ***6VAC15-40-1160, Appropriate Lighting and Heating* (LHS)**
   According to standard,
   a. All housing and activity areas shall provide for appropriate lighting and heating.
   b. Appropriate lighting shall be at least 20 footcandles at desk level and in personal and grooming areas.
   c. Heal shall be evenly distributed in all rooms so that a temperature no less than 65°F is maintained. Air conditioning or mechanical ventilation systems, such as electric fans, shall be provided when the temperature exceeds 85°F.

During the tour of the facility, BLRJ staff observed shower areas, cells and common areas without appropriate lighting. There were several instances where inmates had to be relocated to other cells due to no lighting at all. Due to continued issues with light in grooming areas and in inmate cells, the facility failed to demonstrate compliance with this standard. **This deficiency was also cited during the 2024 preparatory audit**

Plan of Corrective Action

To ensure compliance with this standard, Colonial Webb, onsite contractor has begun repairing areas where the lights were inoperable. Chesapeake Controls (contractor) has begun repairing areas where the heat was inoperable. All areas in the housing units have been inspected for broken light fixtures. Maintenance requests are submitted to Colonial Webb to ensure all repairs are documented and completely promptly. **Plan of corrective action verified by BLRJ staff June 4, 2026.**

6. ***6VAC15-40-1170, Water Utilities*** **(LHS)**

According to standard, all housing areas shall have toilets, showers, drinking water and washbasins with hot and cold running water accessible to inmates.

During the tour of the facility, BLRJ staff observed inmate cells, showers and toilets without running hot and cold water. There were inmates housed in cells without working toilets or running water. Those inmates had to be relocated to other cells. Due to continued issues with toilets, showers and sinks not working, the facility failed to demonstrate compliance with this standard. **This deficiency was also cited during the 2024 preparatory audit**.

Plan of Corrective Action

To ensure compliance with this standard, the facility along with Colonial Webb, onsite contractor, and Siemens (contractor) have begun to repair toilets and sinks without running water within the inmate cells. Maintenance requests will be submitted to Colonial Webb to ensure all repairs are documented and addressed. **Plan of corrective action verified by BLRJ staff June 4, 2026.**

RECOMMENDATION: Unconditional certification.

Chesterfield County Jail was audited February 9-12, 2026. The facility was found compliant with 36 out of 41 (2 N/A's) applicable life, health and safety standards and 82 (3 N/A's) applicable other standards. There were five (5) life, health and safety standards cited during the audit cycle. The facility is not certified to house juveniles and the sheriff is not requesting certification.

Non-applicable Standards

6VAC15-40-1111, ***Self-Contained Breathing Apparatus***
6VAC15-40-1190, ***Housing of Juveniles***
6VAC15-40-1193, ***Separation of Juveniles***
6VAC15-40-1195, ***Contact with Juveniles*** ***(LHS)***
6VAC15-40-1200, ***Isolation and Segregation of Juveniles*** ***(LHS***

Deficiencies

1. ***6VAC15-40-370, Receiving and Medical Screening of Inmates*** **(LHS)**
   According to standard, written policy, procedure, and practice shall provide that receiving medical screening be performed on all inmates upon admission to the facility. The medical screening shall:
   a. Specify screening for current illnesses, health problems and conditions, and past history of communicable diseases;
   b. Specify screening for current symptoms regarding the inmate's mental health, dental problems, allergies, present medications, special dietary requirements, and symptoms of venereal diseases;
   c. Include inquiry into past and present drug and alcohol abuse, mental health status, depression, suicide tendencies, and skin condition;
   d. For female inmates, include inquiry into possible pregnancy or gynecological problems; and
   e. All inmates shall receive a tuberculosis (TB) skin test within seven days of admission to the facility.

   A review was conducted of 29 inmate medical records. Of these, 10 cases were found to be out of compliance with the requirement that TB testing be completed within seven (7) days of admission. In some instances, TB tests were administered within the seven (7) days, but with certain inmates, they received testing more than one year after their initial intake date. Additionally, medical staff reported using an internal "five-day rule" to determine whether inmates were likely to remain in custody long enough to warrant testing. This practice contributed to delays and omissions in TB test administration. As a result of these findings, the facility failed to demonstrate compliance with this standard.

Plan of Corrective Action

The facility has implemented a "Patients Needing Initial Screening" report from the health secure electronic medical records system. The report is being reviewed daily by medical staff and emailed to the jail administrator and medical director to ensure that there are no lapses in the seven-day requirement. The 'five-day rule" has been discontinued. **Plan of corrective action verified May 29, 2026.**

2. ***6VAC15-40-395, Management of Sharps*** **(LHS)**
   According to standard, written policy, procedure and practice shall govern the control, storage, and use of sharps including at a minimum needles, scalpels, lancets, and dental tools.

   A physical count of various sharp items revealed several inconsistencies compared to recorded inventory levels. Specifically, vacutainer needles (40 count) had no documented inventory, butterfly needles were counted at 86 compared to 87 documented, and TB syringes were counted at 192 while the inventory sheet reflected 200. Both BLRJ staff and facility personnel observed the sharps stored in an overstock cabinet. Upon continuing the

count and verification process, the sharps were no longer located in their original location. It was later determined the nurse assisting with the count had removed and relocated the items to her office without documentation or notification. The sharps were eventually located in the nurse's office and the count resumed. As a result of these actions combined with the documented discrepancies, the facility failed to demonstrate compliance with this standard. **This deficiency was also cited during the 2023 triennial compliance audit.**

Plan of Corrective Action

To ensure compliance with this standard, the facility has implemented a weekly audit count. The count is conducted by either the medical director, health services administrator, charge nurse or nurse practitioner. The results of these counts are reported weekly to the jail administrator. Also, a member of the jail command staff will assist and verify the count with medical staff monthly. **Plan of corrective action verified May 29, 2026.**

3. ***6VAC15-40-400, Management of Pharmaceuticals*** **(LHS)**

   According to standard, written procedures for the management of pharmaceuticals shall be established and approved by the medical authority or pharmacist, if applicable. Written policy, procedure, and practice shall provide for the proper management of pharmaceutical, including receipt, storage, dispensing, and distribution of drugs. These procedures shall be reviewed every 12 months by the medical authority or pharmacist. Such reviews shall be documented.

   A count of the narcotics inventory identified multiple discrepancies between the physical counts and documented inventory records. The following discrepancies were noted:

   - Suboxone: Physical count of 18; inventory sheet reflected 20
   - Methadone: Physical count of 20; inventory sheet reflected 28
   - Methadone: Physical count of 1; inventory sheet reflected 0
   - Buprenorphine: Physical count of 10; inventory sheet reflected 11
   - Methadone: Physical count of 20, inventory sheet reflected 15.

   Inventory records also indicated a 30-count box of suboxone was present. The suboxone was prescribed to an inmate who had been transferred out of the facility to the U.S. Marshals. However, medical staff reported they were unable to locate the box at the time of the audit. The nursing staff admitted falsifying inventory documentation for several days following the inmate's transfer indicating that the narcotic was present and accounted for when it had not been physically verified. As a result of these findings, the facility failed to demonstrate compliance with this standard. **This deficiency was also cited during the 2023 triennial compliance audit.**

Plan of Corrective Action

To ensure compliance with this standard, the facility has implemented a weekly "audit count." The count will be conducted by the medical director, health services administrator, charge nurse or nurse practitioner. The results of the count along with inventory sheets are forwarded to the jail administrator. Also, a member of the jail command staff will assist with the counting of the narcotics with medical staff monthly. **Plan of corrective action verified May 29, 2026.**

4. ***6VAC15-40-545, Standards for Inmate Food Service Workers*** **(LHS)**
   According to standard, written policy and procedure, and practice shall ensure that a visual medical examination of each inmate assigned to food service occurs no more than 30 days prior to assignment and quarterly thereafter. Each inmate shall be given a TB skin test prior to food service assignment. Such tests shall be documented. If an inmate tests positive for TB, that inmate shall not be granted assignment to food service.

   A review of the nine (9) inmate kitchen trustee medical files revealed that two inmates were found to have either exceeded time frame for receiving an updated TB test or overdue for their required quarterly visual medical assessments. Due to these findings, the facility failed to demonstrate compliance with this standard.

Plan of Corrective Action
To ensure inmates are not placed on work detail beyond the 30-day requirement and compliance with this standard, the facility has updated the physical examinations request form to include the evaluation date and updated work status selections that specify the approved work assignments. Medical department has will schedule tasks in its electronic medical records system that will flag inmates who are due for quarterly visual assessments. **Plan of corrective action verified May 29, 2026.**

5. ***6VAC15-40-1030, Assessments of Inmates in Disciplinary Detention or Administrative Segregation*** **(LHS)**
   According to standard, written policy, procedure, and practice shall require that a documented assessment by medical personnel that shall include a personal interview and medical evaluation of vital signs, is conducted when an inmate remains in disciplinary detention or administrative segregation for 15 days and 15 days thereafter. If an inmate refuses to be evaluated, such refusal shall be documented.

   A review of medical records of two inmates who met the criteria for disciplinary detention and/or administrative segregation revealed that the required assessments were conducted beyond the required period, and in other cases there was no evidence that the assessments were completed at all. As a result of these findings the facility failed to demonstrate compliance with this standard.

Plan of Corrective Action
To ensure inmates assigned to disciplinary and/or administrative segregation are medically assessed according to standard, the facility has implemented new procedures. The inmates will be flagged in the Health Secure electronic medical records system to be assessed weekly. Weekly reports from Health Secure will be forwarded to the jail administrator and medical director for review. **Plan of corrective action verified May 29, 2026.**

RECOMMENDATION: Unconditional certification.

Southampton County Jail and Jail Farm was audited March 22-26, 2026. The facility was found compliant with 40 out of 41 (2 N/A's) applicable life, health and safety standards and 78 (7 N/A's) applicable other standards. The facility is not certified to housed juveniles and the sheriff is not requesting certification. There was one (1) life, health and safety standard cited during this audit cycle.

Non-applicable Standards

6VAC15-40-190, ***Conditions for Inmate Participation in Educational Release or Rehabilitation Release***
6VAC15-40-200, ***Furlough***
6VAC15-40-831, ***Fee for Inmate Keep***
6VAC15-40-945, ***Tools***
6VAC15-40-1111, ***Self-Contained Breathing Apparatus***
6VAC15-40-1190, ***Housing of Juveniles***
6VAC15-40-1193, ***Separation of Juveniles***
6VAC15-40-1195, ***Contact with Juveniles (LHS)***
6VAC15-40-1200, ***Isolation and Segregation of Juveniles (LHS***

Deficiencies

1. ***6VAC15-40-1100, Fire Safety Inspection,*** **(LHS)**
   According to standard, the facility shall have a state or local fire safety inspection conducted every 12 months. Localities that do not enforce the Virginia Statewide Fire Prevention Code shall have the inspections performed by the State Fire Marchal's Office. Written reports of the fire safety inspection shall be on file with the facility administrator.

   A review of the facility's fire inspection reports for May 2023-March 2026 revealed the inspection for year 2026 exceeded the 12-month time frame. As a result of these findings, the facility failed to demonstrate compliance with this standard.

Plan of Corrective Action

To ensure compliance with the standard, the facility plans to contact the state fire marshal in writing as a reminder to schedule the fire safety inspection for both the main jail and jail farm. **Plan of corrective action verified May 28, 2026.**

RECOMMENDATION: Unconditional certification.

Certification Report prepared by:
Tawana M. Ferguson, Regulatory Compliance Supervisor

LHS** – ***Life, Health and Safety Standards

6VAC15-40-680. Visitation

Visitation policies and procedures shall be posted publicly and include:

A. Maximum visiting opportunities are limited only by safety, personnel constraints, inmate disciplinary status, and technical difficulties associated with non-contact virtual visits.

B. Procedures for visitation eligibility, approval process, scheduling (including some evenings and weekend days), screening and searches, alternative visitation methods, denials, restrictions, and process for making formal complaints.

C. Specific requirements for visitor registration, identification, and appropriate attire.

D. List of approved items that visitors may bring into the facility. Items brought into the facility by visitors for inmates shall be subject to inspections and approval.

New Regulation (required by law)
6VAC15-40-685 Legal Visits

Legal visit policies and procedures shall be posted publicly and include:

A. Attorneys and legal representatives of law firms with a current attorney-client relationship with the inmate may be afforded maximum visiting opportunities that are limited only by safety, personnel constraints, and technical difficulties associated with non-contact virtual visits.

B. Procedures for visitation eligibility, approval process, scheduling (including some nights and weekends), screening and searches, alternative visitation methods, denials, restrictions, and process for making formal complaints.

C. Specific requirements for visitor registration, identification, and appropriate attire.

D. List of approved items that visitors may bring into the facility. Items brought into the facility by visitors for inmates shall be subject to inspections and approval.

E. Attorneys shall be permitted to have confidential and secure legal counsel visits inside the facility, by telephone, or by video conference with their clients. Conditions for inmate visits with an attorney or a legal representative must maintain the confidentiality of the attorney-client conversations, not be recorded, or monitored all while ensuring proper security and sight supervision.

F. Any denial or postponement of legal visit by the facility shall be supported by rationale and counsel be promptly notified. The rationale shall be approved by the agency administrator or designee and, upon request, provided in writing to the attorney or legal staff whose visit was denied or postponed.